

coolmine
therapeutic community



Supporting People
in Changing Times
Strategic Plan 2009 to 2011

Vision

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

Mission Statement

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

Values

Dignity & Respect

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

Compassion

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

Honesty, Consistency and Responsibility

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

Safety & Security

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

Committed to Quality

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

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Pictures:

Front Cover: Coolmine Dublin Bay Cycle 2009 Mansion House

Back Cover: (L to R) Coolmine Dublin Bay Cycle 2009; Coolmine Graduation 2009; (Top)

Ashleigh House; (Bottom) Official Opening of Coolmine Mother & Child Facility 2009

Minister John Curran T.D., Declan Arthur, Paul Conlon

Chairman's Foreword

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Shaping positive change Embracing best practice

This Strategic Plan represents the next stage in the development of Coolmine Therapeutic Community and its services. It seeks to build on the achievements which are outlined in the Chief Executive's Overview, and is based upon an extensive consultation process (detailed in Appendix 2) with clients, staff and management at Coolmine, as well as with external stakeholders. I believe that over the past few years we have succeeded in retaining what was best in the traditional therapeutic culture of Coolmine, while at the same time introducing changes which reflect a more respectful approach to working with clients and are calculated to deliver better outcomes.

I wish to thank all those who participated in this process and, on behalf of the Board, to formally endorse the mission statement and statement of organisational values which may be seen on the inside cover of this report. It is my hope that these values will permeate all aspects of Coolmine Therapeutic Community over the coming years; and I particularly welcome the establishment of client consultation and participation structures which give concrete expression to our shared commitment to a more respectful and participative service for drug-dependent clients.

Despite financial cutbacks, we have succeeded in refurbishing both Coolmine Lodge and Ashleigh House, and with the help of recently-acquired capital funding from the Department of Community, Rural and Gaeltacht Affairs we are about to embark on the refurbishment of our premises at Lord Edward Street. Once the Lord Edward Street refurbishment has been completed, we intend to use this facility to accommodate a range of day programmes for drug users as well as our family service.

Like other nongovernmental organisations, we are obviously compelled to operate with significantly reduced funding during the current economic recession, but will strive to provide the full range of services described in this plan. It is our intention to collaborate with all of the statutory bodies which have supported us so generously in the past, while simultaneously working to improve our voluntary fund-raising capacity.

Finally, I would like to thank our clients and their families, the Family Association, our staff, my fellow board members and all of our funders.



Brian Ward
Chairperson
August 2009

Chief Executive's Overview

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The years 2009-2011 will be a challenging time for all involved in the provision of drug treatment and rehabilitation services in Ireland. We know from research that the prevalence of illicit drug use continues to be high, with one in four adults acknowledging use of an illicit drug over the course of their lifetime and in the Accident and Emergency departments of our general hospitals approximately a quarter of all attendances are now alcohol related. While heroin use in Dublin has levelled off, drug use in the capital city has generally become more complex as agencies like Coolmine are faced with new clients who - in addition to using heroin - also use a mix of cannabis, cocaine, alcohol and prescription drugs. It is noteworthy that heroin use has now become more prevalent in cities other than Dublin and in many provincial towns.

Our new strategic plan for Coolmine coincides with a new National Drugs Strategy, which is aimed at responding to changed patterns of drug use since the publication of Building on Experience: National Drugs Strategy 2001-2008. A key development arising from a mid-term review of Building on Experience was the publication in 2007 of a national rehabilitation plan. Coolmine is fully committed to the holistic approach to rehabilitation adopted in this plan and is eager to cooperate with all relevant statutory and voluntary agencies in its implementation. It has also been announced that the new National Drugs Strategy will include alcohol, and it is to be expected therefore that this will give additional impetus to plans already in train at Health Service Executive level to deliver treatment and rehabilitation services for the full range of poly-drug misuse in terms of a four-tiered model of care.

We believe that developments over the past few years in Coolmine reflect our continuing commitment to the provision of a continuum of care, and to a vision of recovery which emphasises an enhanced quality of life rather than mere abstinence from drugs. In implementing our previous strategic plan between 2006 and 2008, our achievements include the following:

- creation of formal client consultation and participation structures;
- initiation (in partnership with other service providers) of a stabilisation day programme for currently active drug users;
- establishment of clinical governance structures and procedures, including the creation of a limited detoxification service within our residential facilities;
- provision of full-time staff cover within all residential facilities and improvement of staff/client ratio to what would be considered the professional norm;
- reduction in length of stay at all three primary treatment facilities to an average of six months;
- change of institutional culture and styles of treatment at Ashleigh House to reflect the fact that this facility caters for mothers and their children;



Chief Executive's Overview

- provision of five community aftercare houses to facilitate those clients who have completed our primary treatment programmes;
- establishment of a part-time career guidance and counselling service, and enhanced use of the Community Employment scheme for the benefit of Coolmine clients;
- completed refurbishment of two of Coolmine's main facilities and commencement of refurbishment on the third main facility;
- creation of an improved fundraising strategy.

