

**Forster Foundation for Drug Rehabilitation Inc.  
Annual Report, 2008 – 09**



**~ Banyan House ~**

*A residential Therapeutic Community for people recovering from substance misuse*

Forster Foundation for Drug Rehabilitation Inc.  
PO Box 312 Darwin  
Telephone (08) 8942 7400



**Forster Foundation for Drug Rehabilitation Inc.  
Annual Report, 2008 – 09**

**Contents**

---

<b>Banyan Tree logo.....</b>	<b>4</b>
<b>Chairman’s statement .....</b>	<b>5</b>
<b>Banyan House’s Approach – A Therapeutic Community Model .....</b>	<b>6</b>
<b>Executive Summary .....</b>	<b>7</b>
<b><i>Forster Foundation for Drug Rehabilitation Inc. Annual Report, 2008 – 09 .....</i></b>	<b>8</b>
<b>Who we are .....</b>	<b>8</b>
<b>2008-09 Work program.....</b>	<b>8</b>
<b>Treatment Program .....</b>	<b>8</b>
Treatment activity .....	9
Banyan House Treatment statistics.....	10
Funding of treatment services.....	12
<b>Quality Improvement.....</b>	<b>12</b>
Increasing access to Banyan’s treatment programs .....	12
Increasing time in treatment .....	13
Ensuring treatment is effective and responsive to client needs.....	13
<b>Staffing .....</b>	<b>15</b>
Banyan House Organisational Chart.....	15
Workplace Agreement and Remuneration Review .....	16
Staff retention.....	17
<b>Banyan House Refurbishment .....</b>	<b>17</b>
<b>Finance .....</b>	<b>18</b>
<b>2008-09 Finance Statement .....</b>	<b>18</b>
Redevelopment finances.....	18
Finance strategy .....	18
<b>SPECIAL PURPOSE FINANCIAL REPORT.....</b>	<b>20/1</b>

---



### **Banyan Tree logo**

*Banyan House has adopted the Banyan Tree as its logo. Banyan House was originally located in a small cottage in Rapid Creek and derived its name from a banyan tree planted in the front garden of its original location.*

*Banyan trees are important as shady gathering places and feature strongly in South Asian mythology. The banyan tree is named after 'banyans' or 'banians', the Hindu traders seen resting or carrying out their business under the tree. In fact banyans have become important meeting places for many people who gather in its shade to relax or chat.*

*In religion and mythology, the banyan is thought of as perfectly symbolizing a tree of life due to its seemingly unending expansion. It is also known as a wish-tree, enabling fulfilment of a wish or desire.*

*These characteristics supporting of community, desire for change and life make the banyan the ideal symbol or logo for the Banyan House therapeutic community.*

---

## Chairman's statement

*"...They raise us up so that their stature adds to ours"*  
*John of Salisbury "The Metalogicon" 1159*

This ancient quote encapsulates The Forster Foundation and its enterprise Banyan House's year over 2008-09.

It has been a year that has seen His Honour Tom Pauling AO QC, The Administrator of the Northern Territory become Patron to the Forster Foundation and in doing so, complete a link that commenced with His Honour being member of the founding committee that established the Forster Foundation in 1978.

The year has also seen the completion of the construction of wonderful new and expanded Banyan House on the site of the old facility at Berrimah. I congratulate past management committee members and staff on this tremendous achievement and thank and applaud them for their efforts. I also thank and acknowledge the generous support of the Northern Territory Government for providing most of the funds for the redevelopment.

The Forster Foundation and Banyan House of course exist for our clients and while committee members and staff do make wonderful contributions, it is Banyan's clients who do the hard yards through recovery. The quote resonates here also. Banyan House is a therapeutic community, which involves residents working together with the help of staff to overcome their common problem of alcohol and/or other drug misuse. The achievements of our clients along their paths to recovery earn our deep respect and admiration.

The past year has seen Banyan House grow in many ways. In addition to the new, larger facility, the duration of each rehabilitation treatment episode has increased to an average of 103 days. Longer duration in treatment increases residents' opportunity for recovery.

Staff have also formed links with researchers and other agencies which have resulted in the implementation of a number of service improvement initiatives. These include initiatives to improve access to Banyan treatment services, particularly for people with dual substance misuse and mental health disorders; to increase the duration of time in treatment; and to ensure treatment is effective and responsive to client needs. I commend staff on these initiatives.

The new committee hopes to be able to continue to provide the leadership and governance equal to those that have gone before us. Our initial focus will be to review the Foundation's mission and strategy so that it delivers its constitution's objects and purpose in the way that is most responsive to client needs, current community expectations and our regulatory and financial environments.

Our renewed mission is:

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

**Associate Professor Robert Parker**  
**Chairman, Forster Foundation for Drug Rehabilitation Inc.**

---

## **Banyan House's Approach – A Therapeutic Community Model**

Banyan House is a therapeutic community, which is a group of people working together to overcome their common problem of alcohol and/or other drug addiction.

At Banyan House, recovery means regaining lost or diminished capability, health or previous level of functioning. In other words, returning to a state of physical or mental health.

Our view of recovery extends beyond achieving and maintaining abstinence to encompass lifestyle and identity change.

At Banyan House, recovery involves residents taking an active role in their own recovery by following a structured program that incorporates a system of trust, individual responsibility & community participation.

The community structure provides the opportunity for people to reflect upon their previous lifestyle that has led them along a path of alcohol and other drug misuse.

Within the therapeutic community, residents learn new behaviours and gain new perspectives on life and it is with the support of other recovering addicts and the guidance of staff at Banyan House that positive changes can be made.

There are three phases to our rehabilitation program:

1. Induction
2. Primary treatment
3. Re-entry

The objective of Induction is to assimilate new residents into the Community. On arrival, new residents are allocated a 'buddy' for a few days to help them orientate to Banyan House and the rehabilitation program. Buddies are more senior residents who take on the responsibility of looking after the new resident, showing them around, introducing them to community members and answering any questions the new resident will have in regards to the program.

