

BCAT

Bray Community Addiction Team

Strategic Plan 2016-2018



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



Bray Local Drug and Alcohol Task Force



Value communities through respect,
accountability, innovation and excellence

Vision

A community-owned service, accepting, empowering and including people in the Bray area who seek assistance in relation to substance use and / or addiction issues.

Mission

To provide a welcoming, non-judgmental confidential environment in which to offer appropriate services to individuals, families and the wider community affected by substance misuse and addiction issues.

To advocate on behalf of service users and to influence policy and practice on a local and national level.

Aims

To enable service users to identify their needs and to respond with appropriate services.

To build and maintain collaborative working relationships with voluntary, community and statutory sectors.

To raise awareness of BCAT within the community.

To maintain models of best practice and to respond to changing needs through ongoing research, education, training and evaluation.

To promote a positive working environment by recognising staff contribution.

Objectives

To provide open access low-threshold evidence based services to people in Bray affected by drug and / or alcohol problems.

To deliver evidence based interventions to the target group in one-to-one and group settings.

To provide outreach services to people with drug / alcohol problems.

To provide addiction support to people in prison for drug / alcohol related crime.

To provide addiction / integration support to people on release from prison.

To provide evidence based interventions on a one-to-one and group setting to people experiencing homelessness.

To provide evidence based interventions on a one-to-one and group setting to family members affected by their relatives' drug / alcohol use.

To raise awareness / educate the local community on drug / alcohol related issues.

To work in partnership with local key stakeholders to improve outcomes for mutual client groups or any other external parties that will enable us to improve our quality and range of services.

To influence drug / alcohol policy and practice at local and national level.

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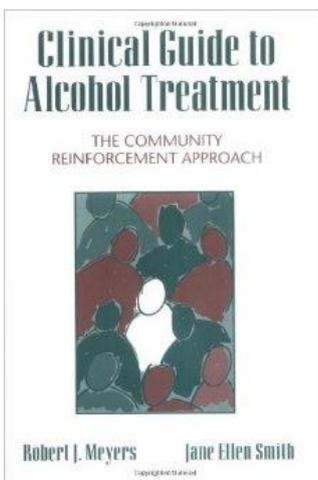
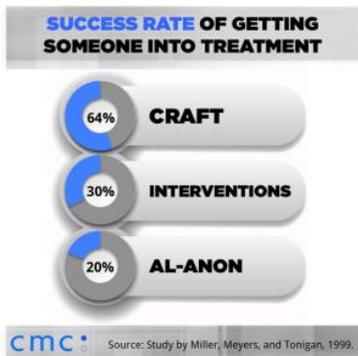
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- Enhance & maintain motivation
- Cope with cravings & resist urges
- Focus on Problem solving
- Achieve Lifestyle Balance

Introduction

Welcome to Bray Community Addiction Team's (BCAT) Strategic Plan 2016-2018. This plan arises from the successful implementation of our Strategic Plan 2013-2016 which was largely concerned with the use of the BCAT POWER Model to embed BCAT's Person Centred approach to the people we serve, and to monitor how we provide services and interventions to various target groups, which are appropriate to their need. The utilisation of this approach to how we deliver our essential services has highlighted our need to be flexible and open to trying new initiatives.

Hence, the first three themes of this strategy are concerned with new initiatives, namely: Service User Involvement, Peer-Led Mutual Aid and Under 18's Service Provision.

The next four themes are concerned with the application of the POWER Model and the 6 Stage Pathway Model to the services delivered to the various target groups: Adults with drug / alcohol problems, family members and people in prison for drug / alcohol related crime.

The next two themes are concerned with overall governance and the management of human resources which BCAT has been focussing on in the latter half of the Strategic Plan 2013-2016. This is in the context of the enactment of the charity regulations and the transfer of funds to the Health Service Executive (HSE) and our focus on complying with the HSE's governance framework.

Developing the Strategic Plan

Preparation for this plan commenced in August 2014, midway through the previous plan. During that time we engaged in a large-scale consultation process with service users (N=172) and with key stakeholders in the community, largely those agencies and services that work with our mutual target group. The feedback from this consultation highlighted BCAT's Strengths, Weaknesses, Opportunities and Threats and via SWOT analysis, this Strategic Plan seeks to capitalise on our Strengths and Opportunities and mitigate against our Weaknesses and Threats by focusing on our key themes over the next three years.

SWOT Analysis

Strengths <ul style="list-style-type: none">✓ <i>Progressive</i>✓ <i>Responsive</i>✓ <i>Professional</i>✓ <i>Evidence Based Treatments and interventions</i>✓ <i>Staff Skills</i>✓ <i>Staff attitudes</i>✓ <i>Good professional relationships with other agencies</i>✓ <i>Supporting of other agencies</i>✓ <i>Inter-agency working</i>✓ <i>Range of services</i>✓ <i>Utilising two premises</i>✓ <i>Advocating for service users</i>✓ <i>Welcoming of service users</i>✓ <i>Non judgmental</i>✓ <i>Outreach</i>	Weaknesses <ul style="list-style-type: none">✓ <i>Staffing Levels</i>✓ <i>Management of two buildings and associated costs</i>✓ <i>Variety of work can lead to staffing issues</i>✓ <i>Dependence on CE schemes and volunteerism for Drop In</i>✓ <i>Communication methods such as website, brochures etc.</i>✓ <i>Getting message to other service providers and individuals i.e., GPs etc.</i>✓ <i>Access to IT: limited access to computers etc.</i>✓ <i>IT security: email addresses etc.</i>✓ <i>Time to best utilise ECASS system</i>✓ <i>Staff resources for managing people with mental health problems</i>
Opportunities <ul style="list-style-type: none">✓ <i>Use of website and social media</i>✓ <i>National Rehabilitation Framework</i>✓ <i>Fundraising for specific initiatives</i>✓ <i>Development of new initiatives: SMART Recovery, CRAFT Peer Support, Needle Exchange etc.</i>✓ <i>Staff turnover is low</i>✓ <i>Charities Regulations and Governance Code</i>✓ <i>Service arrangement with HSE</i>✓ <i>Staff skills mix</i>✓ <i>Interagency work with Mental Health Services, homeless services</i>✓ <i>ISM in Prison Service</i>	Threats <ul style="list-style-type: none">✓ <i>Maintaining current funding and meeting costs associated with complying with legislation (health & safety, charities regulations etc.)</i>✓ <i>Reputation: should funding be reduced and be unable to deliver our services</i>✓ <i>Instability associated with whole project interim funded year to year</i>✓ <i>Increasing numbers accessing</i>✓ <i>Range of new drugs of choice and presenting behaviours</i>✓ <i>People presenting with complex needs</i>✓ <i>Young people presenting with drug/alcohol problems</i>✓ <i>Problems for people wishing to detox, access residential rehabilitation</i>✓ <i>Homelessness service provision in Bray</i>