We believe that these are significant achievements, and we are confident that our new Strategic Plan will guide us for the next number of years - as we continue to offer a respectful, flexible and effective service response to clients whose lives have been blighted by drug dependence.



A handwritten signature in black ink, which appears to read 'Paul Conlon'. The signature is written in a cursive style and is positioned above a solid horizontal line.

Paul Conlon

Chief Executive
August 2009

The Coolmine Treatment Model.

The therapeutic community approach to treatment has two major distinguishing features:

- 1. It focuses on abstinence as the most desirable and practical treatment outcome.**
- 2. It emphasises peer support and creates carefully structured programmes - based in both residential and community settings - which facilitate the development of mutual aid between clients who share a common experience of addiction and recovery.**

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The Coolmine Model is committed to the value of abstinence as a treatment goal. This commitment is not intended as an ideological criticism of harm reduction policy and practice. Rather than viewing abstinence and harm reduction as polar opposites, Coolmine perceives abstinence as the most effective form of harm reduction, while simultaneously accepting the validity of other harm reduction strategies such as methadone maintenance and needle exchange schemes which are now widely available for people who continue to use drugs.

In the past, the threshold for entry into treatment may have been set too high. Acceptance to therapeutic community programmes was restricted to people who had been physically detoxified and who displayed a high degree of motivation. In recent years, the Coolmine Model has been adapted to recognise the importance of offering a service to drug-dependent clients who are still using drugs and whose commitment to the drug-free life is still evolving. This change is most readily observable in the admission to Coolmine programmes of clients who are engaged on a methadone reduction programme but who have requested admission to an abstinence-based service.

Relative to the large numbers of problem drug users regularly seeking treatment, the number of places available in Coolmine's intensive and highly-structured programmes is quite low. In recent years, therefore, we have become more conscious of the necessity to enhance our selection criteria with a view to allocating treatment places to those most in need of and most likely to benefit from our programmes.

A formal system of 'stepped' or 'tiered' care is in the process of being established by the Health Service Executive. As part of this process there is agreement that admission to intensive therapeutic programmes, and in particular to intensive residential programmes, should largely be restricted to those clients who have unsuccessfully attempted to achieve recovery or social stability in less intensive treatment settings. Clients with more complex and well-established drug problems including, for example, those with psychiatric co-morbidity or well-established patterns of homelessness would appear to be particularly suited to the Coolmine and Therapeutic Community Model.

While the emphasis on peer support continues to be a core element across all phases of our treatment process, we have for several years made it clear that aggressive confrontational styles of counselling which historically were a feature of TCs internationally are no longer acceptable within the Coolmine service. In recent years, staff have been trained in cognitive behavioural therapy (CBT) and motivational interviewing (MI), treatment modalities which have a strong evidence base as successful models of treatment. These we believe fit well with bona fide peer support and with the broader attempt to establish a genuinely therapeutic milieu within the agency's facilities.

In line with research which indicates that positive outcomes are associated with continuing care, rather than with indefinite durations of stay in intensive residential programmes, Coolmine has reduced the length of stay in its primary residential programmes. We recognise that rehabilitation ultimately involves a return to family life, work or education and to a broader community integration. Therefore, as part of our extended aftercare services, we continue to facilitate peer and professional support, as well as working with a wide range of agencies in the fields of education, training, employment, housing and healthcare.



4 Client participation and empowerment.

In the past, the idea that service providers in the fields of mental health and addictions should consult with service users would have been considered bizarre or even illogical. It was assumed that service managers and clinicians were the experts and that they had nothing to learn from clients. Clients were viewed almost entirely in negative terms as chaotic, confused and defensive. In recent times, however, there has been a general acceptance across the health and social service systems of the value of service user or 'customer' consultation, as a means of bringing balance and equity into the delivery of support services.

In the Irish mental health system this commitment to service user consultation has been reflected in the statutory requirement laid down in the Mental Health Act, 2001 that at least two members of the Mental Health Commission should have themselves suffered mental illness, and in the comprehensive consultation process which informed the drafting of the report of the expert group on mental health policy - A Vision for Change (2006).

In line with these developments and with the recommendation from the National Drugs Strategy 2001-2008, Coolmine has built on its existing peer support structures and formally established a Client Forum to facilitate feedback from clients on various aspects of the service as it is currently run.

This forum is convened approximately every six weeks and as it builds on the existing culture of mutual self help and peer support. It is proving popular with clients. It is also welcomed by management as a policy change which reflects a more respectful attitude towards clients and their views and assists in ensuring that the service is responsive and sensitive to clients needs.



