



**BUSINESS & THERAPEUTIC CASE  
FOR A GIPPSLAND  
RESIDENTIAL REHABILITATION FACILITY**  
*Located east of Bairnsdale*

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## Proposition

There are five principal reasons why this Centre is essential –

- Increase in substance abuse across **Gippsland**
- Reduced opportunity for residential treatment for local clients due to CBD increase in demand for limited existing facilities
- Focus existing effective pre- and post- residential care services in providing local solutions
- Addicts need skills training to complement re-entry into the community and workforce
- Carers and supporters need training and clear, transparent, access to the pathway for appropriate handling of their family member/guardian

## United Approach to Substance Abuse Health Care

This Centre will fill the final major piece of the substance abuse jigsaw offering a united and integrated pathway to clients and their carers.



## Reasons for Substance Abuse

Anxiety and Stress	Mental Illness
Peer Pressure	Family and Role Model Users
Boredom	Chronic Pain Drugs

Hope Restart Centre Inc will provide the opportunity for pre- and post- residential rehabilitation services to integrate in a complementary manner with the proven substance abuse programs of Odyssey House Victoria in Bairnsdale for all of **Gippsland**, and a supported pathway back into the community for residents and carers.

***Appropriate Training and Work*** provides a person with the essential discipline and income necessary to meet basic living needs and gives people a sense of identity and a feeling of accomplishing activities that contribute to society.

The Centre will provide skills training for residents and carers as an ancillary component to rehabilitation, and identify a coterie of Gippsland employers who will provide employment opportunities.

## The Need

- Whole of **Gippsland** community need for a local regional substance abuse rehabilitation centre to complete the jigsaw of existing professional services
- Urgency
  - The gross state and national lack of availability of residential rehabilitation venues and integrated services
  - The growing statistics in substance abuse
- Ancillary Competences need
  - Loved ones, carers and supporters need clear and transparent access to the pathway for appropriate handling of their family member
  - Facility residents need skills training to complement their re-entry into the workforce
- Supporting data
  - Evidence of the need has been derived from hospitals, police, medical service providers, and personal testimony
  - Odyssey House Victoria and Health Professionals are seeking to support this country location for its valuable services

## Circumstantial Evidence

### A Local Mother's Story

Having researched first hand all of the services in our Gippsland region providing programs to the community one local mother has a complete understanding of the Alcohol & Other Drug sector in Gippsland.

"The sector basically doesn't work in a cohesive manner or on a needs basis.

The destruction of my family began in early 2015, when my teenage daughter overdosed on ice.

By February 2016, she was pleading to go to rehab, but there was NO help available, certainly not in Gippsland, without an extended wait time.

We began a home supervised detox program through a community project two hours from our home town, and my daughter remained clean for over two months, while I exhausted every avenue to gain placement for her in a residential rehabilitation centre.

She had a major relapse and is active to date due to lack of services and support, not only in our area, but Victoria and Australia wide.

My daughter became completely dysfunctional and can barely undertake the most basic of normal day to day living tasks. The nearest day rehabilitation program is a 90 minute drive, and ***she would only benefit after full recovery in a residential rehab program.***

Had help been readily accessible, her current outcome would have been a lot different.

In country areas, the limited help available is weekly counselling sessions, or weekly appointments with a withdrawal nurse.

Addicts are addicts 24 hours a day, not once a week. Through my experience helping my daughter, the limited resources which are available, are stretched to the absolute limit.

I have created three different scenarios in our lives –

- A mother with an addicted child who wants help for her child, not understanding you cannot help them until they want help themselves
- An addict who wants rehabilitation, and
- A parent wanting help in understanding their loved one in active addiction.

I rang all services from the border through to Traralgon and was told the same thing every time I rang.

One needs to do an Australian Community Support Organisation assessment either via the phone or in person and then they will send it off to a Gippsland provider such as Gippsland Lakes Community Health or Latrobe Health. Someone will be in touch to make an appointment for an intake assessment to establish needs, after which some counselling sessions are offered.

If detoxing at home, you will be linked up with the withdrawal nurse, and there is only one from Bairnsdale to the border. It can take a couple of weeks to get an appointment with a counsellor as

all resources in the Gippsland region are stretched to the limit. While waiting for appointments, I was told to maybe go and see a local GP, or link in with Narcotics Anonymous (NA) or Alcoholics Anonymous (AA).