Strategic Plan 2016-2018

We are confident that this Strategic Plan will see the ongoing provision of evidence-based services for our target group and will see new initiatives develop. We are also confident that our governance structures are robust and stringent which will ensure the sustainability of BCAT in Bray. The following table gives a summary of our key Themes and Goals over the next three years:

New Initiatives

Direct Service Provision

Governance and Human Resource Management

Theme	Goal
Service User Involvement	There is a culture of service user involvement throughout BCAT which will empower service users to be at the centre of service planning, delivery and management
Peer Led Mutual Aid	Build the capacity of SMART Recovery to be a national peer-led mutual aid network with its own legal and governing structure by 2018
Services to Under 18s and their Caregivers	Provide services to Under 18s and their caregivers in response to community need
POWER Model of Service Provision	Services provided to all target groups are Person Centred, Open Access, Wraparound, Evidence Based, Rational and Non-Judgmental
6 Stage Model Pathway – People with Drug/Alcohol Problems	Provide a welcoming non-judgmental confidential environment in which to offer appropriate services to people with drug/alcohol problems, through the application of the BCAT 6 Stage Model Pathway
6 Stage Model Pathway – Family Members	Provide a welcoming non-judgmental confidential environment in which to offer appropriate services to family members, through the application of the BCAT 6 Stage Model Pathway
6 Stage Model Pathway – People in prison for drug/alcohol related crime and their families	Provide a welcoming non-judgmental confidential environment in which to offer appropriate services to people in prison for drug/alcohol related crime, through the application of the BCAT 6 Stage Model Pathway
Governance	The service is appropriately and effectively managed by its management body
Human Resources	The skill mix of staff best meets the needs of service users and the deployment of staff best meets the management and operational needs of BCAT

Monitoring of the Plan

The plan will be monitored quarterly at Board of Management meetings. Each of the strategic objectives outlined in the year will form the work-plan for that year. This will enable us to monitor our successes and achievements and addressing any barriers to us achieving our objectives.

On behalf of the Board of Management, I would like to thank the BCAT staff team who we know work longer hours than they are paid, provide professional services in a welcoming, kind and caring manner and who are passionate about, and proud of, the work they do.

We would also like to thank the people who trust BCAT enough to access our services and have the courage to seek help. We are committed to ensuring you receive the best service you could possibly receive and we commit to the ongoing upskilling and support of our staff to this end.

Finally, we would like to thank our partner agencies, our funders, the HSE and Probation Service and the Bray Local Drug and Alcohol Task Force, and we would like to thank all of those people who over the years have brought BCAT to this plan.

David Scott
Chairperson
BCAT

Theme 1 – Service User Involvement

Goal: There is a culture of service-user involvement throughout BCAT which will empower service users to be at the centre of service planning, delivery and management

Inputs	Outputs		Outcomes – Impact		
	Activities	Participation	2016	2017	2018
Volunteers on Board of Management Staff Service Users Finance (Staff Training, Service User Training, promotional materials)	(1) Develop and implement a framework for service user participation through research and consultation	Service Users, Staff, Board of Management, Commissioners and other key stakeholders	(1.1.1) Framework in place which describes the process of involvement from a lower level of informing through strands of increasing levels of empowerment for the service user (1.1.2) Evidence of commencement of strategy	(1.2.1) The strategy will empower service users to be involved at service delivery and management level within the organisation (1.2.2) Evidence of growth of service user involvement through achievement of KPIs in Service User Framework	(1.3.1) Evidence of service user involvement throughout all aspects of BCAT governance and service delivery (1.3.2) Culture of service user involvement embedded in organisation

Assumptions

Resources available: Volunteers on Board of Management, designated staff availability, ongoing financing of project by HSE and Dept of Justice

External Factors

Financial allocation by HSE and Department of Justice, changes in legal and statutory obligations, Board of Management and Service User Participation

Theme 2 – Peer Led Mutual Aid

Goal: Build the capacity of SMART Recovery to be a national peer-led mutual aid network with its own legal and governing structure by 2018

Inputs	Outputs		Outcomes – Impact		
	Activities	Participation	2016	2017	2018
Volunteers on Board of Management Staff Service Users Finance (Staff Training, Service User Training, promotional materials, Development Worker, researcher/evaluator)	(2) Lead out on the development of SMART Recovery in Ireland	Service Users, Staff, Agencies and service users of community and voluntary services nationally	(2.1.1) Continuation of national pilot which commenced in 2015 (2.1.2) Training of 150 front line workers by end of 2016 (2.1.3) Establishment of 40 SMART Recovery meetings by end 2016 (2.1.4) Structure in place to support facilitators (2.1.5) Development of SMART Recovery Irish online training (2.1.6) Development of SMART Family & Friends Training in partnership with NFSN (2.1.7) Establish legal and governing structure for SMART Recovery in Ireland (2.1.8) Securing of funding for SMART Recovery for 2017	(2.2.1) Legal and governing structure in place to plan strategy 2018-2021 (2.2.2) Continued training of front line workers and SMART Recovery participants with focus on building an equal mix of peer-led and professionally-led meetings nationally (2.2.3) Continued facilitator network supports to ensure fidelity to the model (2.2.4) Promotion and development of SMART Family and Friends in partnership with NFSN (2.2.5) Explore viability of SMART Recovery within the prison system as an adjunct to treatment (2.2.6) Explore viability of Inside Out Programme	(2.3.1) SMART Recovery Ireland has a network of 100 meetings nationally with its own legal and governing structure (2.3.2) SMART Recovery Family & Friends has a network of peer-led meetings (2.3.3) SMART Recovery meetings are available within the prison setting (2.3.4) SMART Recovery Ireland has its own legal and governing structure and Strategic Plan 2019-2021 in place (2.3.5) BCAT ends its licensing agreement with SMART in USA

Assumptions

Resources available: Volunteers on Board of Management, Volunteers on National Steering Group, designated staff availability, financing extension of Pilot in 2016 and securing of further funding

External Factors

Funding for the Programme, Services/Agency buy-in and staff availability

Theme 3 –Service Provision to Under 18s

Goal: Provide services to Under 18s and their caregivers in response to community need