Key Objectives

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At the heart of this Plan we have prioritised two interlinked and interdependent key areas for development. These are to consolidate and develop existing quality services and to build a strong and sustainable organisation.

1 Consolidate and Develop Existing Quality Services

- a) establish an advisory group to ensure that there is adequate clinical governance, ongoing appropriate training and that practice is constantly reviewed and monitored;
- b) increase resources and training to ensure that our programmes can be even more accommodating to those with complex needs, homeless people and those with dual-diagnosis;
- c) develop a volunteer programme which draws on the skills and provides opportunities for our many graduates and supporters;
- d) develop strategic partnerships with a number of housing providers to ensure that our clients have the best opportunities in this regard;
- e) continue to develop and strengthen our Community Employment and Career Guidance programme;
- f) develop and expand our family support services in line with best practice.

2 Build a Strong and Sustainable Organisation

- a) establish an advisory group to ensure best practice in human resources and financial management with support for the management team;
- b) complete current refurbishment plan for buildings and grounds at Ashleigh House, Coolmine Lodge and Lord Edward Street;
- c) improve quality of internal communication systems/structures and implement an effective IT strategy;
- d) develop a clear external communication strategy to raise awareness of Coolmine Therapeutic Community and to assist with fundraising activities;
- e) implement a fundraising strategy;
- f) explore the potential for developing our site on the grounds of Coolmine Lodge for housing units and/or a residential detox facility.



Key Actions

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These actions mirror the two central overarching objectives of the Strategic Plan.

1. Consolidate and Develop Existing Quality Services.
2. Build a Strong and Sustainable Organisation

1. Consolidate and Develop Existing Quality Services.

This objective has three priority programmes of action.

- A. Governance, Management, Supervision and Training.
- B. Community Services.
- C. Residential Services.

A. Governance, Management, Supervision and Training.

Key Action	Target
1. Establish a professional advisory group to ensure that there is adequate clinical governance, ongoing appropriate training and that practice is constantly reviewed and monitored. Terms of reference to be agreed by the Board of Coolmine.	Advisory group now in place.
2. Develop a new volunteer programme in order to enhance the services provided to our clients and complement the programmes provided.	September 2009.
3. Review existing external supervision arrangements and put in place external group supervision/facilitation processes for management and introduce regular integrated training days for all teams.	Completed with quarterly reviews in place.
4. Support and encourage all of our staff to become fully accredited members of the Irish Association of Alcohol and Addiction Counsellors and ensure that our code of conduct and all our practices are in line with same.	June 2010
5. Carry out annual and periodic quality audits in line with therapeutic 'Community of Community' standards and 'QUADS' where appropriate.	Annually, in months of July, August and September.
6. Audit all policies and procedures to ensure that all staff teams have up to date programme manuals which are integrated into daily practice and awareness. Submit relevant policies and procedures to HSE and seek approval with regard to clinical governance.	December 2010
7. Seek funding for fulltime nursing staff, child care worker, career guidance counsellor and family therapist to complement the skills of existing multi-disciplinary teams.	December 2010
8. Consolidate client participation and graduate support group structures to ensure that peer support and mentoring offered by graduates are maximised. Provide appropriate supervision and training where necessary.	September 2009

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Key Action	Target
9. Design, develop and implement a number of research projects in partnership with NACD, universities etc in order to publish a number of papers in relation to Coolmine Therapeutic Community.	September 2009.
10. Build on existing relationships with universities, colleges and training providers in order to facilitate structured student placements in return for providing training which raises the awareness of the therapeutic community model and methods within those institutions.	Ongoing

B. Community Services

Key Action	Target
1. Outreach worker for stabilisation programme to take full responsibility for liaison with referral agents, client assessment and admission into stabilisation and drug free day programmes, as well as liaison with residential outreach workers around admissions to Ashleigh House and Coolmine Lodge.	Achieved and ongoing.
2. Outreach worker to track clients who drop out of stabilisation programme and drug free day programme. This will involve liaising and communicating with family, partner, friends and other service providers where appropriate. Report to be submitted to monthly clinical meeting.	September 2009.
3. Stabilisation Day Programme to formalise relationship with Trinity Court as well as the Primary Care for Homeless People Service and to strengthen methadone maintenance and community detoxification initiatives and protocols. Lobby for the provision of additional stabilisation programmes to be provided to assist those who are homeless and or in insecure accommodation situations and put in place one community house to facilitate those who are reaching stability in the community.	December 2009.
4. Review existing case management and keyworking system as well as the content of the Stabilisation and Drug Free Day Programmes group work programme in conjunction with the advisory group on best practice. Implement improvements on an ongoing basis. In addition to life story, exploration of consequences, peer evaluations, therapeutic community interventions, concepts etc, the programme will gradually expand to include structured relapse prevention, access to fellowship meetings, meditative and spiritual aspects as well as developing programmes which address gender, relationships and sexuality issues.	September 2009.
5. Review the current preparation and provision of food within the Stabilisation and Drug Free Day Programmes and develop a Life Skills programme to complement the therapeutic programme leading to FETAC Level 3 accreditation.	September 2009.
6. Stabilisation and Drug Free Day programme team to pilot cocaine initiative utilising cognitive behavioural therapy and contingency management principles.	Commenced with report due in November 2009.