The objective of Primary treatment is recovery through each individual's participation and engagement in the Community. Each resident develops and works through an individual treatment plan involving self examination and behavioural change, educational, vocational and life skills, new supportive relationships and recreational activities.

Re-entry aims to facilitate the individual's separation from the residential community and to complete his or her successful transition to the larger society.

---

## **Forster Foundation for Drug Rehabilitation Inc. Annual Report, 2008 – 09**

### **Executive Summary**

- Banyan House completed a comprehensive redevelopment of its residential, clinical and administration facilities in July 2009 on its existing site at Berrimah. The new facility provides the NT with a first-class, 28 bed residential rehabilitation and supported withdrawal facility for adults and parents with young children.
- Even with the disruption caused by construction, June 2008 saw Banyan House operating at close to its residential capacity. More importantly, duration of each resident's stay in Banyan House's rehabilitation program has been consistently and steadily increasing over recent years to reach an average of 103 days at June 2009.
- Additional funding for treatment services is required to:
  - meet the rising costs of electricity, gas, water, staff wages, transport and groceries
  - resource additional places in Banyan's rehabilitation and supported withdrawal programs made possible by the new facility's expanded residential capacity
  - improve affordable access to medical and mental health assessment and treatment services. A visiting consultancy arrangement (including both a GP and psychologist/psychiatrist) would benefit treatment significantly.
- To assist meet these increased costs, the Forster Foundation Management Committee has approved an increase in resident fees from \$170 to \$185 per week for adults and from \$42 to \$45.50 per week for accompanying children commencing late 2009.
- A periodic Client Assessment Inventory has been implemented as an outcome of Banyan's participation in a research project titled "Best practice guidelines for evaluating Indigenous residential alcohol and drug programs" and conducted by Dr. Richard Chenhall, under the auspice of the Menzies School of Health Research, Darwin.
- A 3-year Improved Services capacity building project commenced in July 2008 to improve Banyan's treatment for clients with dual substance misuse and mental health disorders.
- An Employee Collective Agreement (ECA) 2009 was accepted by staff and lodged with the Workplace Authority in April 09. The new ECA included a 5% general wage increase comprising cost of living and market rates and staff development incentives including assistance, after a qualifying period, to attend work placements, conferences and work-relevant training.
- Banyan experienced a high turnover among its rehabilitation staff, causing high recruitment and training costs. The ECA addressed remuneration levels, to the extent affordable, and our focus is now on providing the best possible orientation, training and support we can provide to new staff.
- The year ahead promises more exciting opportunities for further collaborative initiatives with researchers and other agencies to extend and improve the Forster Foundation's treatment services.

# Forster Foundation for Drug Rehabilitation Inc. Annual Report, 2008 – 09

## Who we are

The Forster Foundation for Drug Rehabilitation Incorporated was established in the mid 1970s through the efforts of concerned people in the legal profession, health sector and government agencies including Police, Courts and Health portfolios to address concerns about the growing problem of drug addiction in the Darwin area.

The Foundation's mission statement is:

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

It has as its Patron The Honourable Tom Pauling AO QC, the Administrator of the Northern Territory, and is governed by a voluntary management committee chaired by Associate Professor Robert Parker.

The Foundation operates Banyan House, which is a residential Therapeutic Community located in Darwin, Northern Territory offering treatment for people recovering from alcohol and drug addictions and any co-occurring mental health disorders.

In July 2009, a redevelopment of Banyan House was completed. Residents now enjoy modern single or double bed rooms with en-suites and community kitchen, dining and group facilities. Bicycles, a gym area, volleyball court and children's play-gym and games room are also available for residents and their children. It is situated on 3 hectares among bush and gardens at Berrimah. Residential facilities comprise 20 units accommodating one or two residents, and 2 self-contained family units.

## 2008-09 Work program

In summary, Banyan's 2008-09 work program comprised the following treatment, quality improvement and facility refurbishment activities:

1. Provision of Banyan's AOD rehabilitation program for up to 20 residents
2. Provision of Banyan's supported withdrawal program for up to 2 residents
3. Implementation of the comorbidity capacity improvement project plan
4. Participation in DHF audit against NT AOD standards (21 Nov 08)
5. Participation in a research project to implement best practice in evaluation in Banyan's rehabilitation program. This initially involves development of client inventories (assessments) suitable for therapeutic communities and their implementation.
6. Negotiation and implementation of the Banyan House 2009 Employee Collective Agreement
7. Refurbishment of Banyan House.

## Treatment Program

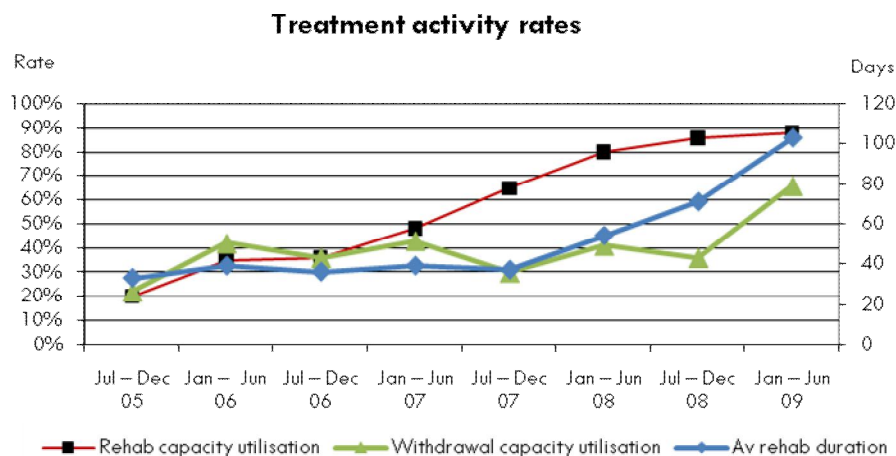
Banyan House provides the following services:



- Drug and alcohol assessments
- Residential rehabilitation program
- Supported residential withdrawal program
- Residential parents and children's program
- Court and Police diversion services

### **Treatment activity**

The following chart shows residential capacity utilisation rates for Banyan's rehabilitation and supported withdrawal beds and the duration of stay for rehabilitation clients.