Inputs	Outputs		Outcomes – Impact		
	Activities	Participation	2016	2017	2018
Volunteers on Board of Management Staff Buildings Finance (Staff Training , Programme Costs, Evaluation costs)	(3) Establish a service to address the needs of Under 18s with drug/alcohol issues and their caregivers under the Clinical Governance of the HSE	Under 18s, their families, local agencies dealing with the target group	(3.1.1) Partnership arrangement between HSE and BCAT and Clinical Governance in place between HSE and BCAT (3.1.2) BCAT reconfigured to cater for Under 18s in terms of premises, staff training and staff resources (3.1.3) Policies, procedures and protocols reviewed and adapted to take into account Under 18s' service provision (3.1.4) Establish service mid-2016, three days per week on pilot basis for 18 months (3.1.5) Funding sourced to evaluate the pilot	(3.2.1) Service operating on pilot basis and adapted as needed (3.2.2) Capacity to work with 50 young people and their caregivers over the 18 month period (3.2.3) Evaluation to report on outcomes of service for Under 18s, their caregivers and other key stakeholders (referrers, local services etc)	(3.3.1) BCAT in a position to advocate for further resources if pilot demonstrates need and positive outcomes (3.3.2) Gap in provision of services to target group met within BCAT and/or another appropriate agency (3.3.3) Addiction Services in Bray can respond with evidence-based interventions to all target groups experiencing drug/alcohol problems

Assumptions

Resources available: Volunteers on Board of Management, Volunteers on National Steering Group, designated staff availability, financing extension of Pilot in 2016 and securing of further funding

External Factors

Funding for the Programme, Services/Agency buy-in and staff availability

Theme 4 –POWER Model of Service Provision

Goal: Services provided to all target groups are Person Centred, Open Access, Wraparound, Evidence Based and Rational and Non-Judgmental

P	Inputs	Outputs		Outcomes – Impact		
		<i>Activities</i>	<i>Participation</i>	2016	2017	2018
PERSON CENTRED	Volunteers on Board of Management Staff Finances (Training – MI, Care Planning and Case Management, Person Centred Care, any further upskilling required based on changing needs of service users)	<p>(4PA) All policies and procedures reflect person centred care planning and care plans are service-user led across all target groups</p> <p>(4PB) Engage with key partners to develop interagency care and case management protocols leading out on the implementation of the NRF in Bray</p> <p>(4PC) Service User Involvement Strategy Development and Implementation</p> <p>(4PD) Develop peer-led SMART Recovery meetings and support framework</p> <p>(4PE) All BCAT service provision reflects identification of and response to service user need</p>	Service Users, Staff, Commissioners, other key stakeholders	<p>(4P.1.1) Policies and procedures in line with QuADS and NRF Protocols</p> <p>(4P.1.2) Interagency protocols in place between BCAT and key agencies working with the target group to lead to a case management approach</p> <p>(4P.1.3) Service User involvement framework developed and implementation commenced</p> <p>(4P.1.4) Peer-led SMART Recovery meetings in Bray and nationally</p> <p>(4P.1.5) Service users receive appropriate services which matches their need</p>	<p>(4P.2.1) Evidence of person centred and person led care planning and person centred interventions demonstrated through outcome measurements</p> <p>(4P.2.2) Outcome based interagency care planning in place for service users</p> <p>(4P.2.3) Evidence of Service User involvement in service planning, delivery, and promotion</p> <p>(4P.2.4) Staff and Peers work in partnership to sustain SMART Recovery in Bray and nationally</p> <p>(4P.2.5) Service is adapted and reviewed to ensure ongoing delivery of appropriate services</p>	<p>(4P.3.1) Service users are empowered to make informed choices about their treatment plan</p> <p>(4P.3.2) NRF embedded in service provision in Bray leading to improved interagency working and improved outcomes for service users</p> <p>(4P.3.3) Service users are represented throughout the organisation from service planning, delivery to management structures</p> <p>(4P.3.4) SMART Recovery is led by peers and represent Bray on SMART national structures</p> <p>(4P.3.5) Systems in place to ensure that all services provided by BCAT respond appropriately to presenting service users based on their need</p>

O P E N A C C E S S	Inputs	Outputs		Outcomes – Impact		
		Activities	Participation	2016	2017	2018
	Volunteers on Board of Management Staff Buildings Finances (literature, website, social media)	<p>(40A) Deliver services at times which suit the target groups</p> <p>(40B) Display opening times on publications and website and through use of social media</p> <p>(40C) Operate Open Door policy</p> <p>(40D) Operate from Inclusion policy</p> <p>(40E) Provide low threshold services which attract the target group</p>	Service Users, Staff, Commissioners, other key stakeholders	<p>(40.1.1) Opening hours reflect day, evening and weekend opening hours</p> <p>(40.1.2) Opening times displayed publicly, promotional literature developed through Service User Involvement Strategy, development of social media strategy to attract relevant target groups</p> <p>(40.1.3) Walk-in service available daily ensuring rapid response to service user need</p> <p>(40.1.4) No exclusion policy and evidence of inclusiveness through Service User involvement policy enactment</p> <p>(40.1.5) Provision of low threshold services adapted based on service user feedback</p>	<p>(40.2.1) Maximum availability of access to BCAT for the target groups and ongoing review of BCAT resources to provide services to all-target groups in a safe and effective manner</p> <p>(40.2.2) Opening times displayed publicly and raise awareness of BCAT services through use of social media</p> <p>(40.2.3) BCAT continues to provide access to service when people decide on any given day that they need assistance</p> <p>(40.2.4) BCAT is experienced by service users as a safe environment evidenced through Service User satisfaction surveys</p> <p>(40.2.5) BCAT continues to provide low threshold services which caters for the hard to reach and those most vulnerable to critical harm</p>	<p>(40.3.1) People living in Bray have access to help and support to a maximum level taking into account BCAT's resources and experience BCAT as catering for their needs irrespective of their work/home/family commitments</p> <p>(40.3.2) Service access is publicised through various media and to various target groups evidenced through uptake of services</p> <p>(40.3.3) Service in place which is in line with evidence-based practice on having appropriate response to people which responds at a time when the window of opportunity presents</p> <p>(40.3.4) BCAT can respond to service user needs and behaviours in a safe manner for all</p> <p>(40.3.5) Potential service users and existing service users receive appropriate low threshold interventions which improve their health and quality of life</p>