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Key Action	Target
7. Develop one new Drug Free Day Programme in partnership with another provider to complement the work of our existing Stabilisation and Drug Free-day Programme and make direct links with a number of transitional housing programmes.	December 2010.
8. Employ and put in place a dedicated family support worker/family therapist whose sole responsibility will be to develop family support services and proactively link in with existing family support groups in the country. Pilot 'Strengthening Families Programme' in partnership with other agencies in Dublin. Develop initiatives based on CRAFT principles and organise parenting skills training for participants in all of our programmes where appropriate.	September 2009.
9. In partnership with FAS, Local Drug Task Forces, Local Employment Service and local employers, review the existing Coolmine Community Employment Scheme and implement recommendations which strengthen participants' capacity for placement in services other than Coolmine. Career guidance counsellor to build on relations with education providers and employers to maximise the potential for voluntary and paid work placements as well as education and training opportunities.	March 2010.
10. Increase resources for aftercare programme in order to integrate service with residential phase two and family programmes, encourage participation in fellowships, as well as making links with external supports and networks where appropriate. Develop protocols with other providers of aftercare services to our clients where appropriate	December 2010.

C. Residential Services

Key Action	Target
1. Coolmine Lodge and Ashleigh House teams to take full responsibility for liaison with referral agents, outreach work, client assessment and admission into residential treatment services. Develop referral protocols and or satellite clinics with local community drug teams, HSE Addictions Services, Probation Service, Merchant's Quay Ireland and Irish Prison Service if appropriate and if needed.	Achieved and ongoing.
2. Coolmine Lodge and Ashleigh House to develop standard housing and benefits assessment procedure for all clients on admission and develop agreed protocols with the Department of Family and Social Affairs, all housing providers and housing associations. Training to be arranged for all staff about social welfare benefits and housing assessments.	September 2009.
3. Outreach workers to track clients who drop out of residential and community housing programmes and liaise and communicate with family, partner, friends and other service providers where appropriate. Report to be submitted to monthly clinical meeting.	September 2009.

STRATEGIC PLAN 2009 - 2013

Key Action	Target
4. Review the content of Ashleigh House and Coolmine Lodge group work programme in conjunction with advisory group on best practice. In addition to life story, exploration of consequences, peer evaluations, therapeutic community interventions, concepts etc, the programme will gradually expand to include structured relapse prevention, access to fellowship meetings, meditative and spiritual aspects as well as developing programmes which address gender, relationships and sexuality issues.	September 2009.
5. Develop a holistic complementary therapy programme to include acupuncture, yoga, relaxation and meditation.	March 2010.
6. Develop Coolmine Lodge and Ashleigh House staff teams so that each team member takes on a particular leadership role within the team on a particular named aspect of the total programme.	September 2009.
7. Restructure rota, case management and key working system to ensure that a client consistently has the same key worker from orientation through to aftercare and that family members and significant others are communicated with and are included in case reviews. Ensure that concepts and practice of right living are transferred from residential into community housing and maintained into aftercare. Harness the potential of senior residents to act as community leaders within each house and to liaise directly with a specific team member.	September 2009.
8. Review the current preparation and provision of food within the Coolmine Lodge and Ashleigh House and build on skills arising out of FETAC Level 3 Cookery course in Coolmine Lodge and Ashleigh House. Expand existing FETAC programme which currently includes Communications, English, Math's, Basic Computers (all provided by ABLE, Adult Learning Centre in Blanchardstown) to include Personal / Interpersonal Skills, Preparation for Work, Art and Horticulture.	March 2010.
9. Review the departmental client structure to maximise the potential and development of our grounds, including the provision of a green house and horticulture programmes where appropriate and implement the recommendations from of the Sustainable Energy Audit 2008.	September 2009.
10. Develop a recreational and creative activities programme, increasingly drawing on volunteers, for all participants and put in place a volunteer coordinator to ensure that the programme is consistently delivered.	December 2010.

2. Build a Strong and Sustainable Organisation

This objective has three priority areas of action.

- A. Human Resources Management.
- B. Communications and Information Technology.
- C. Financial Management and Fundraising.