June 2008 saw Banyan House operating at close to its residential capacity. More importantly, duration of each resident's stay in Banyan House's rehabilitation program has been consistently and steadily increasing since mid 2007 to reach an average of 103 days duration at June 2009. Increasing time in treatment is one of our primary quality improvement objectives (see Quality Improvement Section later in this report), as extended time in treatment both improves clients' opportunity for recovery and increases the number of Phase 2 and 3 residents which improves the functioning of the Therapeutic Community.

Treatment activity data is presented in Tables 1, 2 and 3 over the following pages. As at June 2009, for our rehabilitation program:

- The residential capacity use rate was 88%
- Average duration of completed or ongoing episodes was 103 days, the median duration was 82 days, and the maximum duration was 366 days
- 24% of clients were Indigenous
- 24% were female
- There were 62 referrals during treatment to other health and community service agencies

## Banyan House Treatment statistics

Note: In the following tables, data in cells with small counts have been replaced with an asterisk (\*) to ensure clients can not be identified. Confidentialised data is however included in totals.

Table 1: Treatment Episodes by type, aboriginality and gender

Main treatment type	Total							
	Treatment episodes (a)							
	Jul – Dec 2005	Jan – Jun 2006	Jul – Dec 2006	Jan – Jun 2007	Jul – Dec 2007	Jan – Jun 2008	Jul – Dec 2008	Jan – Jun 2009
Assessment Only	41	23	37	66	50	59	48	52
Counselling	17	4	11	9	7	*	*	*
Information & Education	7	*	*	*	*	*	4	*
Rehabilitation	18	24	27	40	32	35	32	29
Withdrawal Management	14	21	17	20	20	17	18	28
Total treatment episodes	97	73	94	146	112	116	105	112

	Proportion of- Indigenous Clients							
	%	%	%	%	%	%	%	%
Assessment Only	29	35	32	35	28	31	17	17
Rehabilitation	33	25	37	33	22	20	19	24
Withdrawal Management	14	19	24	15	0	18	0	11
Total treatment episodes	26	25	28	28	20	25	13	17

	Proportion of- Female Clients							
	%	%	%	%	%	%	%	%
Assessment Only	39	30	30	12	28	25	21	21
Rehabilitation	50	33	50	20	19	17	16	24
Withdrawal Management	71	52	22	35	35	24	61	50
Total treatment episodes	42	42	34	17	24	22	25	31

(a) Data is for Treatment Episodes commenced during the period. Rehabilitation and Withdrawal episodes entail a period of residence at Banyan House.

Table 2: Rehabilitation Episodes

	Rehabilitation treatment episodes							
	Jul – Dec 2005	Jan – Jun 2006	Jul – Dec 2006	Jan – Jun 2007	Jul – Dec 2007	Jan – Jun 2008	Jul – Dec 2008	Jan – Jun 2009
Rehabilitation treatment episodes								
Episodes commenced in period	18	24	27	40	32	35	32	29
Total rehabilitation days in period	562	961	991	1297	1,797	2,149	2,386	2,381
Average duration (days) (a)	33	39	36	39	37	54	71	103
Median duration (days) (a)	28	22	14	27	19	23	32	82
Maximum duration (days) (a)	101	102	144	111	151	57	332	366
Residential capacity utilisation	20%	35%	36%	48%	65%	80%	86%	88%
<i>Referrals During Treatment</i>								
AOD Agency	*	*	21	*	*	*	*	0
Community Services	6	5	19	11	10	26	9	5
Dentist	10	7	8	11	14	6	7	7
GP	15	29	58	62	52	49	37	27
Mental health	8	16	24	28	11	5	*	*
Other Health	0	19	30	14	40	32	25	20
<i>Total referrals during treatment</i>	42	79	160	128	134	121	82	62

(a) Duration is calculated for episodes that were completed during the period and ongoing episodes

Table 3: Withdrawal Episodes

	Withdrawal treatment episodes							
	Jul – Dec 2005	Jan – Jun 2006	Jul – Dec 2006	Jan – Jun 2007	Jul – Dec 2007	Jan – Jun 2008	Jul – Dec 2008	Jan – Jun 2009
Withdrawal treatment episodes								
<i>Episodes commenced in period</i>	14	21	17	20	20	17	18	28
Total days	81	153	133	156	111	146	132	183
Average episode duration	6	7	8	8	6	9	7	7
Median	6	7	7	8	6	7	7	7
max	17	21	19	16	14	21	15	13
<i>Residential capacity utilisation</i>	22%	42%	36%	43%	30%	41%	36%	66%

### ***Funding of treatment services***

Funding available to fund Banyan House to provide AOD treatment services totalled \$798,295 in 2008-09. Of this, \$179,214, or 22%, was provided from the Forster Foundation's own funds.

This funding is completely expended on the direct costs of providing Banyan's treatment services, particularly the residential programs. For example, the residential programs costs include around the clock staffing, consumables, transport, program activity resources, and utilities.

Additional funds are required to meet rising operational costs (utilities, staffing, transport, groceries). Additional funding would increase the number of rehabilitation and/or supported withdrawal places available in the programs and very importantly, make more affordable access to medical and mental health assessment and treatment services. An ideal arrangement that would benefit treatment significantly would be for a GP and psychologist/psychiatrist to visit Banyan on a regular basis, eg monthly.