W R A P A R O U N D S E R V I C E S	Inputs	Outputs		Outcomes – Impact		
		Activities	Participation	2016	2017	2018
	Volunteers on Board of Management Staff Finance (Training, ECASS)	<p>(4W.A) Provide a range of services which offer support appropriate to client need from low-threshold to drug/alcohol free programmes</p> <p>(4W.B) Provide services which support people in all areas of their lives</p> <p>(4W.C) Advocate for service user needs</p> <p>(4W.D) Work in partnership with other key stakeholders to improve outcomes for mutual client group</p>	Service users, partner agencies, public	<p>(4W.1.1) Service intervention matches service-user needs and ranges from low threshold to drug free options and responds proactively to local needs</p> <p>(4W.1.2) Outcome measures for service users can reflect improvement in all areas of life</p> <p>(4W.1.3) Gaps in service user progression addressed through interagency protocols under the NRF and advocated local and national forums</p> <p>(4W.1.4) Agree interagency protocols with key stakeholders</p> <p>Representation on groups/committees to be a part of solution focussed response to improving client outcomes</p>	<p>(4W.2.1) Service develops new initiatives and engages in ongoing upskilling to continue to meet the need of the target groups</p> <p>(4W.2.2) Outcome measures demonstrate improved quality of life and BCAT responds accordingly to barriers to service-user progression</p> <p>(4W.2.3) Improved outcomes for clients resulting from advocacy role and interagency care planning</p> <p>(4W.2.4) Implement Case Management and Shared Care approach</p>	<p>(4W.3.1) BCAT provides a range of services which addresses service-user need across a continuum of care</p> <p>(4W.3.2) BCAT can objectively report on service-user outcomes</p> <p>(4W.3.3) BCAT provides an advocacy service through interagency working to address blocks to service-user progression</p> <p>(4W.3.4) BCAT can respond to service-user needs and behaviours in a safe manner for all</p> <p>(4W.3.5) BCAT works in partnership with key stakeholders to improve outcomes for clients under the NRF</p>

EVIDENCED PSYCHOSOCIAL SUPPORTS	Inputs	Outputs		Outcomes – Impact		
		Activities	Participation	2016	2017	2018
	Volunteers on Board of Management Staff Finance (Staff Training in EBTs, ongoing up-skilling to meet needs of target group)	(4EA) Provide services and interventions which are evidence based and put systems in place which maintain fidelity to the evidence based treatment models in use in service and sustain treatments in the long term (4EB) Research evidence based treatments	Service users	(4E.1.1) Evidence based treatments/approaches (CRA, CRAFT), Drop In, NEP, Adolescent CRA implemented (4E.1.2) Staff upskilled to Coder/Supervisor level in CRAFT, CRA and A/CRA (4E.1.3) SMART Recovery facilitator training and supervision system in place and fidelity to model monitored (4E.1.4) Up-to-date models researched on an ongoing basis and adopted if appropriate	(4E.2.1) Evidence based treatments/approaches further embedded throughout the range of services provided (4E.2.2) Staff certification as Supervisors/Coders CRA, A/CRA, CRAFT Coders/Supervisors to supervise practitioners and Trainer level (4E.2.3) Service users benefit from up-to-date evidence-based interventions and approaches leading to positive outcomes	(4E.3.1) Service users avail of evidence based treatment approaches which will improve outcomes (4E.3.2) BCAT will be self sustaining in the embedding of evidence based treatments having trainers and supervisors in CRA, A/CRA, CRAFT and SMART Recovery within the staff skill set (4E.3.3) BCAT services and interventions evolve as science evolves

R A T I O N A L N O N J U D G M E N T A L	Inputs	Outputs		Outcomes – Impact		
	Volunteers on Board of Management Staff Finance (Staff Training in EBT,s, ongoing up-skilling to meet needs of target group)	<i>Activities</i>	<i>Participation</i>	<i>2016</i>	<i>2017</i>	<i>2018</i>
	(4RA) Respond to service-user needs and issues pragmatically (4RB) Respond to new needs based on target groups	Service users	(4R.1.1) Care plan adapts to meet service-user need Services/programmes adapt to meet presenting need of service users (4R.1.2) New services develop based on community and service user need within existing resources	(4R.2.1) BCAT can cater for service users irrespective of need and presenting behaviours (4R.2.2) BCAT is responsive to new needs	(4R.3.1) BCAT provides services to service users in a safe and solution focussed manner (4R.3.2) New services developed based on community need and service-user need	

Assumptions

Resources available: drugs.ie/QuADS, the Wheel, Volunteers on Board of Management, ongoing financing of project by HSE and Dept of Justice, Treatment and Rehab Subcommittee oversee framework, NRF training in care planning and case management

External Factors

Funding allocations and changing nature of drug / alcohol use

Theme 5 – 6 Stage Pathway Model – Adults with drug/alcohol problems

Goal: Provide a welcoming non-judgmental confidential environment in which to offer appropriate services to individuals, families and the wider community affected by substance misuse and addiction issues

S1	Inputs	Outputs		Outcomes – Impact		
		Activities	Participation	2016	2017	2018
P R E E N T R Y	Staff	(5A) Raise the profile of BCAT in the community through literature dissemination, effective use of website and social media	Adults with drug/alcohol problems, partner agencies, professionals in general healthcare settings	(51.1.1) Target group with relevant literature through Service User Involvement Strategy	(51.2.1) Rise in the awareness of the service BCAT offers evidenced by ongoing self referrals and partner agency referrals	(51.3.1) BCAT communicates with the community we serve in a coherent and focused manner with evidence of increased uptake of BCAT's service
	Buildings	(5B) Assertive outreach, in-reach, hospital and home visits	Hard to reach drug/alcohol users, people who cannot attend BCAT premises for various reasons, people in other healthcare settings	(51.1.2) Development of plan for use of social media to inform key target groups of BCAT services	(51.2.2) Social media plan implemented reaching specific target groups	(51.3.2) BCAT communicates with key target groups through target group relevant media
	Finances (brochures, leaflets, service user information booklet, website maintenance, social media)	(5C) Promote safer injecting practices to reduce risks associated with IV drug use	IV drug users	(51.1.3) BCAT is accessible to those who do not avail of mainstream State and BCAT services	(51.2.3) Ongoing engagement and opportunity to effect change with people who do not engage with mainstream services	(51.3.3) Reduce the risk of ongoing problems for people with high risk
		(5D) Provide up-to-date information on services and client expectation of services on BCAT website in line with NRF guidelines	Prospective service users (drug/alcohol users, family members, people in prison, young people) referrers and other key stakeholders	(51.1.4) Brief interventions/crisis interventions available to most marginalised	(51.2.4) Prevention of: the spread of HIV and Hepatitis C, the development of localised bacterial infections, overdose through education and referral to specialist services as required	(51.3.4) Building of trust between those hard to reach and BCAT
				(51.1.5) Facilitate sterile and safe injecting through the provision of equipment, information and safer injecting		(51.3.5) Comprehensive harm reduction service offered to IV drug users which can report on outcomes for key objectives of needle exchange provision

