

coolmine  
therapeutic community



A PIONEERING RECORD  
A DYNAMIC FUTURE

Strategic Plan 2006 - 2008

Coolmine Therapeutic Community passionately believes that everybody should have the opportunity, supports and enabling environment to overcome addiction and to lead a fulfilled and productive life. We are proactively implementing change while continuing to provide the best quality residential and community services possible to empower people to end their dependence on drugs and alcohol and to help them realise their right and potential to become participating and valued members of society.

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# Chairman's Foreword

## 1

### Shaping positive change Embracing best practice

Change is at the heart of what we do. When clients (drug users) come to Coolmine or are referred to us, it's because they are on a vital quest for change. They want to change their lives. They want to transform their dependence on drug use and the destructive impact it has had on their families and communities.

Coolmine provides the opportunity, supports and the enabling environments where that kind of change can take root and flourish. But, if Coolmine wants to continue nourishing this change, we too have to be responsive to change. We too need to seize the opportunities, build in the supports and create the enabling environment where we can champion best practice. The world of drug misuse in Ireland today is very different to the world of 1973 when we first opened our doors. That's why Coolmine today is a very different organisation – an organisation proud of its pioneering history but, equally, unafraid to shape a pioneering future.

This Strategic Plan reflects and leads that quest for change. Ultimately our work is about people and people are at the heart of this plan. The clients, their families and communities, our colleague service providers with whom we deliver a continuum of different services and approaches and our own dedicated and professional staff who have embraced change in order to deliver it.

The Strategic Plan provides a dynamic framework and confident direction for the development and improvement of the services which we offer – rooted in best practice and good governance. The overall thrust of this Strategic Plan is to reassert Coolmine's ambitious commitment to the delivery of drug-free or abstinence-based outcomes for our clients. We now have a greater consciousness of our unique and vital role as colleagues

to providers who use different approaches to tackling the same issues. Emerging best practice models and environmental changes mean that a one-size-fits-all approach is not appropriate or effective for Ireland today.

The history of Coolmine tells many stories of people who embraced huge change in their personal lives. But every transformed life is a journey of often tiny, incremental but momentous steps towards that greater change. This strategic plan is about making those incremental and transformative steps possible. To achieve this, using best practice, we need to implement some incremental and transformative changes ourselves.

Coolmine faces this changed future with confidence, enthusiasm and a commitment that people will always remain at the heart of our mission.

On behalf of all at Coolmine - Clients, their families, our Staff and Board members I would like to thank our funders. We are particularly thankful for the continued support of Minister Noel Ahern and his Department. I would also like to formally acknowledge our thanks to The Probation Service, the Health Service Executive, The Blanchardstown and South Inner-City Local Drugs Task Forces, FÁS and the National Drugs Strategy Team who continue to support us on our journey to a dynamic future.



**Brian Ward, Chairperson.**

# Chief Executive's Overview

## 2


### Changing needs. Changing policies

Treatment providers and epidemiologists have produced ample evidence over the past 30 years of the dramatic changes that have taken place around the supply and usage patterns of illicit drugs in Ireland. As is the case in most European countries, general drug use – mainly the use of so-called 'softer' drugs – has become 'normalised' among Irish older children and young adults. The practice of injecting opiates has become endemic in deprived urban areas and recently there has been an increase in cocaine use across a range of different user groups.

In response to these changes, national policy-making has gradually become more structured and formalised, culminating in the current National Drugs Strategy 2001-2008 (Building on Experience) which has recently gone through a mid-term review. Since 1996, the causal importance of environmental factors – in particular, the impact of social exclusion – has been highlighted through the work of the Local Drugs Task Forces. However, from the Coolmine perspective, the most significant change that has occurred is that treatment policy in Ireland has shifted gradually towards a 'harm reduction' philosophy. This coincided with the arrival of HIV/AIDS in the mid-1980s.

This 'harm reduction' policy involves the provision of healthcare interventions aimed at reducing a range of harmful behaviour and outcomes without necessarily reducing a person's level of drug use. In other words, health services no longer expect or demand that their drug-using clients will move quickly or directly to become drug free. They are instead prepared to offer long-term methadone maintenance, needle and syringe exchange, and a range of other interventions to improve the physical and mental health of clients, reduce their levels of criminal activity, and generally improve the quality of their lives – even as they continue to use drugs.