If one is in recovery, or has just come out of some sort of rehabilitation, and has just come back to the Gippsland region, the lack of help is the same. All that is offered is counselling, having a good GP, maybe linking in with NA or AA.

There is limited day rehabilitation in the Gippsland region. The closest one is in Moe and, once again, you have to go through all the assessments before you can have an appointment to see someone who will help you with your recovery and help you stay focused.

There just is no help in country areas pre- or post-addiction on a timely basis, and the wait time to get into rehabilitation is just unacceptable. Addicts will be back out using before they have a chance at getting clean.

Yet the services provided actually want to provide better backup and integration through the whole of the rehabilitation process.

In May 2015, local State Member Tim Bull was visited advising him a support group was needed in Bairnsdale, and a community forum should be held to help educate the community on our drug problem and maybe try to find ways on improving the treatment process.

Several meetings were held with Ken Lay (Ice Addition Program) and the heads of the East Gippsland football league and in July the forum was held, with 300 attendees. It proved that we have a huge problem in our area and something needs to be done.

Through the love and support of some amazing friends who have also had loved ones in active addiction, the support group called Broken Homes of Bairnsdale and District has been formed for the families who have loved ones addicted to ice and other drugs.

On 11 August 2015 the first Broken Homes meeting was held, and since the start new members are coming through our doors every week wanting help, support, education and advice. All the parents that come say the same thing "there just isn't enough help or rehabilitation beds available".

Broken Homes are doing everything possible to help the families but the region desperately need a residential rehabilitation centre to complement existing services which will subsequently be able to work in a more integrated and expanding environment."

### A Youth Worker's Story

A prominent youth worker has travelled the state attending ice forums, expecting 100 attendees then finding 500 concerned citizens turning up. The former football coach says the issue is serious.

"Sport is by far the best human resource for getting kids away from the crime cycle. Now the very vehicle they use as a resource is becoming contaminated.

Ice is a massive problem. It is happening in schoolyards, on streets, in sporting clubs. I did a three-day tour of the Wimmera and 500 people turned up when we were expecting 120.

People are frightened. We need to resource our sports clubs because it's just critical they are kept drug-free".

### **A Police Officer's Story**

A Warragul police officer who has spent most of his twenty five years on the job balancing his role in youth resources with his junior sports coaching.

He says users ignore the lethal side effects because of the high it provides.

"Ice feels good when you take it, it sets off your dopamine levels. Because of the purity levels it is up around 70 per cent pure where heroin and amphetamines are cut down to 20 per cent pure.

Once you have had this drug it takes you to a new high you have never been to. It is the best adrenaline rush, it is 15 times better than taking that screamer over that kid in under-12s.

But we are getting that many psychotic episodes, health workers on average having four to five people wanting to commit suicide every shift."

I did a presentation for the Ellinbank and District league and asked them if someone was doing ice at your club and nearly everyone put up their hand.

Ice doesn't differentiate between gender or ability. The highest users are the ones between 20 and 29, and they are also at risk of being dealers.

It makes you 10ft tall and bullet proof. It's not just footy clubs, its cricket clubs and netball. I go to community forums where people will say I have spent \$100,000 on rehab trying to get my kid better but it's throwing dead money at him."

## Odyssey Authoritative Therapeutic Position

### Australasian Therapeutic Communities Association (ATCA)

Residential treatment for alcohol and other drug use works, and is cost-effective.

There is no doubt about this, and reviews are consistent in their findings that most addiction treatment yields net economic benefits to society (*New South Wales Civil and Administrative Tribunal, 2008*).

It is estimated that for every dollar spent on substance treatment, there is a \$4 to \$7 reduction in the cost associated with drug-related crimes (*National Institute of Drug Abuse, 2006*).

It is important to acknowledge that not only is addiction a chronically relapsing condition, but that substance use does not occur in isolation, and mental health, physical health and social problems often co-exist with substance use (*National Committee for Addiction Treatment, 2008*).

Each person's journey is different, and evidence suggests that people gain cumulative benefit from a series of treatment episodes. Just as initiation into substance use and the development of dependency is not an "event" but a process, treatment and recovery also follow a process.

In a study to assess the cost benefit of therapeutic communities (TCs) treatment (*Pitts (2009)*) assessed the cost benefits of TC treatment by calculating the cost to society of each person's drug misuse history in the year prior to TC treatment. Costs analysed included: value of merchandise stolen; costs to courts, including solicitors; costs of policing; productivity losses and medical care.