S2	Inputs	Outputs		Outcomes – Impact		
		Activities	Participation	2016	2017	2018
SERVICE ENTRY	Staff Buildings Finances (staff training, service user information booklet)	(52A) Ensure rapid intake, assessment of need and key worker allocation and first appointment within one week of initial contact with BCAT	Adults with drug/alcohol problems, partner agencies, professionals in general healthcare settings Hard to reach drug/alcohol users, people who cannot attend BCAT premises for various reasons, people in other healthcare settings	(52.1.1) Target group with relevant literature through Service User Involvement Strategy (52.1.2) Development of plan for use of social media to inform key target groups of BCAT services (52.1.3) BCAT is accessible to those who do not avail of mainstream State and BCAT services (52.1.4) Brief interventions/crisis interventions available to most marginalised	(52.2.1) Rise in the awareness of the service BCAT offers evidenced by ongoing self referrals and partner agency referrals (52.2.2) Social media plan implemented reaching specific target groups (52.2.3) Ongoing engagement and opportunity to effect change with people who do not engage with mainstream services	(52.3.1) BCAT communicates with the community we serve in a coherent and focused manner with evidence of increased uptake of BCAT's service (52.3.2) BCAT communicates with key target groups through target group relevant media (52.3.3) Reduce the risk of ongoing problems for people with high risk (52.3.4) Building of trust between those hard to reach and BCAT

S3	Inputs	Outputs		Outcomes – Impact		
		Activities	Participation	2016	2017	2018
I N T E N S I V E S U P P O R T	<p>Staff</p> <p>Buildings</p> <p>Finances (Drop In – food etc, general programme costs for service users)</p>	<p>(52A) Provide a range of services from harm reduction to abstinence focussed programmes</p> <p>Promote weekly key working to service users</p> <p>Develop new services where gaps arise in service delivery</p> <p>All interventions/programmes are evidenced based</p>	<p>Service users, their families</p> <p>Key stakeholders who work with mutual target groups</p>	<p>(53.1.1) Direct services offering low threshold access and harm reduction services (Drop In, Needle Exchange)</p> <p>(53.1.2) One-to-one support and care plans reflective of goal of holistic approach to working with people with drug/alcohol problems promoting the reduction of risk within an overall recovery pathway</p> <p>(53.1.3) Lead on the implementation of the National Rehabilitation Framework in Bray and agreement on interagency protocols</p> <p>(53.1.4) Promotion of engagement with mutual aid leading to improved outcomes (AA, NA) with the ongoing development of SMART Recovery as another option</p> <p>(53.1.5) Evidence Based Psychosocial supports inform work of BCAT – CRA, A/CRA, CRAFT, MI, CBT- leading to increased opportunities for positive outcomes for service users</p>	<p>(53.2.1) Low threshold open access harm reduction services continue to attract the most marginalised in the Bray area</p> <p>(53.2.2) One-to-one support leads to improved outcomes across all areas of service users' lives</p> <p>(53.2.3) Implementation of the framework in Bray leading to greater coordination of client care</p> <p>(53.2.4) Peer-led support (SMART Recovery) provides increased supports for people seeking abstinence focused programmes</p> <p>(53.2.5) Outcome measurements demonstrate improvements across all areas of life, and improvements in drug/alcohol use from reduced use to abstinence</p>	<p>(53.3.1) Those most at risk and marginalised have access to open-access low-threshold services which ultimately reduce the risk of increased health issues, crisis escalation, and encourage those accessing to continue to engage with services</p> <p>(53.3.2) Service users accessing health and social care agencies in Bray receive coordinated care</p> <p>(53.3.3) Service users take a lead in developing recovery options for people in Bray and lead on the growth and sustainment of SMART Recovery</p>

S4	Inputs	Outputs		Outcomes – Impact		
		Activities	Participation	2016	2017	2018
S E L E C T I V E S U P P O R T	Staff	(54A) Plan reduced key working sessions	Service users	(54.1.1) Service users are empowered in their care plans to decrease supports required and maximise community supports	(54.2.1) Evidence of progression captured through outcome measurements and service user feedback mechanisms	(54.3.1) Service users can expect progression pathways from intake and expect to exit from the service
	Buildings	(54B) Relapse prevention/ drink/drug refusal skills and Personal Development Programme as needs arise		(54.1.2) Service users are equipped with the skills to address slips/lapses	(54.2.2) Evidence of reduced involvement with BCAT and increased confidence in sustained recovery	(54.3.2) Service users can expect to be able to deal with their drug/alcohol problem and move on to a drug/alcohol free lifestyle
		(54D) Referral to appropriate agencies		(54.1.3) Service users are empowered to increase their alternative supports (peers, pro-social activities, family, friends) to exit BCAT mainstream services	(54.2.3) Evidence of increase in pro social activities, community integration, family integration and overall improvement in quality of life	(54.3.3) Service users can expect to lead on the development of mutual aid in Bray, if they wish to do so
		(55E) Encouragement to attend Mutual Aid Programmes (AA, NA, SMART Recovery)		(54.1.4) Promotion of engagement with mutual aid leading to improved outcomes (AA, NA) with the ongoing development of SMART Recovery as another option	(54.2.4) Growing number of service users accessing mutual aid support (AA, NA and SMART Recovery)	

S5	Inputs	Outputs		Outcomes – Impact		
		Activities	Participation	2016	2017	2018
S E R V I C E E X I T	Staff	(55A) Plan service exit	Service users	(55.1.1) Care plan completion and monitored in terms of outcomes	(55.2.1) Ex-service users are followed up to determine their circumstances and offer support as required	(55.3.1) BCAT can report on outcomes for service users and respond to service issues which may contribute to people who exit treatment prematurely
	Buildings	(55B) Follow up service exit after 3, 6, 9, 12 months and yearly thereafter, with consent (55C) Follow up with people who have exited prematurely		(55.1.2) Sustained drug/alcohol free lifestyle followed up within the first year (55.1.3) Attention paid to people who exit prematurely to address ways BCAT can respond and adapt to meet their needs	(55.2.2) System in place to follow up with ex-service users to capture their progression (55.2.3) BCAT puts systems in place to address barriers to engagement which may arise for service users	(55.3.2) BCAT reports on three year outcomes for service users who access BCAT from 2016-2018

S6	Inputs	Outputs		Outcomes – Impact		
		Activities	Participation	2016	2017	2018
R E E N T R Y	Staff	(55A) Encourage re-engagement from outset	Service users	(56.1.1) People with drug/alcohol problems seek support in times of possible slip/relapse	(56.2.1) Culture of acceptance of service user journey imparted to service users and re-engagement evidenced	(56.3.1) BCAT experienced by service users as non-judgmental and welcoming and evidence of re-engagement evident at times of difficulty
	Buildings					

Assumptions

Resources available: Volunteers on Board of Management, ongoing financing of project by HSE and Dept of Justice, Treatment and Rehab Sub-Committee oversee framework, NRF training in care planning and case management, Interagency working with HSE Outreach Team and HSE provision of NEP materials, Technical advice re social media and communications etc.