A. Human Resources Management

Key Action	Target
1. Establish a sub committee of the Board of Coolmine to agree and monitor practice in human resources, financial management and fundraising activities on a quarterly basis.	September 2009.
2. Review and update all human resources policies and procedures to include volunteers, student placements, client/graduate involvement and ensure that policies and procedures are in line with quality standards. Put in place a central repository for all policy and procedures documents on a server.	September 2009, June 2010, June 2011.
3. Develop recruitment strategy, complete with policies and procedures, and commence the recruitment, induction and training of volunteers in partnership with the management team.	September 2009
4. Review and update on an annual basis all job descriptions, person specifications and competency requirements for all new and existing staff positions.	Oct 2009, 2010, 2011.
5. Support service managers with regard to the consistent implementation of policies and procedures by holding quarterly one to one meetings with service managers and attending local team meetings every quarter.	Quarterly.
6. Review performance management policies and procedures in particular and provide training for all managers on implementation.	March 2010. March 2011.
7. Review and clarify roles and responsibilities in relation to recruitment and selection and put in place a strategy for staff succession planning.	Oct 2009, 2010, 2011.
8. Carry out an annual training needs analysis and identify training needs of all staff looking at service needs as well as individual and team needs.	Oct 2009, 2010, 2011.
9. Develop and publish an annual training plan for all front line staff and managers in conjunction with the management team and the Board, including trainers.	Jan 2010, 2011.
10. Develop network links to deliver more cost effective training and explore the scope for exchanging skills with other voluntary sector and statutory agencies and report on progress annually.	Network in place and ongoing.

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B. COMMUNICATION AND INFORMATION TECHNOLOGY

Key Action	Target
1. Agree an elevator pitch / compelling statement for Coolmine Therapeutic Community so that all management and staff can act as advocates for the organisation delivering a consistent message.	September 2009.
2. Commence a programme of engagement with the press, offering a schedule of articles on addiction related material to a broad spectrum of print media on a bi-monthly basis.	September 2009.
3. Develop an annual events schedule to engage the media using the launch of the annual report, strategic plan, opening of new facilities and graduation ceremonies.	September 2009.
4. Relaunch the Coolmine Newsletter as a web based and on a bi monthly publication with contributions from all services and from externals sources.	December 2009.
5. Commence web marketing strategy and investigate Web 2 applications appropriate for Coolmine.	Sept 2009, 2010, 2011.
6. Update website on a monthly basis and ad new features when appropriate.	Sept 2009.
7. Review and update all project service information leaflets and develop a standard organisational presentation pack.	Aug 2009, 2010, 2011.
8. Complete an IT audit to deliver recommendations on systems for case management and handling statistical information. This to be done in consultation with researchers so that outcomes can be measured over time.	Monthly
9. Put in place a training plan to ensure that all staff are proficient in basic Word, Excel, File Management and Email applications.	Quarterly
10. Ensure that there are sufficient PC stations within each project to meet team needs. Objective is to have a minimum of one PC per two staff members.	Weekly



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C. Financial Management and Fundraising.

Key Action	Target
1. Establish a fundraising committee (Friends and Supporters of Coolmine) which meets monthly aimed at harnessing the opportunities presented by immediate associates of Coolmine, friends, family members, and graduates.	September 2009.
2. Develop a proactive plan of engagement with corporate partners, Chambers of Commerce etc, to be monitored on a monthly and quarterly basis. Tailor project specifications in accordance with corporate budgets and CSR policy as needed.	September 2009.
3. Identify a number of philanthropists with a strategic fit to Coolmine and put in place a strategy to capitalise in the long term on the potential of legacies.	September 2009.
4. Create a database of contacts for the purpose of regular mail shot fundraising requests as well as a database of Irish and European grant sources and submit applications where appropriate.	December 2009.
5. Review and update all financial policies and procedures in conjunction with a sub committee of the Board of Coolmine.	Sept 2009, 2010, 2011.
6. Deliver monthly management accounts and financial report to management team within ten days of the end of each month	Sept 2009.
7. Review budgets and prepare budget estimates annually in August in conjunction with each service manager.	Aug 2009, 2010, 2011.
8. Deliver monthly management accounts and a financial report to management team within ten days of the end of each month.	Monthly
9. Prepare quarterly and end of year financial reports for board of management and auditors.	Quarterly
10. Ensure that there is a weekly check with management team on client contributions and rent collection internally and externally in order to keep arrears and evictions to a minimum.	Weekly

Appendices

Appendix 1: Assessment in the following range of services

Access

We provide access to our treatment services through initial contact and assessment provided in the following range of services.

- Outreach Service, to the Prison and Communities.
- Drop-in facilities at Lord Edward Street.
- Stabilisation Day Programme at Lord Edward Street.

Primary Rehabilitative Treatment

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

- Men's residential service at Coolmine Lodge.
- Women's residential service at Ashleigh House.
- Structured day programme at Lord Edward Street.