Banyan's self-generated income is comprised of 60% from fees charged to residents and 40% from fees for services provided. As part of the Forster Foundation's financial strategy, the Management Committee has approved an increase in resident fees from \$170 to \$185 per week for adults and from \$42 to \$45.50 per week for accompanying children commencing November 2009.

### **Quality Improvement**

Banyan House focussed on three primary quality improvement objectives over 2008-09. These were:

- Increasing access to Banyan's treatment programs
- Increasing time in treatment
- Ensuring treatment is effective and responsive to client needs

#### ***Increasing access to Banyan's treatment programs***

Our objective in this area was to ensure all available places in Banyan's rehabilitation and supported withdrawal programs were made equally available to all clients in need and were continually filled.

Our performance measure is our residential capacity utilisation rate – places in our residential treatment programs are limited to the number of beds available. As illustrated in the chart in the preceding section, these rates have increased significantly.

Actions related to improving access over 2008-09 included:

- A review and widening of Banyan's eligibility criteria to include:
  - More places for mandated (ie remand or bail) clients
  - Clients with dual alcohol/drug misuse and mental health disorders
- Refurbishment of Banyan house which increased the number of rehabilitation beds from 20 to 26. These beds became available August 2009
- Extensive consultation with referring and agencies Dept Health and Families staff, to increase access for and referrals of parent/s with children

- Developing a Banyan House website [www.banyanhouse.org.au](http://www.banyanhouse.org.au)

These initiatives have yielded results with Banyan's capacity utilisation rate increasing to close to 90% at June 09 from 65% and less over preceding years

### ***Increasing time in treatment***

Increasing time in treatment both improves clients' opportunity of recovery and increases the number of senior residents necessary for the effective operation of a therapeutic community.

Concentrated efforts to assist residents meet the Banyan community expectations and provision of some additional flexibility to accommodate individual circumstances has resulted in the duration of stays in Banyan's rehabilitation program increase significantly. At June 2009, the average duration of rehabilitation episodes had increased to 103 days, up from 40 days in previous years.

### ***Ensuring treatment is effective and responsive to client needs***

Banyan House has adopted a systematic approach to providing treatment services in accordance with best practice. In essence the approach comprises:

- Senior staff attendance at professional and Therapeutic Community Association conferences and workshops
- Clinical staff work placement at exemplar therapeutic communities (most recently Odyssey House, Melbourne)
- Self and external audits against NT AOD standards (most recent external audit Nov 2008) and the Dual Diagnosis Capability in Addiction Treatment Assessment (June 2009).
- Ongoing review of Banyan treatment programs to incorporate learnings from staff professional development activities, standards audit feedback and feedback from clients via client assessment inventories (conducted on entry and at 8 week intervals) and client exit interviews.

### ***Best practice for evaluation***

The major quality improvement initiative for treatment is Banyan's involvement in a research project titled "Best practice guidelines for evaluating Indigenous residential alcohol and drug programs" and conducted by Dr. Richard Chenhall, under the auspice of the Menzies School of Health Research, Darwin.

The project has involved implementation of a client assessment inventory, designed specifically for use in a therapeutic community, to provide a measure of clients' progress through treatment. Analysis of Inventory data will also provide feedback on the effectiveness of the various elements of Banyan's rehabilitation program.

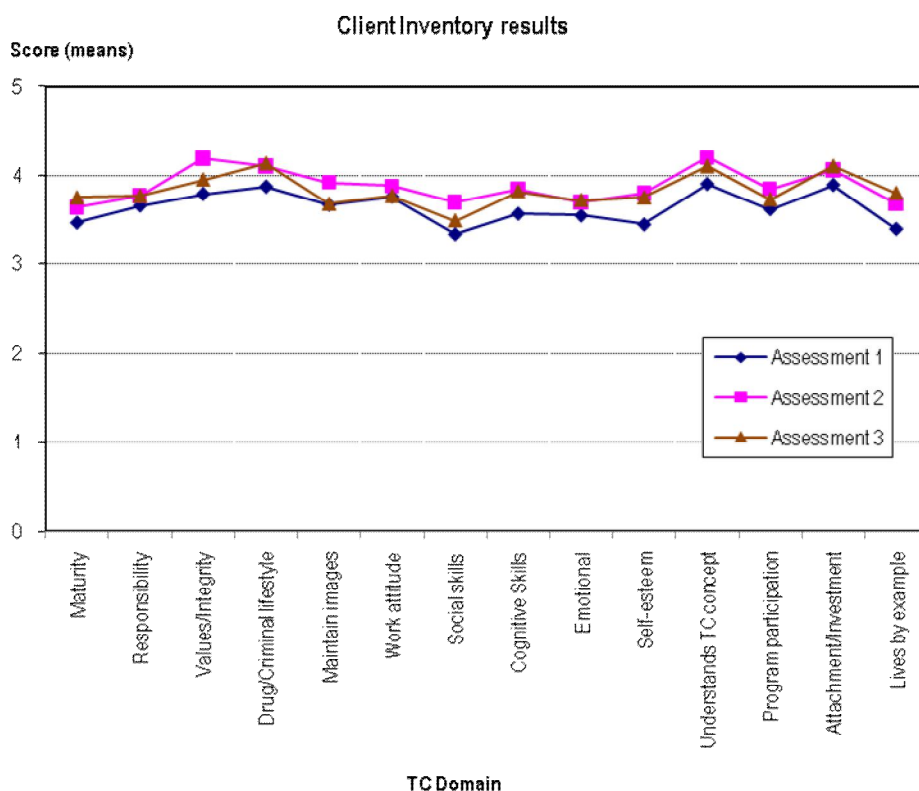
Clients complete an inventory on entry and then at approximately 8 week intervals to assess progress in developmental, socialisation, psychological and community member aspects of wellbeing.

