BCAT

Bray Community Addiction Team

Strategic plan 2013-2016

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ACKNOWLEDGEMENTS

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1. CHAIRMAN'S FORWARD

Welcome to the 2013-2016 Strategic Plan of the Bray Community Addiction Team (BCAT). This Strategy is the result of a review of BCAT's 2010-2013 Plan, and is informed by the recommendations outlined in the Murtagh Report (2013), which was a comprehensive review of all of BCAT services and methods of working. We are confident that this Strategy will result in the up-skilling of staff, the embedding of the provision of evidence based services and interventions, and will give BCAT a framework in the form of the POWER model to monitor and evaluate provision of services. Most importantly this Strategy will ensure that service provision is client led and responsive to the presenting needs of service users and services will range from low threshold harm reduction to drug/alcohol free options. This strategy signifies a period of consolidation of existing services; an investment in staff training and continued development; a testing of the POWER model and its adoption as a framework to ensure evidence based services and interventions are provided at each stage of the model. In addition this Strategy will give the Board of Management the framework to ensure that we are governing the organisation in line with all statutory and legal frameworks.

On behalf of the management committee I would like to take this opportunity to thank:- Vivienne O'Brien, Manager and all of the staff team for their ongoing commitment to the work of the Project; the Management Committee, and to all those who engage with BCAT, service users and partner agencies, for the shape they have put on the work of the Project. I would also like to acknowledge the support of the Bray Local Drugs Task Force for recognising the pivotal role BCAT plays in working with people with drug/alcohol problems and their families, and in particular to Niamh McAlinden for her support for BCAT since inception.

Finally, I would like to thank Frank Murtagh whose comprehensive review of BCAT and proposed recommendations form the cornerstone of this plan and we look forward to working with Frank throughout the lifetime of this Strategy to assist us to look honestly and openly at our governance, practice and delivery of service.

Stephen Harding
Chairperson 2011-2012

2. INTRODUCTION

Bray Community Addiction Team (BCAT) has been providing a comprehensive range of services and interventions in the Bray area since 2002. BCAT's services are targeted at people in Bray who experience problem drug and/or alcohol use or are directly affected by the consequences. It is very much at the frontline of local services addressing problematic drug and alcohol use in the locality and is a complementary support to the range of statutory, community and voluntary agencies which come into contact with people with problematic drug and alcohol use, and their families. It delivers its services in true, frontline partnership with these agencies and other important service providers. BCAT is rooted in the local community and its services are located at two locations in Bray, Little Bray and Boghall, to the north and south of the town respectively.

The organisation is constituted as a Company Limited by Guarantee, with Charitable Status, and is managed by a Board of Management of local people. In terms of Quality Standards BCAT's management standards are aligned with QuADS management standards (governance, HR, financial) and as part of its governance protocols and procedures, BCAT prepares an annual work-plan plan and carries out regular evaluations and Service User satisfaction surveys. The organisation has a staff complement of twelve (full time equivalent) and service delivery is also supported by three Community Employment employees and a number of volunteers. Service delivery is provided six days per week, Monday to Saturday, from 10am until 6pm (Saturday 12pm – 4pm), and four evenings per week until 9.30pm.

BCAT is funded under the Treatment and Rehabilitation pillar of the Government's National Drugs Strategy through the Bray Local Drugs Task Force (BLDTF).

In 2012 BCAT provided services to approximately 701 adults across its range of services including Prison Links (68), Family Support (121); Drug/alcohol users (217 new/232 prior to 2012 and engaged in 2012/54 outreach and irregular contact; 9 needle exchange service only).

In July 2012, BCAT completed ten years of specialist service provision and the Board, Management and Staff considered it timely to carry out an independent Strategic Review of the organisation and its activities with a view to setting the scene for strategic planning for the next ten years 2013 – 2023. This plan outlines the first three year strategy which is working towards BCAT's Mission and Vision.

3. BCAT MODEL OF SERVICE

The Strategic Review (Murtagh, 2012) outlined that the BCAT model of service is underpinned by a harm reduction ethos which is designed through its low threshold open access policy to make it easy for people with drug/alcohol problems and their families to:-

- *gain access to important intensive support services;*
- *remain engaged in services for as long as it takes to effectively manage their problematic drug and alcohol use; and*
- *receive support for their sustained return to a desired quality of life.*

BCAT services are theoretically grounded and interventions are evidence-based within the addictions field. The services are predicated on the development and application by BCAT of a unique service delivery model, the POWER Model, which was framed through the Strategic Review Process. The purpose of operating out of this Model is to provide a conceptual framework out of which service u

3.1 THE POWER MODEL

The key components of the BCAT 'POWER' model[1] are:

- **Person/Service User Centred;**
- **Open and Low Threshold Access;**
- **Wraparound Services;**
- **Evidenced based Psycho-Social Support;**
- **Rational and Non-Judgemental.**

This section sets out the importance of these characteristics in terms of delivering the desired outcomes for the target groups while the following section profiles the BCAT Centre and details the outputs and impacts.