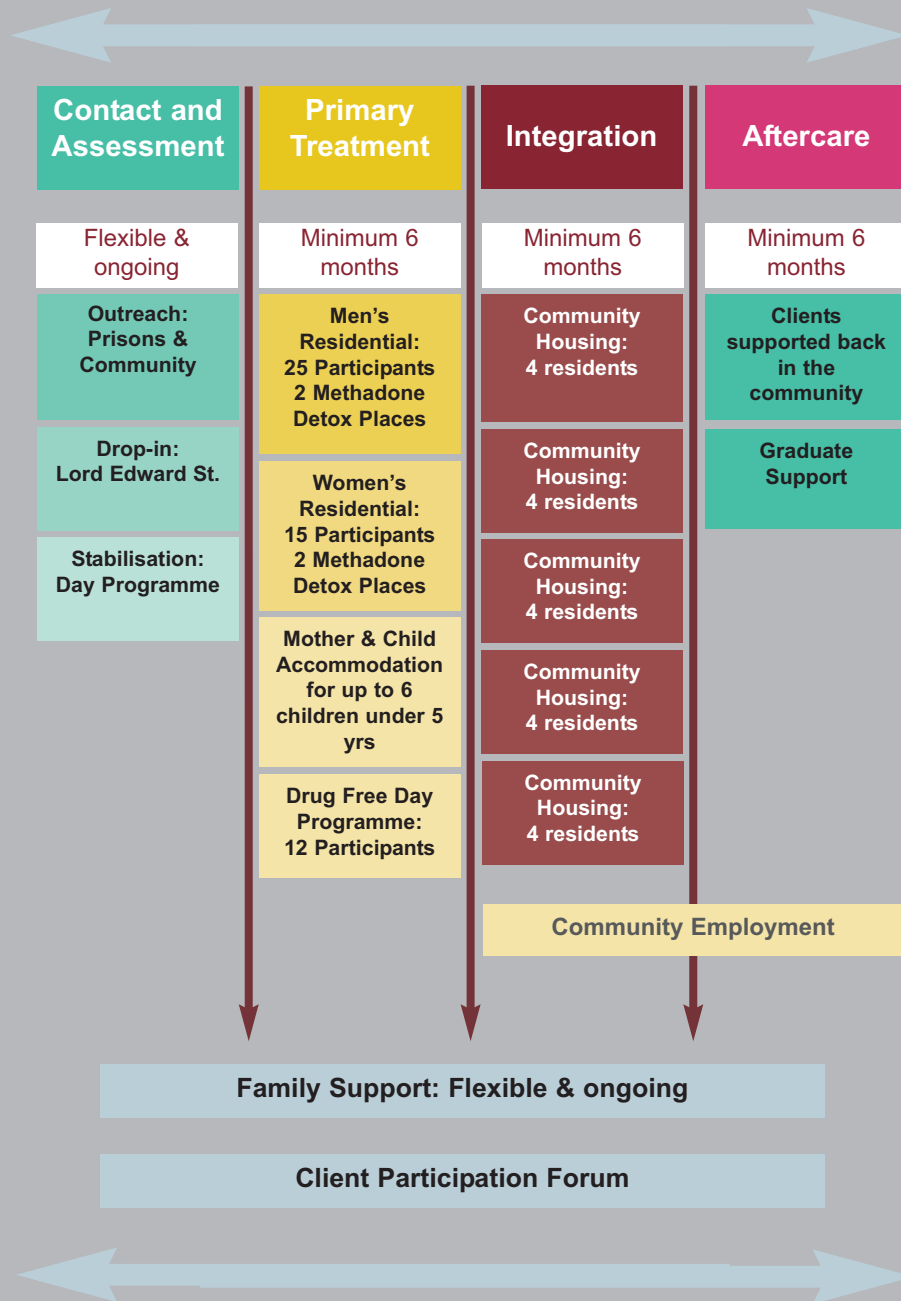
The Therapeutic Community model is a treatment and rehabilitation approach where clients live in small structured drug-free communities. The goal is to encourage psychological and lifestyle changes to enable people to maintain a drug-free lifestyle. The treatment approach is based on peer support. Participants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

Progressions, Integration and Aftercare

We provide an ongoing integration and aftercare service by providing the following range of services

- Five, step-down or community housing projects.
- Dedicated aftercare, graduate and family support service.
- Community Employment Scheme.
- Client participation forum

Rehabilitation Services Structure



Appendix 2: Methodology

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

Review of the Current Strategy

The current strategy was reviewed by the Chief Executive and an overview of its status was presented to the Strategic Planning Implementation Group. The Group considered this report to be an accurate reflection of the implementation of the plan. This provided a solid baseline on which to develop the 2009 to 2011 Strategic Plan.