These costs were placed against the cost of TC treatment indicated by drug-free, crime-free days and the monetary value apportioned against this (*Pitts, 2009*).

## Statistical Evidence

### ATCA Study

For the 62 participants in the abovementioned ATCA study, costs associated with substance use in the year prior to treatment totalled \$49,751,159.00 or \$802,438.00 per person. This equates to a cost to the community of \$2,198.00 per person per day (*Pitts, 2009*).

Even the most expensive alcohol and other drug treatment options are far below this figure – therefore the cost benefits to the community are enormous.

### Alcohol and Drug Foundation

Sector	LaTrobe	East Gippsland	Wellington	Baw Baw	Bass Coast	South Gippsland	Average
Health	15.8	14.6	12.8	12.1	10.8	10.4	12.8
Education & Training	9.4	10.0	9.1	10.6	5.7	7.6	8.7
	<b>25.2</b>	<b>24.6</b>	<b>21.9</b>	<b>22.7</b>	<b>16.5</b>	<b>18.0</b>	<b>21.5</b>
Retail	12.8	13.5	11.8	11.7	11.3	11.0	12.0
Accommodation & Food Services	6.2	9.4	6.1	7.2	10.9	6.2	7.7
Manufacturing	10.0	9.1	7.1	10.1	5.6	10.7	8.8
Agriculture, Forestry & Fishing	1.8	8.7	13.5	11.9	5.1	19.4	10.1
Construction	7.5	6.9	6.3	8.5	22.1	6.2	9.6
Public Administration & Safety	8.7	5.4	9.7	4.3	3.8	3.5	5.9
Transport, Postal & Warehousing	3.3	3.8	3.3	3.1	2.2	4.0	3.3
Electricity, Gas & Water	5.9	1.3	1.6	0.8	3.2	1.4	2.4
Miscellaneous	18.6	17.3	18.7	19.7	19.3	19.6	18.7
Percentages	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<b>Jobs</b>							
Numbers	25620	14276	14192	14127	11421	10096	89732
Percentages	28.6	15.9	15.8	15.7	12.7	11.3	100.0
Rank	1	2	3	4	5	6	

Source: [www.druginfo.adf.org.au](http://www.druginfo.adf.org.au) 2013/14

In 2014/15, ambulance callouts across Victoria for drugs increased by 28.8% (ice callouts increased by 47 to 48%).

Whilst other alcohol and drug information is not particularly current it does paint a relevant picture.

2013	Episodes of Care	East Gippsland	Wellington	Latrobe	Baw Baw	South Gippsland	Totals
<b>Alcohol ADIS Presentations</b>							
	Total	447	316	766	267	116	1912
	Male	291	212	509	171	84	1267
	Female	156	104	257	96	32	645
<b>Illicit ADIS Presentations</b>							
	Total	410	232	822	255	121	1840
	Male	263	146	517	162	87	1175
	Female	147	86	305	93	34	665
<b>Pharmaceutical ADIS Presentations</b>							
	Total	29	82	170	33	10	324
	Male	14	36	97	18	ND	165
	Female	15	46	73	15	ND	149
<b>Amphetamines ADIS Presentations</b>							
	Total	109	82	258	113	45	607
	Male	76	47	193	74	32	422
	Female	33	35	65	39	13	185
<b>Crystal Meth Presentations</b>							
	Total	9	9	28	7	ND	53
	Male	ND	ND	21	ND	ND	21
	Female	ND	ND	7	ND	ND	7
<b>Other Stimulants Presentations</b>							
	Total	ND	5	38	9	ND	52
	Male	ND	ND	9	ND	ND	9
	Female	ND	ND	29	ND	ND	29