These changes have helped drive and shape the development of Coolmine's three-year Strategic Plan while, at the same time, retaining our fundamental commitment to the drug-free or abstinence ethos. It is important to state that public belief in, and support for, the ideal of drug-free rehabilitation continues to remain high, as evidenced in the consultation process for the recent mid-term review of the National Drugs Strategy 2001-2008. It is also clear that parents' groups and other community-based groups continue to favour education and prevention programmes with an abstinence content. Coolmine will continue to reflect these values and proven methods in future work.



**Paul Conlon, Chief Executive.**

# The Coolmine Therapeutic Community

## 3

### Why we're here

Coolmine Therapeutic Community, established in Dublin in 1973, was one of the first dedicated residential rehabilitation centres for drug users in Ireland. Coolmine believes that everybody should have the opportunity, supports and enabling environment to overcome addiction and lead a productive life. We believe in providing the best quality residential and community services to empower people to end their dependence on drugs and alcohol and to help them realise their right and potential to become participating and valued members of society

### How we work

The treatment programme is currently structured into three phases,

- Phase One (nine months)
- Phase Two or reintegration phase (up to six months), and
- Aftercare (one year).

Both Phase One and Phase Two are residential stages. This structure, and the duration of the various phases, is now being transformed in line with current best practice.

### The unique Coolmine model

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

1. It emphasises peer support, whereby clients offer one another support within highly-structured residential settings, and
2. It focuses on abstinence.

Although the focus of the Coolmine model is still aimed at helping drug users to become abstinent and still emphasises the value of a period of residential care, the programme has proactively adapted to the changing drug scene and to changes in public policy. Our current services are still based on the value of providing a period of inpatient or residential care where drug users who wish to do so can develop the life skills necessary to maintain a drug-free lifestyle.

One of the clearest findings to emerge from research on approaches adopted in the Coolmine model is that positive outcomes are related to length of time spent in treatment. Coolmine works consistently to forge therapeutic links with all of its clients and to retain them within the treatment process for the longest time possible. The Coolmine programme also recognizes that ultimate rehabilitation involves a return to family life, work, and to broader community integration. We therefore make use of a wide range of educational and training services as well as counselling options to assist in this process.

### **Coolmine's service centres**

Treatment and support services are currently provided from four locations in Dublin to dependent drug users and their families. Our main centre is the residential therapeutic community at Coolmine Lodge, Blanchardstown. The residential unit for women is located at Ashleigh House, Clonee. This service is continuously evolving to meet the particular needs of women. Both of these centres have been upgraded in the past three years, and further development is planned. Non-residential services are provided from two Dublin city centre locations and, in association with other providers, a programme is provided in the Dublin prisons.

The services which Coolmine provides are funded principally by public sector bodies – mainly the Probation and Welfare Service, HSE, and Local Drug Task Forces. In addition to direct funding, as a charity limited by guarantee, Coolmine has been entrusted with valuable real estate assets from which it provides most of its services.

### **Organisation, staffing and structures**

Coolmine is a company limited by guarantee, recognised by the Revenue Commissioners as a charity. It has a non-executive Board of Directors (10 in January 2006), who serve on a voluntary, part-time basis and who are trustees in all but name. The day-to-day management of the organisation is in the hands of the Chief Executive who is assisted by an experienced management team.

There were a total of 14 front-line staff at the end of 2005. These mainly work a 9-to-5 day and provide skeleton cover for the residential services at the weekend. Coolmine runs a Community Employment Scheme for 16 persons.

### **The scale of the work**

#### **2004**

Our outreach and induction service dealt with a total of 420 people in 2004. 53% of these contacts came through our community outreach service with the remaining 47% coming from prisons. Our residential and community services dealt with 164 people in total for the year. 95 of these were new admissions. 15% of our admissions were women. Our nine-month retention rate across all services for 2004 was 33%.

#### **2005**

In the following year, 2005, our outreach and induction service dealt with a total of 440 individuals. 62% came through our community outreach service with the remaining 38% coming from prisons. Our residential and community services dealt with 160 people in total for the year. 112 of these were new admissions. As in 2004, 15% of our admissions were women. Our nine-month retention rate across all services for 2005 rose substantially to 43%.



# Key Objectives

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At the heart of this plan we have prioritised two interlinked and interdependent key areas for development.

1. PROVIDING A BEST-PRACTICE SERVICE
2. STRENGTHENING ORGANISATIONAL GOVERNANCE AND EFFECTIVENESS

### 1 PROVIDING A BEST-PRACTICE SERVICE

*Our overarching goal here is to upgrade existing services to meet best practice standards in terms of quality and effectiveness and to develop excellent new services to meet prioritised needs. This will mean:*

- A. A renewed emphasis on outreach, both into the community and into the prisons, so as to make therapeutic contact with problem drug users who are contemplating detoxification and rehabilitation.
- B. The provision, for the first time, of stabilisation and detoxification facilities.
- C. The delivery of residential rehabilitation which, in terms of the length of the programmes and the quality of counselling utilised, is evidence-based, professional and with 24/7 staffing.
- D. The design and delivery of a reintegration programme with new and better- resourced educational and job training facilities for clients.
- E. The provision of dedicated aftercare services and facilities, including half-way houses, so as to facilitate better community reintegration.