Training in Focus Groups Facilitation

The managers and staff on the Strategic Planning Implementation Group engaged in a tailored workshop on facilitating focus groups. This ensured that the focus groups facilitated by staff would all follow a similar format and seek to reach common objectives.

Focus Groups

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

Client Survey

A satisfaction survey was distributed to all clients. In total, sixty five responded. These surveys have contributed to the development of this plan.

Staff Survey

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

Strategic Planning Days

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

Consultation with External Stakeholders

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

- Anna Liffey, Director
- Community Addiction Team x 2
- Dublin Simon Community, CEO
- Drugs Strategy Unit, Department of Community, Rural and Gaeltacht Affairs.
- Focus Ireland, Service Manager
- Health Service Executive – 2 consultant psychiatrists, 2 Addiction Services Area Managers
- National Drug Strategy Team, Chair and Coordinator
- Homeless Agency, Director
- Local Authority, Manager of Homeless Services, Director of Housing.
- Merchants Quay Ireland, Director.
- Local Drug Task Force, Coordinator x 2
- Operations Manager, National Rehabilitation Coordinator
- Probation Service, Director, Assistant Director and Probation Officer.

Draft Report

Draft reports were presented to the Board of Coolmine on 1st December 2008 and 23rd February 2009.

Core Values

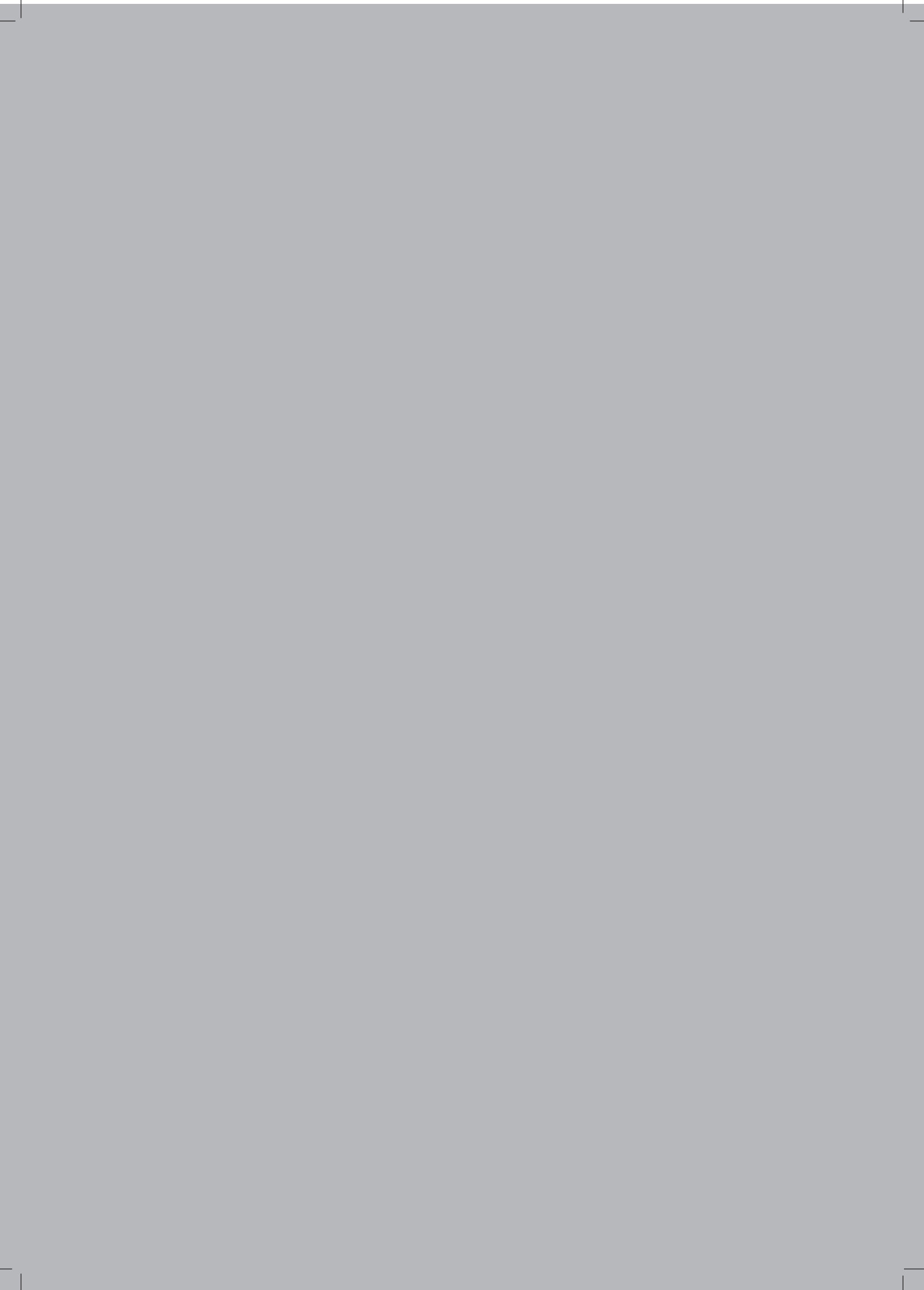
The board of Coolmine following its meeting on 23rd February 2009 set in motion a process to facilitate a review of our Core Values in conjunction with our clients, staff and management.