3.3.1 PERSON/SERVICE USER CENTRED

The first component of the POWER Model is the role of the service user and the importance attached to the Service User's decision-making in all aspects of the personal service. Only Service Users themselves can ultimately make the decision to alter behaviour and it is the role of services at the BCAT Centre to create the conditions for these changes in holistic and practical ways for the person. It is the express skill-sets of staff that will drive this agenda professionally, and of key significance is their ability to fully acknowledge what the baseline needs of the Service Users are (health, accommodation, financial, family, criminal justice etc), and to address them in the first instance through person centred care planning.

BCAT also fully acknowledges the role of the family support structure in problematic drug/alcohol use, and regards partners, parents, children and other close relatives as part of the solution as well as being significant people to be protected and supported within its service provision. In general, this informs the existence of BCAT's formal Family

[1] The POWER Model © Bray Community Addictions Team 2012

Support services targeted at parents and partners, and specific support for children.

BCAT Key Workers and Centre staff have all the necessary expertise to contribute to the ongoing assessment of Service Users formally through weekly team case review meetings, and informally on a day-to-day, routine basis. They have the professional skills to identify the key opportunity to motivate clients to the next stage - in most cases, incrementally but significantly.

The importance of being Service User centred cannot be over-stated and, when merged with the other four elements of the POWER Model, one can appreciate that all five elements must be present and 'top-of-mind' in order that the BCAT Centre delivers the outcomes desired.

3.3.2 Open and Low Threshold Access[2]

The second component of the POWER model is the delivery of services on an open access basis (no need for appointment; walk in service; extended opening hours) and low threshold access (rules are kept to a minimum to encourage high risk drug/alcohol users to access and service provision is geared to meet the needs of the target group such as needle exchange, shower/laundry facilities; food). This approach aims to reach more people with problem drug/alcohol use patterns earlier, and to remain in contact with a highly problematic group of drug users in order to prevent health damage - while not necessitating abstinence.

BCAT has operated an open and low threshold access model since inception and has over the years successfully engaged with the specific target group. All Service Users' access to services is voluntary and is not conditional on any referral process or sanction and service users engage. Being open access also allows for rapid intake for new service users, a key benefit for being able to respond in a timely manner to people when they seek help.

As with the importance of being Person/Service user centred, the importance of Open and Low threshold access cannot be over-stated as this allows for immediate access for the most marginalised target group and creates the conditions whereby effective brief interventions, crisis interventions and health promotion interventions can occur on a needs basis which allows services to be service user lead.

3.3.3 Wraparound Services

Wraparound services are defined as 'psychosocial services that treatment programs may provide to facilitate access, improve retention and address clients' co-occurring problems" (Etheridge and Hubbard;2000; 1762). Wraparound services provide the opportunity to tailor services to the specific needs of service users, and making the decision to make services available within an organisation is a necessary step to be able to provide the service to meet the client need. This definition of wraparound services includes direct provision of such services (in BCAT instance needle exchange, food, shower/laundry facilities, MABS, CIC onsite) and referral linkages to other services to

[2] Low threshold programmes Jéróme Reynaud Sociologist, Stéphane Akoka Sociologist UNESCO/PEDDRO *Prevention Education Drugs 2001*

address other needs (in BCAT instance key-working support and advocacy)

The incidence of problem drug and alcohol use extends to men and women, all socio-economic backgrounds and all age groups (although it is to be acknowledged that the effect of drug/alcohol use in areas of deprivation is compounded by challenged socio-economic backgrounds). BCAT's collective client group reflects all of these categories and it is of no consequence whether the effects of poverty are causal factors of such problematic drug and alcohol use and their consequential effects, or vice versa. BCAT's service provision addresses all of the factors contributing to problem drug and alcohol use in a holistic manner in order to generate the conditions where Service Users can address their drug and alcohol use most effectively.

These services rely on the accessibility and continuity of engagement by a cohort of people who are otherwise difficult to link or connect with the personal health and social services essential to their survival and members of their families, including dependents.

The importance of Wraparound services to the approach to responding to service users is central to how BCAT operates. BCAT's approach is to either provide wraparound services or to actively support the referral to other support services and to advocate on services user's behalf when necessary.