### 2 STRENGTHENING ORGANISATIONAL GOVERNANCE AND EFFECTIVENESS

*Our key goal here is to support the Key Service Objective by building an organisation that is well-funded and staffed, which follows the principles of good governance and management, which communicates openly with its stakeholders and which provides a dignified and enabling environment to clients and employees alike. This will mean:*

- F. Ensuring financial independence through diversity and consistency in funding.
- G. Implementing a communications and information strategy, both internal and external.
- H. Expanding networks with other providers into efficient channels for delivering quality services to existing and new client categories.
- I. Implementing best practice in management, accountability and governance.
- J. Strengthening human resources and improving physical resources.

# Key Actions

## 5

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

1. PROVIDING A BEST-PRACTICE SERVICE
2. STRENGTHENING ORGANISATIONAL GOVERNANCE AND EFFECTIVENESS

### 1. PROVIDING A BEST-PRACTICE SERVICE

This objective has three Priority Programmes of Action:

- A. Men's and women's residential programmes
- B. Outreach and day programmes
- C. Integration and aftercare

Key Action	Target
<b>A. MEN S AND WOMEN S RESIDENTIAL PROGRAMMES</b>	
1. Review and modernise content and culture of programmes to ensure that delivery is evidence-based and professional	<i>Dec 2008</i>
2. Review structure of programme phases and reduce length of stay	<i>March 2007</i>
3. Review and redesign orientation phase of programme for new client to improve retention in first month	<i>June 2007</i>
4. Review case management system to ensure ratio of 1:5/6 clients and establish good record keeping systems	<i>June 2007</i>
5. Ensure 24 hour staffing by initiating additional evening and weekend cover	<i>Implemented fully in August 2006</i>
6. Set up Advisory Groups for Men's and Women's programmes to support best practice in service delivery	<i>March 2007</i>
7. Establish comprehensive teamwork and communication systems to ensure team integration and quality handover and case review procedures	<i>June 2007</i>
8. Provide a mother and child service in Ashleigh House including development of on-site crèche facility	<i>December 2007</i>
9. Improve the environment of both sites through securing boundaries, landscaping and refurbishment as appropriate, and implementing Health and Safety standards and procedures	<i>December 2008</i>

Key Action	Target
10. Liaise regularly with other internal and external services in particular those involved in the Blanchardstown EQUAL Inter-agency Initiative, in order to ensure good working relationships and the integration of service delivery	<i>June 2007</i>
11. Develop comprehensive family service, including crisis intervention as necessary	<i>December 2007</i>
<b>B. OUTREACH AND DAY PROGRAMMES</b>	
12. Put renewed emphasis on outreach, both into the community and into the prisons, so as to maximise therapeutic contact with problem drug users who are contemplating detoxification and rehabilitation	<i>Agreed and on-going</i>
13. Liaise with key homelessness agencies to establish and consolidate homeless outreach services	<i>Ongoing</i>
14. Review current prison outreach service and group programme in conjunction with the prison and probation services	<i>June 2007</i>
15. Develop a women's outreach strategy in consultation with Ashleigh House	<i>Agreed and on-going</i>
16. Establish, pilot, monitor and review community-based detoxification service	<i>Agreed and on-going</i>
17. Review and consolidate induction and assessment services	<i>June 2007</i>
18. Review and modernise the content, culture and delivery of day programmes	<i>June 2007</i>
19. Restructure day programmes to reduce length of stay and develop a new stabilisation programme	<i>Implemented</i>
20. Establish and maintain good case management and record keeping systems	<i>March 2007</i>
21. Establish comprehensive teamwork and communication systems to ensure team integration and quality handover and case review procedures	<i>June 2007</i>
22. Ensure the implementation of Health and Safety standards and procedures	<i>Agreed and on-going</i>
23. Liaise regularly with other internal and external services in particular those involved in the Blanchardstown EQUAL Inter-agency Initiative, in order to ensure good working relationships and the integration of service delivery	<i>June 2007</i>