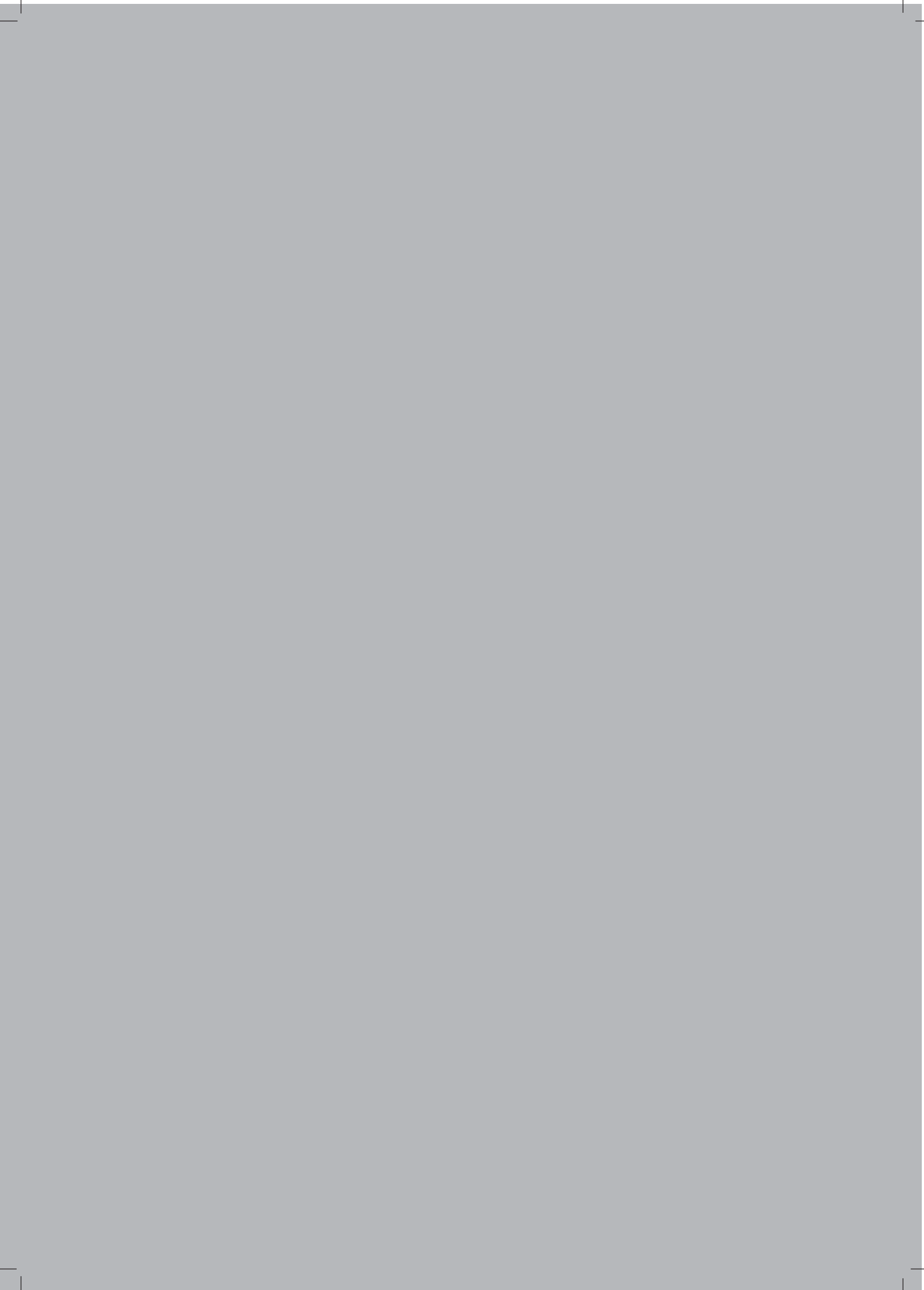
Consultation with Minister

A meeting was held with Minister John Curran, Minister with Responsibility for Drugs Strategy

Consultant to the Process

Dr. Derval Howley, Monalee Escapes,
Ballindaggin, Co. Wexford 053 938 8441
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Coolmine Therapeutic Community

Living Life Without Addiction

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Coolmine is a charity limited by guarantee - reg. no CHY 5902