Source: <http://aodstats.org.au/VicLGA/>

ND = no data

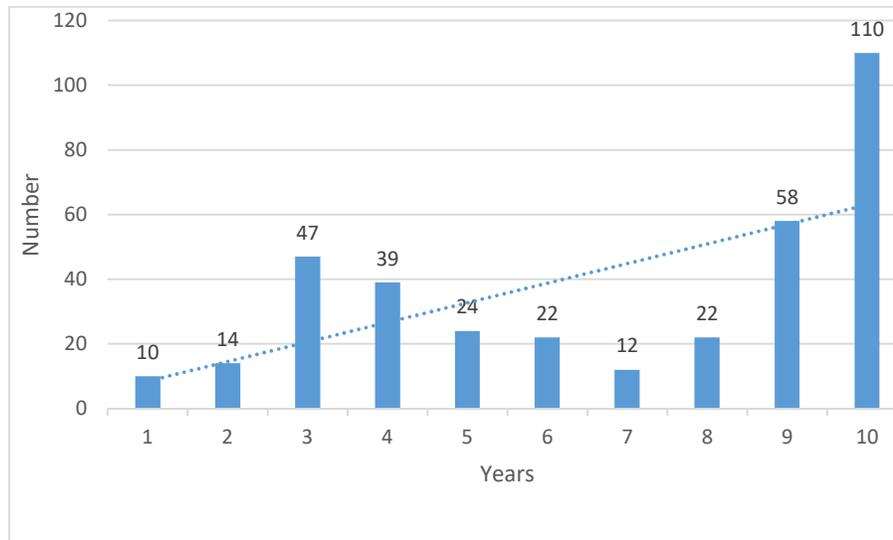
## Police Data

Overall Drug Offences in Gippsland	East Gippsland	Wellington	LaTrobe	South Gippsland	Baw Baw	Bass Coast	Totals
<b>2016</b>							
Offence Count	278	262	723	75	432	145	1915
Rate per 100k pop'n	623.2	616.9	978.3	266.8	893	431.8	3810
Increase/-Decrease	16.3%	18.0%	-9.7%	-11.8%	17.1%	-29.3%	-0.3%
<b>2015</b>							
Offence Count	239	222	801	85	369	205	1921
Rate per 100k pop'n	543.2	529	1089.1	306.8	791.2	640	3899.3
Increase/-Decrease	27.1%	25.4%	26.1%	51.8%	93.2%	15.2%	34.8%
<b>2014</b>							
Offence Count	188	177	635	56	191	178	1425
Rate per 100k pop'n	430.4	419.7	862.5	201.2	416	563.1	2892.9
<b>Average increase/-decrease pa over 3 years</b>							
	16.0%	16.0%	4.6%	11.3%	42.1%	-6.2%	11.5%

*(Data for drugs is mostly related to enforcement activities. That is, unlike theft offences, drug offences are not reported but are only recorded when police find drugs or engage in some other enforcement activity such as execution of drug warrants)*

Amphetamines only (stimulant drugs) episodes of Care in **East Gippsland** alone:

1	2004/05	2	2005/06	3	2006/07	4	2007/08	5	2008/09
6	2009/10	7	2010/11	8	2011/12	9	2012/13	10	2013/14



**Odyssey Victoria**

CEO Stefan Gruenert identified the growing incidence of CBD substance abuse has put extreme pressure on their facility to accept country clients as the places are being taken up more and more by those CBD clients.

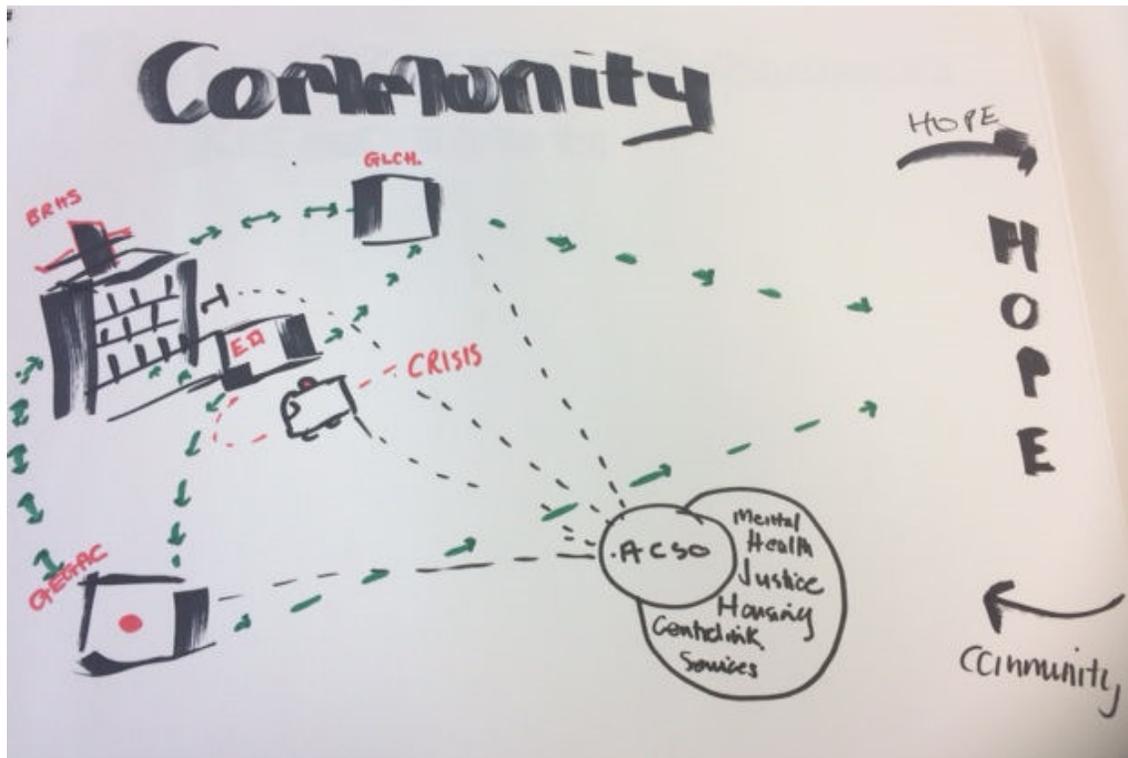
Relevant 2016 Odyssey information for their facility at Lower Plenty (113 capacity) is summarised as follows –