Key Action	Target
<b>C. INTEGRATION AND AFTERCARE</b>	
24. Provide dedicated aftercare programme and services to facilitate better community reintegration, including ongoing support to graduates	<i>Dec 2008</i>
25. Locate and establish transitional or community aftercare housing facilities	<i>Two in place 2006, Two in place in 2007 Two in place in 2008</i>
26. Develop dedicated re-settlement and tenancy sustainment service	<i>December 2007</i>
27. Develop comprehensive family service, including crisis intervention as necessary	<i>June 2007</i>
28. Provide vocational education and training courses appropriate to needs of clients	<i>June 2007</i>
29. Develop career guidance service	<i>January 2008</i>
30. Support clients in moving into employment, including taking up places in Community Employment scheme	<i>Agreed and on-going</i>
31. Establish and maintain good case management and record keeping systems	<i>June 2007</i>
32. Establish comprehensive teamwork and communication systems to ensure team integration and quality handover and case review procedures	<i>June 2007</i>
33. Ensure the implementation of Health and Safety standards and procedures	<i>Agreed and on-going</i>
34. Liaise regularly with other internal and external services in particular those involved in the Blanchardstown EQUAL Inter-agency Initiative, in order to ensure good working relationships and the integration of service delivery	<i>June 2007</i>

## 2. STRENGTHENING ORGANISATIONAL GOVERNANCE AND EFFECTIVENESS

This key objective has three priority areas for action:

- A. Human Resource Management
- B. Communications and Governance
- C. Financial Management

Key Action	Target
<b>A. HUMAN RESOURCE MANAGEMENT</b>	
35. Ensure adequate staffing in terms of numbers and qualifications in all services	<i>Ongoing</i>
36. Ensure effective recruitment, selection and induction processes	<i>Agreed and on-going</i>
37. Provide professional supervision as required	<i>Agreed and on-going</i>
38. Develop and implement a training plan to ensure relevant training at all levels	<i>Agreed and on-going</i>
39. Review pay and conditions in context of current market and staff retention levels	<i>June 2006 Done</i>
40. Review, clarify and document policies in relation to Health and Safety, Human Resources and standard operational procedures	<i>December 2007</i>
<b>B. COMMUNICATIONS AND GOVERNANCE</b>	
41. Develop a communications and information strategy, both internal and external	<i>January 2007</i>
42. Establish and implement best practice in management, accountability and governance.	<i>January 2007</i>
43. Promote a clear, consistent, consultative and supportive style of management which ensures effective communications between all staff and management	<i>January 2007</i>
44. Develop up-to-date IT and interpersonal communication systems throughout the organisation, to ensure consistent and two-way information flow in Coolmine TC	<i>December 2007</i>
45. Expand networks with other providers into efficient channels for delivering quality services to existing and new client categories.	<i>January 2007</i>

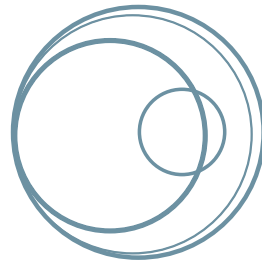
Key Action	Target
<b>C. FINANCIAL AND ASSET MANAGEMENT</b>	
46. Ensure financial independence through diversity and consistency in funding	<i>December 2007</i>
47. Analyse service costs and ensure value for money and cost effectiveness	<i>June 2006, 2007, 2008</i>
48. Develop fund-raising strategy	<i>January 2008</i>
49. Negotiate multi-annual service-user agreements with funders	<i>June 2007</i>
50. Secure funding for new service developments	<i>June 2007</i>
51. Diversify funding sources	<i>January 2008</i>
52. Put in place a plan to acquire additional property to meet our needs and refurbish existing properties in order to improve the quality of our services.	<i>December 2008</i>

## Monitoring and evaluation

# 6

The actions outlined in this strategic plan will form the basis for our annual operation plan and budget. This plan will be monitored monthly by our strategic plan implementation group and quarterly by the board of management for coolmine therapeutic community.

Secondly, with the support and agreement of our funders, we would like to have each of our services independently evaluated during the course of this strategic plan.



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19 Lord Edward Street, Dublin 2, Ireland  
**T** 353 1 679 3765 / 353 1 679 3765  
**F** 353 1 679 3430 [info@coolminetc.ie](mailto:info@coolminetc.ie)  
[www.coolminetc.ie](http://www.coolminetc.ie)

Registered Charity (CHY) 5902. In Ireland No: 50621.

Member of the World Federation of Therapeutic  
Communities (WFTC) & European Federation of  
Therapeutic Communities (EFTC).

A member of Community of Communities, A Quality  
Network of Therapeutic Communities.