External Factors

Funding allocations, changing nature of drug / alcohol use and changing needs of presenting service users

Theme 6 – 6 Stage Pathway Model – Family Members

Goal: Provide a welcoming non-judgmental and confidential environment in which to offer appropriate services to families and the wider community affected by substance misuse and addiction issues

S1	Inputs	Outputs		Outcomes – Impact		
		Activities	Participation	2016	2017	2018
P R E E N T R Y	Staff	(6A) Raise the profile of BCAT Family Support Services in the community through literature dissemination, effective use of website and social media	Family members living with a loved one with drug/alcohol problems, key stakeholders	(61.1.1) Family members are aware of services offered in BCAT	(61.2.1) Family support services are advertised in key services in Bray and through family members already attending BCAT	(61.3.1) Family Support is provided as a core element of BCAT services and is led in partnership with family members
	(61.1.2) Family members are aware that they can access BCAT as service users in their own right and/or as part of their loved one's care plan			(61.2.2) Key stakeholders/referrers are aware of family support services offered and referral mechanisms		
	Buildings			(61.1.3) Specific programmes are advertised to engage family members living with drug/alcohol problems (CRAFT & 5 Step)		
	Finances (Brochures, leaflets, service user information booklet, website maintenance, social media)					

S2	Inputs	Outputs		Outcomes – Impact		
		Activities	Participation	2016	2017	2018
SERVICE ENTRY	<p>Staff</p> <p>Buildings</p> <p>Finances (staff training, service user information booklet)</p>	<p>(62A) Ensure rapid intake, key worker allocation and first appointment within one week of initial contact with BCAT</p> <p>(62B) Assessment of need through initial assessment specific to family members</p> <p>(62C) Offer individual and group support and referral to other agencies as required</p>	<p>Family members living with a loved one with drug/alcohol problems, key stakeholders</p>	<p>(62.1.1) Family members have access to support within one week of making contact</p> <p>(62.1.2) Individualised care plans developed based on initial assessment</p> <p>(62.1.3) Family members can avail of 5 Step Method and/or CRAFT group support</p> <p>(62.1.4) CRAFT groups will be peer led and professionally led</p>	<p>(62.2.1) BCAT responds in a timely manner to new family members and offers a range of services including individual, group and peer-led options using evidence based programmes</p> <p>(62.2.2) Involvement with BCAT gives rise to Peer-Led support groups developing (5 Step, CRAFT and SMART Family and Friends)</p>	<p>(62.3.1) New family members have access to BCAT at any time either to seek help for themselves or to seek help for their loved one</p> <p>(62.3.1) Family members have access to comprehensive family support service offering individual support, group support and peer-led mutual-aid meetings</p>
S3	Inputs	Outputs		Outcomes – Impact		
INTENSIVE SUPPORT	<p>Staff</p> <p>Buildings</p> <p>Finances (Drop In – food etc, general programme costs for service users)</p>	<p>(63A) Provide support using CRAFT and/or 5 Step Facilitation in one to one and group setting</p> <p>(63B) Encourage family members to access both one to one and group support</p>	<p>Service users, their families</p> <p>Key stakeholders who work with mutual target groups</p>	<p>(63.1.1) One-to-one support offered (CRAFT), and group support (CRAFT) which will result in: a) a change in their loved one's alcohol/drug use b) their loved one entering treatment and seeking help c) the family member feeling better in themselves irrespective of their loved one's situation</p> <p>(63.1.2) One-to-one support offered (5 Step Method) and group support (5 Step Method) which will empower family members to take better care of themselves</p> <p>(63.1.3) Peer-led CRAFT group commences</p>	<p>(63.2.1) Family members have access to evidence based support in group and one-to-one settings which will improve their quality of life and impact on family life in general</p> <p>(63.2.2) Family members are empowered to undergo training in CRAFT, 5 Step and SMART Family and Friends, to facilitate peer-led group meetings</p>	<p>(63.3.1) Family members living with a loved one with drug/alcohol problems can access BCAT in a timely manner and avail of one-to-one and group support based on their need</p> <p>(63.3.2) Family members lead out on peer-led initiatives which will attract other family members to avail of support</p>

S4	Inputs	Outputs		Outcomes – Impact		
		Activities	Participation	2016	2017	2018
S E L E C T I V E S U P P O R T	<p>Staff</p> <p>Buildings</p> <p>Funding (training for family members in 5 Step, CRAFT, SMART Family & Friends)</p>	<p>(54A) Plan reduced key working sessions</p> <p>(54B) Promote group and peer-led options</p>	<p>Family members living with a loved one with drug/alcohol problems, key stakeholders</p>	<p>(64.1.1) Family members are empowered in their care plans to decrease supports required</p> <p>(64.1.2) Family members are empowered to increase their alternative supports (peers, pro-social activities, family, friends) to exit BCAT mainstream services</p>	<p>(64.2.1) Evidence of progression captured through outcome measurements and service user feedback mechanisms</p> <p>(64.2.2) Evidence of reduced involvement with BCAT and improved quality of life</p> <p>(64.2.3) Evidence of increase in pro social activities, community integration, family integration and overall improvement in quality of life</p> <p>(64.2.4) Growing number of family members facilitating and accessing peer-led supports</p>	<p>(64.3.1) Family members can expect progression pathways from intake and expect to exit from the service, irrespective of the loved one's change in drug/alcohol use</p> <p>(64.3.2) Family members can expect to lead on the development of mutual aid in Bray, if they wish to do so</p>