We are utilising the Client Assessments to help clarify and measure changes in the individual during treatment and to see what steps can be taken to improve treatment effectiveness.

At the broader level, the Banyan activity is part of research happening in New South Wales, Western Australia and the Northern Territory to look at how residential treatment programs and therapeutic communities are providing their services. The researchers are particularly interested in investigating how agencies can make evaluations of programs more appropriate to the experiences of residents through treatment so that in response, they can provide better services.

The chart below is the first summary data available from assessments. It shows the means of all Client Assessment Inventory scores at Assessment 1, Assessment 2 and Assessment 3 across the 14 domains. Scores are ranked from 1 - Strongly disagree to 5 – Strongly agree.

The assessments have only recently been commenced, so the data is based on low number of scores. The number of assessments will increase over time which will improve the sample size and accuracy of the data. The expectation is that the data would show an improvement in scores from Assessment 1 to Assessment 2 to Assessment 3 as clients' progress through treatment. The data however shows scores at Assessment 3 are generally lower than at Assessment 2.



### *Comorbidity capacity development project*

Banyan House is also undertaking capacity building to provide improved treatment for clients with dual drug and alcohol problems and mental illness. A 3 year funded capacity building project commenced in 2008 and will:

- *Develop formal screening protocols for clients*

- *Develop protocols for integrated assessment for clients presenting with comorbid conditions*
- *Develop arrangements for continuing treatment*
- *Implement staff training and skills development*
- *Develop clinical data collection and reporting systems to include comorbidity data*
- *Establish linkages with health social and community service providers, carers and training bodies*

A dual diagnosis capacity assessment tool is used to assess improvement in capacity across the areas listed above. Banyan increased its capability score (20% improvement) over the first 12 months to June 09.

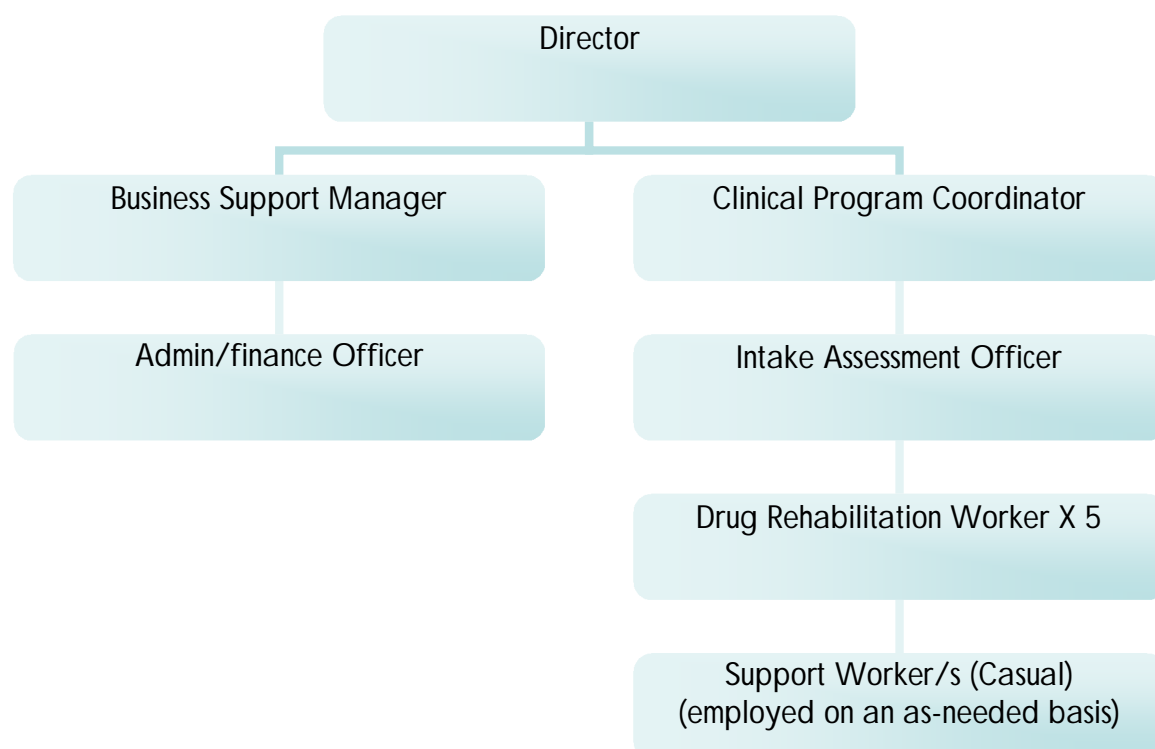
#### *Other quality improvement initiatives*

Senior Banyan House staff have also been active at the Alcohol and Other Drug a Sector level have contributed to efforts to expand AOD Certificate courses provided by Dept Health and Family Services, Alcohol and Other Drugs Program and CDU to include elective units on mental health first-aid and care.

In addition senior staff have also worked closely with NT Council of Social Service and other agencies to establish an AOD peak sector body in the NT. Through these efforts, this group has now obtained seed funding of \$50K to establish a permanent peak body.

### **Staffing**

#### **Banyan House Organisational Chart**



## **Workplace Agreement and Remuneration Review**

In April 2009, employees agreed to the Employee Collective Agreement (ECA) 2009 offered by the management committee. The agreement included a general wage increase comprising cost of living and market rates which was based on a remunerations review and staff development incentives including assistance after a qualifying period to attend work placements, conferences and work-relevant training.

The new ECA also included a new classification structure with a range of pay-points at each level. The structure was developed to provide staff clarity about qualifications and skills required for each role and to provide a career path.