- Occupancy ranges from 95% to 100%+ in some cases
- Received approximately 5,000 inquiries for residential rehabilitation
- Assessed 1282 individuals
- Admitted 443 individuals (67% male; 33% female; 14% Aboriginal or Torres Strait Islander)
- 9 individuals left and returned to the program during 2016 (classified as repeats)
- 175 residents exited the program before completing the first 4 weeks - called “Foundations” (this represents approx. 35%)
- 288 residents completed at least Foundations (65% of admissions)
- 108 residents went on to complete Level 1 (approx. 4 months in total) – this represents around 24% who have completed the full DHHS funded program. Many residents will plan exits at this point and go on to do very well
- We expect around 45 of the above residents (10%) to complete Level 2 (a further 4 months) and become Level 3 senior residents who then plan their transition back into the community
- We expect around 20-30 (5+%) will “Graduate” being those who maintain contact and sobriety for a year after completing all program elements with us
- Residents have supervised access to eleven computers and two tablets
- Admissions and Administration Services have thirty four computers in these offices – Business, PDM, KFC, Medical, Children’s, and Reception

Hospital and Health Services

In **East Gippsland**, the Board will be working hand and glove with Bairnsdale Regional Health Service, as principal front line service provider, and Gippsland Lakes Community Health Centre. Both will liaise with Odyssey Victoria to provide a transparent pathway for substance abusers and their parents, guardians, relatives, and friends.

Bairnsdale Regional Health Services CEO Therese Tierney summarised the need for integration into and out of a residential rehabilitation facility from an East Gippsland perspective in her mud map visualisation of professional services –



Note the description of the central element – **crisis**.

In *Gippsland*, the demand and funding for rehabilitation from the clients funded by the Department of Health & Human Services are summarised as –

<b>Funded Numbers</b>	<b>Need/Benefit from Residential Rehabilitation</b>	
<b>Traralgon, Sale, Bairnsdale, Orbost</b>		
Hospital Detox facilities	4	
Funded no. detox clients per facility annually	48	
Total Detox clients annually		192
<b><i>All would benefit from residential care</i></b>		
Source: Bairnsdale Regional Health Service		
Funded no. non-detox clients annually		
Home/community Detox services		
Counselling	2445	
Care & Recovery <sup>1</sup> (up to 50%, but say 50%)	770	385
Non-residential withdrawal (50%)	880	440
Total non-Detox clients annually		
<sup>1</sup> and/or assisted withdrawal		
Source: Gippsland Lakes Community Health		
<b>Total clients to benefit from residential care annually</b>		<b>1017</b>

Very few of these *Gippsland* clients listed as in need of residential rehabilitation can actually access it when they are in most need, or, indeed, if at all.

These numbers clearly identify that a 100+ bed residential rehabilitation facility in *East Gippsland* will be fully occupied and utilised.