S5	Inputs	Outputs		Outcomes – Impact		
		Activities	Participation	2016	2017	2018
S E R V I C E E X I T	Staff	(65A) Plan service exit	Family members living with a loved one with drug/alcohol problems, key stakeholders	(65.1.1) Care plan completion and monitored in terms of outcomes	(65.2.1) Ex-service users (family members) are followed up to determine their circumstances and offer support as required	(65.3.1) BCAT can report on outcomes for family members and respond to service issues which may contribute to people who exit treatment prematurely
	Buildings	(65B) Follow up service exit after 3, 6, 9, 12 months and yearly thereafter, with consent		(65.1.2) Sustained improved lifestyle followed up within the first year	(65.2.2) System in place to follow up with ex-service users (family members) to capture their progression	(65.3.2) BCAT reports on three year outcomes for family members s who access BCAT from 2016-2018
	Funding (training for family members in 5 Step, CRAFT, SMART Family & Friends)	(65C) Follow up with people who have exited prematurely		(65.1.3) Attention paid to people who exit prematurely to address ways BCAT can respond and adapt to meet their needs	(65.2.3) BCAT puts systems in place to address barriers to engagement which may arise for family members	

S6	Inputs	Outputs		Outcomes – Impact		
		Activities	Participation	2016	2017	2018
R E E N T R Y	Staff	(66A) Encourage re-engagement from outset	Family members	(66.1.1) Family members seek support in times of possible slip/relapse	(66.2.1) Culture of acceptance of family members journey imparted to family members and re-engagement evidenced	(66.3.1) BCAT experienced by family members as non-judgmental and welcoming and evidence of re-engagement evident at times of difficulty
	Buildings					

Assumptions

Resources available: Volunteers on Board of Management, ongoing financing of project by HSE and Dept of Justice, available training on evidence based approaches (CRAFT, 5 Step)

External Factors

Funding allocation and presenting needs of family members

Theme 7 – 6 Stage Pathway Model – People in Prison

Goal: Provide support to people in prison for drug/alcohol related crime while in prison and on release to the community

S1	Inputs	Outputs		Outcomes – Impact		
		Activities	Participation	2016	2017	2018
P R E N T R Y	Staff	(71A) Raise the profile of the role of Community Prison Links Worker (CPLW) in the community and in the prison setting	People from the Bray area in prison due to drug/alcohol related crime and their families, key stakeholders and referral agencies	(71.1.1) The role of CPLW is advertised through the Prison setting through BCAT's services, through probation and local solicitors, reducing the risk of a prisoner not being aware of the service	(71.2.1) Referrals from key stakeholders and interagency work with key stakeholders	(71.3.1) The role of CPL is integral to supporting prisoners while in prison
	Buildings					
	Finances (Brochures, leaflets, service user information booklet, website maintenance, social media)			(71.1.2) Participate in Information Sessions on the role of CPLW		
S2	Inputs	Outputs		Outcomes – Impact		
S E R V I C E E N T R Y	Staff	(72A) Take self and professional referrals	People from the Bray area in prison due to drug/alcohol related crime and their families	(72.1.1) New referrals are prioritised based on prisoner need and capacity of the prison system to arrange appointment	(72.2.1) BCAT responds in a timely manner to new service users from within the prison system	(72.3.1) New service users have access to BCAT at any time on the wheel of change reducing the risk of missing the window of opportunity to engage with services
	Buildings					
	Finances (staff training, service user information booklet)	(72B) Develop care plans with service users appropriate to their needs		(72.1.2) Individualised care plans developed based on initial assessment		(72.3.2) Care plans are service user led, based on need and thereby more likely to result in positive outcomes for the client and a commitment to continue to engage with their treatment plan while in prison and on release

S3	Inputs	Outputs		Outcomes – Impact		
		Activities	Participation	2016	2017	2018
I N T E N S I V E S U P P O R T	<p>Staff</p> <p>Buildings</p> <p>Finances (Drop In – food etc., general programme costs for service users)</p>	<p>(73A) Provide a range of services from harm reduction to abstinence focussed programmes within the prison setting and in the community</p> <p>(73B) Promote weekly key working to service users based on their need and capacity of BCAT</p>	<p>Service users, their families</p> <p>Key stakeholders who work with mutual target groups</p>	<p>(73.1.1) Post Release: direct services offering services ranging from low threshold to drug/alcohol free options</p> <p>(73.1.2) While in prison and on release: one-to-one support and care plans reflective of goal of holistic approach to working with people with drug/alcohol problems promoting reducing risk within an overall recovery pathway</p> <p>(73.1.3) While in prison and on release promotion of engagement with mutual aid leading to improved outcomes (AA, NA, SMART Recovery)</p> <p>(73.1.4) Evidence Based Psychosocial supports inform work of CPLW – CRA, A/CRA, CRAFT, MI, CBT-leading to increased opportunities for positive outcomes for service users and their families</p>	<p>(73.2.1) Post Release: care plans implemented with service users supported to integrate back into the community</p> <p>(73.2.2) One-to-one support leads to improved outcomes across all areas of service users' lives</p> <p>(73.2.3) Implementation of the framework in Bray leading to greater coordination of client care</p> <p>(73.2.4) Outcome measurements demonstrate improvements across all areas of life, and improvements in drug/alcohol use from reduced use to abstinence</p>	<p>(73.3.1) Post Release: those most at risk and marginalised have access to open-access low-threshold services which ultimately reduce the risk of increased health issues, crisis escalation, and encourage those accessing to continue to engage with services</p> <p>(73.3.2) Service users accessing health and social care agencies in Bray receive coordinated care</p>

S4	Inputs	Outputs		Outcomes – Impact		
		Activities	Participation	2016	2017	2018
S E L E C T I V E S U P P O R T	Staff	(74A) Prioritise case loads based on release date, level of supports required and other key supports available	People in prison, ex-prisoners in the community, key stakeholders working with mutual target group	(74.1.1) Service users are empowered in their care plans to decrease supports required and access to supports within the prison system are maximised	(74.2.1) Evidence of progression captured through outcome measurements and service user feedback mechanisms	(74.3.1) Service users can expect progression pathways from intake and expect to exit from the service upon successful implementation of post-release care plan
	Buildings	(74B) Ensure implementation of post-release care plan		(74.1.2) Service users on release are supported in the implementation of their post release care plan	(74.2.2) Evidence of reduced involvement with BCAT and improved quality of life upon release (74.2.3) Evidence of increase in pro social activities, community integration, family integration and overall improvement in quality of life upon release	(74.3.2) Service users can expect to receive essential support while in prison and be encouraged to avail of prison support services
S5	Inputs	Outputs		Outcomes – Impact		
S E R V I C E E X I T	Staff	(75A) Plan service exit	People in prison, ex prisoners in the community, key stakeholders working with mutual target group	(75.1.1) Care plan completion and monitored in terms of outcomes	(75.2.1) Ex-service users are followed up to determine their circumstances and offer support as required	(75.3.1) BCAT can report on outcomes for service users and respond to service issues which may contribute to people who exit treatment prematurely
	Buildings	(75B) Follow up service exit after 3, 6, 9, 12 months and yearly thereafter, with consent		(75.1.2) Sustained improved lifestyle followed up within the first year	(75.2.2) System in place to follow up with ex-service users to capture their progression	(75.3.2) BCAT reports on three year outcomes for service users who access BCAT from 2016-2018
	Funding	(75C) Follow up with people who have exited prematurely		(75.1.3) Attention paid to people who exit prematurely to address ways BCAT can respond and adapt to meet their needs	(75.2.3) BCAT puts systems in place to address barriers to engagement which may arise for ex-service users	