Table 8 - Classifications

Classification	Paypoint
Drug rehabilitation support worker	PP1
	PP2
Drug rehabilitation worker	PP1
	PP2
	PP3
Drug rehabilitation worker – Intake position	
Senior Drug rehabilitation worker	PP1
	PP2
	PP3
Clinical Program Coordinator	PP1
	PP2
	PP3

Table 9 – Qualifications by classification

Pre-requisite qualifications by classification	
Drug rehabilitation support worker	<ul style="list-style-type: none"> <li>• Current Senior First-Aid Cert</li> <li>• Current Drivers License</li> <li>• Enrolled in Cert IV Community Services (AOD)</li> <li>• Light rigid license endorsement or booking to attain one</li> </ul>
Drug rehabilitation worker	<ul style="list-style-type: none"> <li>• Current Senior First-Aid Cert</li> <li>• Current Drivers License</li> <li>• Cert IV Community Services (AOD)</li> </ul>



	<ul style="list-style-type: none"> <li>• Light rigid license endorsement</li> <li>• Satisfactory performance reviews</li> </ul>
Drug rehabilitation worker – Intake position	<ul style="list-style-type: none"> <li>• As for DRW</li> <li>• Knowledge of <ul style="list-style-type: none"> <li>○ Banyan House eligibility, assessment and intake procedures</li> <li>○ Referring agencies and agreements or protocols with each</li> </ul> </li> <li>• Satisfactory performance reviews</li> </ul>
Senior Drug rehabilitation worker	<ul style="list-style-type: none"> <li>• As for DRW intake position</li> <li>• Work placement/s in an exemplar TC in addition to Banyan House</li> <li>• 3 years experience as a DRW in a TC</li> <li>• Satisfactory performance reviews</li> </ul>

### **Staff retention**

Banyan has lost a high number of experienced rehabilitation program staff through resignation over 2008-09. A further 2 staff were dismissed for reasons related to Banyan's staff code of conduct. Recruitment of qualified and/or experienced AOD program workers at current remuneration rates proved very difficult and resulted in a high ratio of new, inexperienced staff.

Following the remuneration review mentioned above, Banyan's managers are reasonably confident Banyan's remuneration levels are competitive within the NT AOD sector so to improve retention, we are now focussing on improving staff orientation, training and support, particularly throughout probation periods.

However, loss of organisational capability through staff departures remains our greatest project risk and will require ongoing attention and monitoring into the future.

### **Banyan House Refurbishment**

A major redevelopment of Banyan House was completed in July 2009 at a total cost of the redevelopment was \$4.7m, 95% of which was contributed by the Northern Territory government and the remainder by the Forster Foundation.

Banyan House now provides the Northern Territory with a first class, mid size, long-term residential alcohol and drugs rehabilitation facility. Residents now enjoy modern single or double bed rooms with en-suites and community kitchen, dining and group facilities. Bicycles, a gym area, volleyball court and children's play-gym and games room are also available for residents and their children.

Banyan House is situated on 3 hectares among bush and gardens at Berrimah. Residential facilities comprise 20 units accommodating one or two residents, and 2 self-contained family units.

To complete the refurbishment, we are relocating and removing 6 of old demountables and refurbishing 2 to use as 2 bedroom post program accommodation. Relocation/removal of the

demountable will be complete by Dec 2009 and refurbishment of one unit will be completed around the same time with the other to follow as soon as possible after.

Banyan House demountables



New residential units



## Finance

### ***2008-09 Finance Statement***

The Audited Special Purpose Financial Report for the year ended 30 June 2009 is provided for Forster Foundation for Drug Rehabilitation Incorporated in the following pages.

As described in the Profit and Loss statement, the net loss for the Foundation for the year was \$343,912.22. The loss was due to capital costs related to Banyan House's redevelopment, and the transfer of \$163,769 unexpended grants and grants in advance to a liability for transfer to next year's income.

### *Redevelopment finances*

Final construction costs for the redevelopment, excluding furnishing and fitout, are \$4,705,387. The costs were incurred over 3 years (07-08, 08-09 and 09-10).

### ***Finance strategy***

Banyan House needs to access significant additional recurrent funding (ie in the order of \$0.3m per year) to:

- meet increasing operation costs
- expand its rehabilitation program, made possible by the additional beds now available following redevelopment of Banyan House
- implement scheduled medical and mental health assessment services

Potential sources of funding for the Foundation are self generated income, government and non government grants, and donations.

A Finance Sub-committee has been established within the Management Committee to coordinate and progress activity to access additional funds from each of these sources. It comprises the Treasurer, Banyan's Business Support Manager and co-opted external experts.

Actions taken to date include:

- The Committee has approved an increase in fees charged to residents (to \$185 per week) to be implemented in November 2009
- In relation to donations:
  - The Foundation's status as a Deductible Gift Recipient was confirmed with the Tax Office and a gift fund established with the Foundation's bank NAB
  - A donations page enabling donations via credit card has been included in Banyan's new website
  - a direct marketing campaign will be undertaken in 2009-10
- Applications for one-off and on-going extensions to grants will be submitted early 2010

**THE FORSTER FOUNDATION FOR DRUG REHABILITATION INCORPORATED**  
**SPECIAL PURPOSE FINANCIAL REPORT**  
**for the year ended 30<sup>th</sup> JUNE 2009**

**THE FORSTER FOUNDATION FOR DRUG REHABILITATION INCORPORATED  
SPECIAL PURPOSE FINANCIAL REPORT  
YEAR ENDED 30<sup>th</sup> JUNE 2009**

<b>CONTENTS</b>	<b>PAGE</b>
Statement by the Committee	3
Independent Audit Report	4
Balance Sheet	5
Income & Expenditure	6
Notes to and forming part of the Accounts	7-8

**THE FORSTER FOUNDATION FOR DRUG REHABILITATION INCORPORATED**

**STATEMENT BY THE MANAGEMENT COMMITTEE**

for the year ended 30<sup>th</sup> June 2009

In our opinion –

- (a) the accompanying financial report as set out on pages 5-18 being a special purpose financial statement, is drawn up so as to present fairly the state of affairs of the Association as at 30<sup>th</sup> June 2009 and the results of the Association for the year ended on that date;
- (b) the accounts of the Association have been properly prepared and are in accordance with the books of account of the Association; and
- (c) there are reasonable grounds to believe that the Association will be able to pay its debts as and when they fall due.