## Our Approach to the Need

- How the need is being addressed
  - A local five person interim board sought and received local and far reaching support
  - A permanent board was appointed in early September 2016
  - Richard Rijs, founding managing director of Patties Foods Ltd, appointed as patron of the organisation and Board Member
  - A not-for-profit incorporated association has been registered and approved with the Australian Charities and Non-Profit Commission
  - The Association is endorsed by the Australian Taxation Office for charity tax status
  - In East Gippsland –
    - a public meeting was held in June 2016 and received in a very positive manner
    - two subsequent information sessions have been well supported with 250 attending a cabaret in September 2016 and 98 attending a Centre Update in November 2016
    - an Open Day was held in March 2017 featuring a video of the proposed site, principal proponents, professional supporters and Odyssey House Lower Plenty, attended by in excess of 100 people
  - Partnerships, and Memoranda of Association are being negotiated with –
    - Odyssey House Victoria for the management of the rehabilitation component of the centre
    - Supporting Health Professionals to provide oversight and negotiation with government in relation to funding
  - Negotiations are advanced with Federation University and Federation Training for the management of the education and training component of the centre
  - Negotiations are proceeding in relation to accessibility to, and long term lease of, a substantial block of land comprising approximately 70 acres five minutes east of Bairnsdale
- Evidence this approach will produce a positive outcome
  - The confidence, support, and acceptance of our invitation to manage the rehabilitation component by Odyssey House Victoria and Health Professionals
  - The support of Federation University and Federation Training
  - Strong local support

## Objectives

- Construction and establishment of a centre for management and treatment of substance abuse clients and families in **Gippsland**
- Advancing mental and physical health, education, vocational opportunities, and social welfare for substance abuse clients
- Reconnecting clients with family, community and sports
- Utilise professionally trained volunteers and assessed clients to provide programs to educate community in awareness, tolerance and compassion

## Rehabilitation Services

### Pre-Rehabilitation

There are existing established local health services in the region and we are working with as many of these as possible to ensure integration of the Centre will complement these services.

We expect facilities at the Centre will be available for service providers.

### Residential Rehabilitation

We have adopted the residential rehabilitation programs of Odyssey Victoria who has two residential rehabilitation Centres – Lower Plenty in Melbourne and Benalla in north east Victoria.

The programs are structured live-in programs for people who experience severe problems with alcohol and/or drug use, and their associated mental health issues.

- These programs are both long term and short term and comprise a group of people joined together for a single purpose – to improve the well-being of its clients
- All clients of the communities have decided of their own accord to enter rehabilitation and may leave at any time by their own free will
- The communities have some basic Rules (see below) which all members are required to observe to ensure everyone feels safe and welcome
- The programs are individually determined
- Group therapy is regularly conducted throughout the week
- Residents are expected to actively participate in scheduled activities such as daily work functions, meetings, meal times, group therapy etc.

We will assist people with drug and alcohol problems, and their carers where appropriate, with an understanding this is a process that requires change in a number of aspects of people's lives. It is not simply about reducing one's substance use.

We will not operate a detoxification or withdrawal program, but will support access to, and expansion of, existing detoxification services and provide post detoxification services.

We will assist people to establish a life that is free from drug dependence and develop a productive and fulfilling life. This may mean change in how a person approaches life and negotiates the world, people may need assistance in managing emotional concerns, changing friendship circles, re-engaging in employment which might require training, developing interests in pro-social activities, repairing family relationships and if children are involved, strengthening parenting practices and learning new approaches.

These changes cannot occur all at once and need to be integrated into our bigger plan that prioritises each step on the road to recovery. The process is based upon goals developed during the assessment phase of the program. The development of goals is a collaborative process between the individual and the clinician and begins once an assessment is concluded. The goals are regularly reviewed and modified as necessary.

### The Odyssey Victoria Rules of Abstinence

- No violence or threat of violence\*
- No theft\*
- No drugs or alcohol\*
- No sex\* (unless in a couple/relationship)

\* *Odyssey Victoria has no knowledge & no record of breaking any of these rules at their facilities*

These rules will be in place to protect the residents and provide a safe environment for everybody. Breaches of these rules are taken seriously and may result in an individual being asked to leave the program.

### Post-Rehabilitation Services

Existing and expanding established local health services are expected to be made available for service providers onsite and offsite.

### Project Timeframe

Application for Planning Permit	December 2016 (lodged)
Application for Building Permit	May 2017
Construction to commence	August 2017
Construction to complete	January 2018
Odyssey Contract commences	February 2018
Federation Training commences	October 2018
Health Professional Support commences	October 2018

Incorporated in these dates are all planning issues for stakeholders, consultation with Shire Councils, public forums, Professional Health providers forums, Committee for Gippsland, Regional Development Victoria, and Regional Development Australia.