S6	Inputs	Outputs		Outcomes – Impact		
		<i>Activities</i>	<i>Participation</i>	<i>2016</i>	<i>2017</i>	<i>2018</i>
R E E N T R Y	Staff Buildings	(756A) Encourage re-engagement from outset	People in prison, ex prisoners in the community, key stakeholders working with mutual target group	(76.1.1) Service users seek support in times of possible slip/relapse	(76.2.1) Culture of acceptance of service user journey imparted to service users and re-engagement evidenced	(76.3.1) BCAT experienced by service users as non-judgmental and welcoming and evidence of re-engagement evident at times of difficulty

Assumptions
Resources available: Volunteers on Board of Management and ongoing financing of project by Dept of Justice

External Factors
Funding allocations, changing nature of drug / alcohol use, changing needs of presenting service users and post-release social supports (housing, healthcare, employment)

Theme 8 –Governance

Goal: The service is appropriately and effectively managed by its management body

Inputs	Outputs		Outcomes – Impact		
	Activities	Participation	2016	2017	2018
<p>Volunteers on Board of Management</p> <p>Staff</p> <p>Finance (membership of the wheel, charity regulations compliance, legal fees, external audit, board of management training)</p>	<p>(1) Quality assure all areas of governance and service delivery through implementation of Quality Assurance Policy</p> <p>(2) Implementation of QuADS Management Standards</p> <p>(3) Compliance with the Charities Act</p> <p>(4) Forward plan the strategic development and management of the service (QuADS)</p> <p>(5) Compliance with Financial Reporting under the Charities Act 2009 / financial reporting under the National Financial Regulations/ QuADS Financial strategy and management standards</p>	<p>Service Users, Staff, Board of Management, Commissioners, Charities Regulatory Authority, other key stakeholders</p>	<p>(8.1.1) Evidence of ongoing commitment to ensuring quality in management and service delivery</p> <p>(8.1.2) Standardisation in approach to governance</p> <p>(8.1.3) Compliance with the Charities Act 2016</p> <p>(8.1.4) Strategic Plan 2016-2018 and associated Annual Work Plan 2016 in place</p> <p>(8.1.5) Compliance with Governance Code; Charities Act; Financial Reporting under the National Financial Regulations</p>	<p>(8.2.1) Policies and Procedures are transparent to staff, service users and key stakeholders</p> <p>(8.2.2) System in place to review and monitor compliance</p> <p>(8.2.3) Evidence of compliance with Charities Act</p> <p>(8.2.4) Strategic Plan reviewed 2017 and adapted if circumstances affecting plan changes: Annual Work Plan 2017 in place</p> <p>(8.2.5) Systems in place to ensure compliance with Financial Reporting under the Charities Act 2009 / Financial Reporting under the National Financial Regulations/ QuADS Financial strategy and management standards</p>	<p>(8.3.1) Governance structures are in place to achieve compliance with statutory and regulatory authorities and frameworks</p> <p>(8.3.2) Governance structures are in place to maintain compliance with QuADS management standards</p> <p>(8.3.3) Governance structures are in place to maintain compliance with the Charities Act</p> <p>(8.3.4) Annual Work Plan 2018 in place; Strategic Plan 2018-2021 approved</p> <p>(8.3.5) Governance systems to ensure compliance with all legal and regulatory frameworks</p>

Assumptions
Resources available: drugs.ie/QuADS, the Wheel ,Volunteers on Board of Management and ongoing financing of project by HSE and Dept of Justice

External Factors
Financial allocations by HSE and Department of Justice, changes in legal and statutory obligations, Board of Management and Service User Needs

Theme 9 – Human Resources

Goal: The skill mix of staff best meets the needs of service users and that the deployment of staff best meets the management and operational needs of the service

Inputs	Outputs		Outcomes – Impact		
	Activities	Participation	2016	2017	2018
Volunteers on Board of Management Staff Finance – Training, HR advice	(1) Ensure compliance with QuADS, HR recruitment and performance management systems (2) Ensure staff trained in evidence-based treatments (3) Ensure appropriate communication systems in place between staff and BOM (4) Ensure ongoing monitoring of staff deployment to responding to need through Service Provision sub-group (5) Ensure staff are acknowledged and supported in their roles	Staff Board of Management Potential Staff Service Users	(9.1.1) Recruitment and performance management procedures and processes assessed as compliant (9.1.2) Staff are skilled and competent in their delivery of front-line services; service users experience benefits of evidence based treatments (9.1.3) Communication strategy developed between staff and management throughout 2016 Evidence through feedback documentation (9.1.4) BCAT respond to emerging need in the community Evidence through actions undertaken to proactively respond to need (9.1.5) Framework developed to provide mechanism to acknowledge and support staff	(9.2.1) Systems are in place to ensure compliance with QuADS recruitment and performance management systems (9.2.2) Senior Staff progress to Supervisor and Trainer level in the delivery of evidence based treatments; senior staff clinically supervise staff members and develop peer supervision mechanism (9.2.3) Implementation of communication strategy leading to an open and transparent system (9.2.4) BCAT continues to respond to emerging needs and advocates for provision of same through Annual Work Plan and review of strategic objectives (9.2.5) Framework implemented and reviewed quarterly	(9.3.1) Governance systems in place to ensure compliance with all HR recruitment and performance management systems (9.3.2) BCAT can train new staff in evidence-based treatments and ensure sustainability of the models of practice; staff progress to Supervisor and Trainer level in the delivery of evidence based treatments (9.3.3) Clear and transparent communication systems in place giving rise to safer working and management environment (9.3.4) BCAT Service provision is need led and flexible to respond to new need (9.3.5) System in place which validates and supports staff to conduct their work

Assumptions

Resources available: drugs.ie/QuADS, the Wheel, Volunteers on Board of Management and ongoing financing of project by HSE and Department of Justice

External Factors

Financial allocations by HSE and Department of Justice, changes in legal and statutory obligations and Board of Management