3.3.4 Evidence based Psycho-Social Support

On a general level, Psychosocial Support includes a range of interventions, and BCAT's core staff competencies include; Brief Interventions, Motivational Interviewing, CBT, intensive case management, key working, complementary therapies and a series of holistic interventions. In 2012 BCAT embarked on the introduction of Community Reinforcement Approach (CRA), CRA & Family Training (CRAFT) during the first year of this plan all of the staff will be certified in CRA & CRAFT. In addition the service has plans for the introduction of Adolescent CRA to meet the need of young people presenting with drug/alcohol problems. Demonstrating innovation and commitment to the provision of evidence based services, BCAT will be introducing Self Management and Recovery Training (SMART Recovery) as a peer support/self help support in mid 2013

Evidence based treatments and wraparound services are characteristic of BCAT Centre's approach and at each of the stages of the POWER model, EBT's are practised routinely based on client need with Evidence Based Psychosocial supports being integral to service users care plans. All services and interventions offered through the stages are evidenced as being appropriate interventions.

3.3.5 Rational and Non-Judgemental

All of the components of the POWER model recognises that service users come from a number of different backgrounds and experiences, and in terms of social inclusion, some service users are among the most marginalised and disadvantaged in society and may have complex needs and experiences. BCAT provides a professional welcome to all Service

Users and potential Service Users irrespective of challenges individual service users face and operates from a non-judgmental and solution focussed perspective.

The fifth component of the POWER model, being Rational and Non Judgmental demands that service provision is pragmatic and solution focussed, and that service users experience a service which is congruent, respectful and relevant to each person. This component respects the value and dignity of every human being and believes that everyone should feel able to freely engage with services without feeling prejudiced, isolated, stereotyped or stigmatised.

4. BCAT Service Profile

4.1 Aims and Objectives

The stated mission of BCAT is stated as providing a welcoming, non-judgemental, confidential environment in which to offer appropriate services to individuals, families and the wider community affected by problematic drug and alcohol use issues, advocating on behalf of Service Users and influencing policy on a local and national level. Its stated vision is to maintain BCAT as a community owned service, accepting, empowering and including people in the Bray area who seek assistance in relation to problem substance use and/or addiction issues.

4.1.1 Objectives

The specific objectives have been set to:

- **Enable Service Users to identify their needs and to respond with appropriate services;**
- **Build and maintain collaborative, working relationships with voluntary, community and statutory sectors;**
- **Raise awareness of BCAT within the community;**
- **Maintain models of best practice and to respond to changing needs through ongoing research, education, training and evaluation; *and***
- **Promote a positive working environment by recognising staff contribution.**

4.2 Services

BCAT provides services for two target groups. The first range of services is targeted at people in Bray who experience problem drug and alcohol use. The second is targeted at people in Bray who are affected by the consequences of problematic drug and alcohol use namely, the parents, siblings and children.

BCAT offers its services to all problem drug and alcohol users, and encourages positive change at all stages of drug use

Supporting the POWER Model is the staged paradigm, POWER Model Stages, which acknowledges the various stages on the continuum that Service Users interact with services and derive benefits.