We confirm as follows:

(a) The name of each committee member of the association during the relevant financial year were:

Chairperson:- Dr Robert Parker

Deputy Chairperson:- Dr Kate Senior

Public Officer:- Gerry West

Treasurer:- Des Friedrich

Secretary:- James Walker

Members:- Donna Murdoch, Hope Rigby

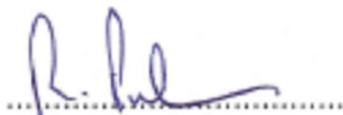
The principal activities of the association during the relevant financial were:

Banyan House is a residential Therapeutic Community, offering a safe, supportive and culturally sensitive environment for individuals recovering from drug and alcohol related issues.

(b) The net loss of the association for the relevant financial year was: **\$343,912.22**

Signed at Darwin on

6/10/09.



Chairman



Treasurer

**SUE LEE & ASSOCIATES**

CERTIFIED PRACTISING ACCOUNTANTS

**INDEPENDENT AUDIT REPORT**  
**TO THE MEMBERS OF THE FORSTER FOUNDATION FOR DRUG REHABILITATION INCORPORATED**

**Report on the Financial Report**

I have audited the accompanying financial report of the Forster Foundation for Drug Rehabilitation Incorporated which comprises the balance sheet as at 30 June 2009 and the income and expenditure statement for the year ended on that date, a summary of significant accounting policies and other explanatory notes and the committee of management's statement.

**Committee's Responsibility for the Financial Report**

The committee of management is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations). This responsibility includes establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error, selecting and applying appropriate accounting policies, and making accounting estimates that are reasonable in the circumstances.

**Matters relating to the Electronic Presentation of the Audited Financial Report.**

This audit report relates to the financial report of the Forster Foundation for Drug Rehabilitation Incorporated for the year ended 30 June 2009. This audit report refers only to the statements. It does not provide an opinion on any other information that may have been hyper linked to/from these statements. If the users of this report are concerned with the inherent risks arising from electronic data communications they are advised to refer to the hard copy of the audited financial report to confirm the information included in the audited financial report.

**Auditor's Responsibility/Scope**

My responsibility is to express an opinion on the financial report based on my audit. I conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the committee of management, as well as evaluating the overall presentation of the financial report.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

**Independence**

In conducting my audit, I have complied with the independence requirements of Australian professional ethical requirements.

**Audit Opinion**

In my opinion the financial report presents fairly in accordance with the accounting policies described in Note 1 to the Financial report and the *Associations Act*, the financial position of the Forster Foundation for Drug Rehabilitation Incorporated as at 30<sup>th</sup> June 2009 and the results of its operations for the year then ended.

*Sue Lee*  
 DATED: 19/08/2009

SUE LEE & ASSOCIATES IS A CPA PRACTICE  
 ABN 87 343 921 485



**The Forster Foundation for Drug Rehabilitation Inc**  
**Balance Sheet**  
**June 2009**

<b>ASSETS</b>	<b>This Year</b>	<b>Last Year</b>
<b>CURRENT ASSETS</b>		
<b>Cash on Hand/at Bank</b>		
Main Cheque Account	\$116,044.21	\$102,934.82
Grant Account	\$505,111.08	\$390,827.43
TIO-S2-Access Saver Account	\$36.75	\$41.72
Investment Accounts – Adelaide Bank	\$435,346.63	\$4,020,813.16
Petty Cash Float	\$500.00	\$500.00
<b>Total Cash on Hand/at Bank</b>	<b>\$1,057,038.67</b>	<b>\$4,515,117.13</b>
<b>Other Current Assets</b>		
Trade Debtors	\$173,373.76	\$133,055.88
Accrued Interest	\$4,604.83	\$903.00
Trust A/C Funds Recoverable	\$3,043.04	\$0.00
<b>Total Other Current Assets</b>	<b>\$181,021.63</b>	<b>\$133,958.88</b>
<b>Total CURRENT ASSETS</b>	<b>\$1,238,060.30</b>	<b>\$4,649,076.01</b>
<b>NON CURRENT ASSETS</b>		
Motor Vehicles at Cost	\$121,125.70	\$121,125.70
Motor Vehicles Accumulated Depreciation	-\$87,093.95	-\$77,213.77
<b>Total NON CURRENT ASSETS</b>	<b>\$34,031.75</b>	<b>\$43,911.93</b>
<b>Total ASSETS</b>	<b>\$1,272,092.05</b>	<b>\$4,692,987.94</b>
<b>LIABILITIES</b>		
<b>CURRENT LIABILITIES</b>		
Trade Creditors	\$25,675.04	\$18,012.96
<b>Provisions/Accruals</b>		
Prov for Staff Entitlements	\$81,589.00	\$65,526.00
Prov for Replacement Vehicle	\$10,000.00	\$10,000.00
Prov for Refurbishment	\$10,000.00	\$10,000.00
Prov for Site Development	\$60,000.00	\$60,000.00
Provision for Fit-out/Furnish	\$269,641.98	\$0.00
Provision for Auditors Remuneration	\$6,000.00	\$6,000.00
Accrued Wages/Super Exp	\$0.00	\$19,135.00
<b>Total Provisions/Accruals</b>	<b>\$437,230.98</b>	<b>\$170,661.00</b>
<b>Unexpended Grants</b>		
Unexp Grant/NIDS Extension	\$916.49	\$0.00
Unexp Grant/Residential Rehab	\$4,261.75	\$17,157.92
Unexp Grant/Withdrawal	\$71.89	\$8,953.26
Unexp Grant/Capital Redevelopment	\$0.00	\$3,440,000.00
Unexp Grant/Capacity Building	\$513.41	\$0.00
Unexp Grant/CBF Website	\$1,000.00	\$0.00
Unexp Grant/AERF Inventory	\$4,200.00	\$0.00
Unexp Grant/Co morbidity	\$23,805.91	\$0.00
<b>Total Unexpended Grants</b>	<b>\$34,769.45</b>	<b>\$3,466,111.18</b>
<b>Grants in Advance</b>		
Grants in Advance/NIDS Extension	\$0.00	\$48,874.00
Grants in Advance Co morbidity	\$129,000.00	\$0.00
<b>Total Grants in Advance</b>	<b>\$129,000.00</b>	<b>\$48,874.00</b>
<b>Total LIABILITIES</b>	<b>\$626,675.47</b>	<b>\$3,703,659.14</b>
<b>Net Assets</b>	<b>\$645,416.58</b>	<b>\$989,328.80</b>
<b>EQUITY</b>		
Retained Earnings	\$989,328.80	\$694,625.14
Current Year Surplus/Deficit	-\$343,912.22	\$294,703.66
<b>Total EQUITY</b>	<b>\$645,416.58</b>	<b>\$989,328.80</b>