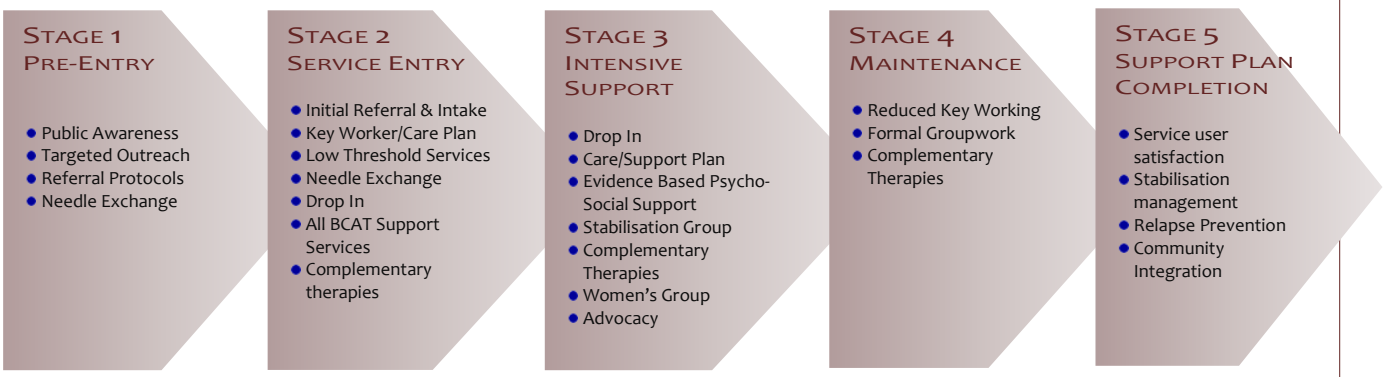

Figure 2 POWER Model Stages *(Indicative Elements in Stages)*

4.3.2 FAMILY SUPPORT SERVICES

BCAT has provided Family Support since its inception in 2002 and now has a developed approach which engages family members including parents, children and partners of problematic drug and alcohol use. The main purpose is to ensure that family members as Service Users in their own right are encouraged and equipped to look after their own health and social well-being in the midst of a family member's problem drug and alcohol use, to provide a better understanding of the addictions' process itself and to enhance their own quality of life at the same time. In July 2012 BCAT Family Support Staff were trained in Community Reinforcement and Family Training (CRAFT) and during the lifetime of this plan all Family Support staff will be certified as CRAFT Therapists. This development will greatly enhance service provision in the area of family support and will provide for improved outcomes for family members in terms of their own health, the health of their family and on the drug/alcohol use of their loved one.

5. Strategic Objectives

The next section presents the Strategic Objects under the following headings: a) Service Delivery – people with drug/alcohol problems b) Service Delivery – family members) Governance.

The Service Delivery Objectives are included to test, adapt and refine the 5 stage POWER Model. The overall aim of the Service Delivery objectives is to provide a mechanism to ensure that service users are provided with evidence based interventions at each stage of their drug/alcohol use trajectory which will then lead to improved outcomes for clients. The Model has not been considered in terms of Family Support Services, but will be during the lifetime of this Plan. The Family Support Objectives are solely concerned with the provision of evidence based family support interventions and building on family members strengths and resiliencies to assist other family members through the development of a peer support programme.

The Governance Objectives outlined are included to strengthen the Governance role of the Management Committee to ensure that BCAT Management complies with its fiscal and legal responsibilities.

5.1 Service Delivery

Objective 1: The POWER Model and the 5 Stage Paradigm is tested and adapted as an effective framework for service delivery

Key Lead: Manager, Staff and Board of Management

Resources: Staff, Volunteers, Service Users, Murtagh & Partners

Timeframe: Annually during lifetime of Strategic Plan

Expected Outcome: The Model will be adapted over time to reflect service user needs

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Objective 2: Services delivered are Person Centred, Open Access, Wraparound, Evidence Based and Rational and Non Judgmental

Key Lead: Manager, Staff, BOM, Service Users

Resources: Staff, Volunteers, NRF, Service Users, Premises, Funding

Timeframe: Ongoing, reviewed under Action 1

Expected Outcomes:

2.1Evidence of service user led care planning under the NRF protocols

2.2 Evidence of interagency working to address service user needs

2.2 Evidence of service developments to meet service user need

2.3 Evidence of open and low threshold access and developments in service provision

2.4 Evidence of accessibility to service in terms of location, opening hours and responsiveness

2.5 Evidence of a range of psychosocial supports and up-skilling of staff in the provision of same

2.6 Evidence of new developments and service responsiveness based on changing needs of service users when appropriate

Objective 3: Stage 1 Services are adapted and refined

Key Lead: Manager, Staff, BOM

Resources: Time, Staff, Funding,

Expected outcome:

3.1 Raised awareness of BCAT in community

3.2 Website & Promotional materials updated with service specific information

3.3 Outreach conducted and targeted at hard to reach population (street outreach, people in hospital, homeless drug/alcohol users

3.4 Open access needle exchange provision

3.5 Evidence of engagement with target group

3.6 Stage 1 services are adapted and/or refined through analysis of Annual Work-plans

Objective 4: Stage 2 Services are adapted and refined

Key Lead: Manager, Staff, BOM

Resources: Time, Staff, Funding,

Expected outcome:

4.1 Evidence of rapid intake and allocation of key worker

4.2 Evidence of care plans in line with the NRF protocols

4.3 Evidence of access to low threshold services

4.4 Evidence of promotion of the rollout of the NRF in Bray

4.3 Stage 2 services are adapted and/or refined through analysis of annual Work-plan

Objective 5: Stage 3 Services are adapted and refined

Key Lead: Manager, Staff, BOM

Resources: Time, Staff, Funding,

Expected outcome:

5.1 Staff skill-set enhanced to include CRA/CRAFT/A/CRA, SMART Recovery

5.2 Staff skill-set enhanced to include Screening & Brief Interventions under the NRF

5.3 Staff skill-set enhanced through delivery of care planning and case management under the NRF

5.4 Evidence of engagement across services

5.5 Evidence of interagency working to address service user need

5.6 Evidence of advocacy work on behalf of service users

5.7 Evidence of case management when necessary

5.8 Evidence of focus of resources on area of most need

5.9 Stage 3 Services are adapted and/or refined through analysis of Annual Work-plans

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Objective 6: Stage 4 Services are adapted and refined

Key Lead: Manager, Staff, BOM

Resources: Time, Staff, Funding,

Expected outcome:

6.1 Evidence of service user progression (drug/alcohol use stabilisation/abstinence)

6.2 Evidence of reduced key-working and exit plans

6.3 Evidence of abstinence oriented support services in place within BCAT

6.4 Stage 4 services are adapted and/or refined through analysis of Annual Work-plans

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Objective 7: Stage 5 Services are adapted and refined

Key Lead: Manager, Staff, BOM

Resources: Time, Staff, Funding,

Expected outcome:

7.1 Evidence of service user satisfaction within care plans

7.2 Evidence of planned exit

7.3 Evidence of service users availing of mainstream community support when required

7.4 Stage 5 services are adapted and/or refined through analysis of Annual Work-plans

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5.3 Service Delivery – Family Members

Objective 8 Continue to provide one to one and group support to family members

Key Lead: Project Leader/Family Support Workers

Resources: Time, Staff, Funding,

Expected outcome:

8.1 Family members receive appropriate support services in a timely manner

Objective 9 Complete training and certification in CRAFT to supervisor/trainer level

Key Lead: Manager, Family Support Team

Resources: Training budget, Staff, Time

Expected outcome:

9.1 BCAT provide evidence based interventions in the area of family support

9.2 Family members see improved outcomes in their circumstances through engagement with CRAFT programme

9.3 BCAT has a self sustaining family support service which can train and supervise new staff

Objective 10: Develop a model of peer support through group CRAFT

Key Lead: Family members, Family Support Team, Manager

Resources: Training, Staff, Time

Expected Outcome:

10.1 Family members will train as CRAFT facilitators and run their own groups

10.2 Family members will attract new members to the group due to the evidence base of peer support

5.3Governance

Objective 11: Implement and Monitor Strategic Plan

Key Lead: Manager, BOM

Resources: Time, Staff, Funding,

Expected outcome:

11.1 Strategic Plan monitored through Annual Work-plans

11.2 Plan adapted and reviewed as necessary

11.3 Evidence of future strategy building on current strategy

Objective 12: Ensure all governance protocols are in line with best practice

Key Lead: Manager, BOM

Resources: Time, Staffing, Volunteers

Expected outcome:

12.1 Governance Protocols in line with best practice (QuADS, Charities Regulations, HSE Governance Structures

Objective 13: Ensure all governance protocols are in line with best practice

Key Lead: Manager, BOM

Resources: Time, Staffing, Volunteers

Expected outcome:

13.1 Governance Protocols in line with best practice (QuADS, Charities Regulations, HSE Governance Structures

Objective 14: Develop skills base of the Board of Management by recruiting members with specific skills sets

Key Lead: BOM , Manager

Resources: Time, Boardmatch, Volunteers

Expected Outcomes

14.1 The Board of Management will have the express skill-set to continue to manage BCAT effectively

Objective 15: Develop skills base of the Board of Management by recruiting members with specific skills sets

Key Lead: BOM , Manager

Resources: Time, Boardmatch, Volunteers

Expected Outcomes

15.1 The Board of Management will have the express skill-set to continue to manage BCAT effectively

Objective 16: Ensure appropriate communication mechanisms between management team and staff

Key Lead: BOM, Manater

Resources: Time, Staff, Volunteers

Expected Outcomes

16.1 Effective communication structures in place between BOM and staff

Objective 13: Continue to acknowledge and support staff

Key Lead: Management Team

Resources: Time, personnel, budget

Expected Outcomes

17.1 Staff members have professional development plans based on the needs of the service users

17.2 Staff members are up-skilled according to the needs of the service users

17.3 Staff valued as a primary resource and up-skilled on an ongoing basis

Objective 18: Maximise the use of both BCAT buildings

Key Lead: Project Leader

Resources: Time, Personnel

Expected outcomes

18.1 Service users can access services on either side of Bray according to their needs

18.2 Both buildings are used daily and to capacity

18.3 Continue to invite local services/organisations to provide services from BCAT buildings which will benefit our target group

Objective 19: Secure other avenues of funding for new developments

Key Lead: Manager, BOM

Resources: Time, Personnel

Expected Outcome:

19.1 Funding is secured for specific pieces of work and for new developments