[The accompanying notes form part of these financial statements](#)



## The Forster Foundation for Drug Rehabilitation Inc

### Profit & Loss July 2008 through June 2009

	This Year	Last Year
<b>INCOME</b>		
<b>Grant Revenue</b>		
GIA/Residential Rehabilitation	\$372,631.00	\$358,815.98
GIA/Withdrawal Services	\$49,999.00	\$51,834.01
GIA/Building Capacity Grant	\$10,000.00	\$10,000.00
NIDS/Extension Grant	\$196,450.00	\$123,593.05
NIDS/Aboriginal	\$0.00	\$117,748.00
NIDS/Women & Child Program	\$0.00	\$181,626.00
Grant/Capital Redevelopment	\$0.00	\$4,000,000.00
Co morbidity Improved Services Grant	\$258,000.00	\$0.00
One/Off Minor Grants	\$0.00	\$3,089.59
Tfr Unexpended Grant to Liability	(\$163,769.45)	(\$3,466,111.18)
Bring in Unexpended Grant < FYR	\$3,466,111.18	\$17,283.14
AERF Grants	\$7,200.00	\$0.00
Community Benefit Fund Grants	\$2,000.00	\$0.00
<b>Total Grant Revenue</b>	<b>\$4,198,621.73</b>	<b>\$1,397,878.59</b>
<b>Other Revenue</b>		
Interest	\$199,324.98	\$278,832.35
Resident's Gross Fees Revenue	\$106,976.55	\$92,834.58
Court Reports/Assessments	\$3,337.20	\$0.00
Other Services	\$0.00	\$218.18
NIDS Fee for Service	\$68,901.68	\$43,881.00
Demountable Sales	(\$3,636.36)	\$12,727.27
AERF/Families Unit Grant	\$0.00	\$13,901.00
<b>Total Other Revenue</b>	<b>\$374,904.05</b>	<b>\$442,394.38</b>
<b>Total INCOME</b>	<b>\$4,573,525.78</b>	<b>\$1,840,272.97</b>
<b>EXPENSES</b>		
Administrative Costs	\$29,810.21	\$64,658.04
Equipment	\$9,967.23	\$6,776.80
Capital Costs	\$4,054,266.62	\$569,358.26
Occupancy Costs	\$42,898.72	\$40,390.94
Travel/Motor Vehicle Costs	\$17,087.63	\$19,921.17
Insurances	\$28,649.19	\$39,399.50
Program Activity and Resources	\$78,594.84	\$94,616.99
Staff Training & Skills Development	\$55,783.67	\$12,520.04
Staffing Costs	\$578,946.85	\$683,570.48
Specialist Consultants	\$21,433.04	\$14,357.09
<b>Total EXPENSES</b>	<b>\$4,917,438.00</b>	<b>\$1,545,569.31</b>
<b>Net Surplus / (Deficit)</b>	<b>(\$343,912.22)</b>	<b>\$294,703.66</b>

**THE FORSTER FOUNDATION FOR DRUG REHABILITATION INCORPORATED.  
NOTES TO, AND FORMING PART OF, THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30<sup>th</sup> JUNE 2009**

**1. SUMMARY OF ACCOUNTING POLICIES**

The accounting policies adopted by the Association are stated in order to assist in a general understanding of the financial statements. These policies have been consistently applied except as otherwise indicated.

**Reporting entity**

The association is not a reporting entity because in the committee's opinion there are likely to exist users who are able to command the preparation of reports tailored so as to satisfy all of their information needs, and these accounts are therefore "special purpose accounts" that have been prepared solely to meet the requirements of the Constitution and the *Associations Act*.

**Accounting policies**

The financial report has been prepared under the historical cost conventions and does not take into account changing money values except to the extent that they are reflected in the revaluation of certain assets.

In order for the financial report to present fairly the state of affairs of the Association and the results of the Association for the year, Australian Accounting Standards have been adopted to the extent disclosed in this note.

**Government Grants**

Government grants are brought to account as income when the Association receives them. Unspent Grants are transferred to an appropriate liability account.

**Assets**

Items of a capital nature are recorded as assets and depreciated using the straight line method. Buildings are not being depreciated at this time.

**Income tax**

The Association is of the opinion that it is not subject to income tax.

**2. LAND**

The Forster Foundation for Drug Rehabilitation Incorporated known as Banyan House has a Crown Lease (Term 02124) over Portion 2178 Hundred of Bagot from plan(s) S77/73.