In addition, in terms of fundraising for recurrent costs by the Board of Management, we will address public and philanthropic donations.

## Region Economic Drivers

### Job Demographics in Gippsland

It makes economic sense to concentrate on your core business.

As shown in the Alcohol and Drug Foundation 2013/14 table on page 10, in Gippsland, around 22% of jobs are in the Health, Education & Training sectors, and these are the principal economic drivers in the region, and can be regarded as the region's core business.

This Centre adds to, and enhances, the region's core business, initially with 32 direct jobs in early operation of 50 beds, and expanding when fully operational at 112 beds.

The introduction of Federation University and Training in established academic courses, and in developing non-academic skills courses, for both residents and carers, will deliver an as yet undetermined additional number of new direct jobs.

Supporting Health Professionals' expansion of existing services in Central Gippsland into East Gippsland will also add an as yet undetermined number of new jobs.

Additional jobs will be created in these specific areas –

- During construction and implementation of complementary services
- In associated and supportive professional services as the completed jigsaw of substance abuse therapeutic services matures, by way of –
  - Therapists
  - Managers
  - Operational Staff
  - Business Staff
  - Flexible Aids
  - Nurses
  - Doctors/Consultants
  - Treatment Officers
- In education and counselling services, by way of teachers and teacher aids.

### Employment Program Assistance

Currently, there are employment assistance programs whereby employers receive a grant of up to \$10,000 to employ certain staff.

It is proposed to apply through the relevant authority to have this program extended to exiting residents (post-Level 4 Odyssey House program "leavers") to encourage employers across Gippsland with more than 20 staff to take on these residents in identified industries within the region.

Our employment program will complement the therapeutic treatment and re-introduction into community measures provided at the Centre and assist in the long term recovery of former residents.



## Financial Considerations

### Infrastructure

- Driveway and Car park. The driveway is an extension to existing entry road
- Earthworks including artificial lake which is not only an important part of the landscaping but a water supply suitable for firefighting
- Electrical supply to buildings. This has been calculated on the presumption that the existing transformer is large enough
- Solar Power
- Battery Power
- Site Shed & Workshop
- Water Storage
- Fire Service
- Heating & Cooling
- Site Fencing
- Landscaping

- Kitchen  
Buildings - accommodation including family accommodation block & amenities building to service rehabilitation, education and training unit and required staff

*Buildings @ \$1750 m2*

- Service to Property - Water & Sewerage  
*Water Board has indicated the cost of service water and town water will be in the vicinity of \$0.5m including preliminary design at no cost.*

#### Total Cost Principal Facilities

- IT Services
- Sporting Facilities
  - Tennis (modified size) enclosure
  - Netball/Basketball/Soccer enclosure
  - Football (single set of posts & back netting)
  - Facilities shed
  - Landscaping

- Hobby and training building
- Farming, horticulture, aquaculture activities
- Fixtures, Fittings & Furniture

#### Total Cost Ancillary Facilities

#### Total Overall Cost

	<b>50 Beds Extended Plan \$m</b>	<b>112 Beds<sup>1</sup> Extended Plan \$m</b>
	0.100	0.100
	0.300	0.350
	0.250	0.300
	0.200	0.230
	0.330	0.330
	0.070	0.070
	0.140	0.180
	0.450	0.450
	0.200	0.200
	0.050	0.050
	0.050	0.125
	<b>2.140</b>	<b>2.385</b>
	<b>0.175</b>	<b>0.175</b>
	<b>5.897</b>	<b>7.499</b>
	3370	4285
	<b>0.300</b>	<b>0.350</b>
	<b>8.512</b>	<b>10.409</b>
	<b>0.200</b>	<b>0.275</b>
		0.070
		0.140
		0.030
		0.020
		0.020
	0.000	<b>0.280</b>
		0.100
		0.150
	0.320	0.320
	<b>0.320</b>	<b>0.570</b>
	<b>0.520</b>	<b>1.125</b>
	<b>9.032</b>	<b>11.534</b>

### Recurrent Costs – Honorary/In Kind

- Board of Management, Office & Secretarial
- Bairnsdale Seventh Day Adventist Church, peppercorn rent of land
- Odyssey House Victoria, provided by appointed manager
- Federation Training, by development manager
- Supporting Health Professionals, by development manager
- Service and Sporting Club Involvement
- Employment Opportunities, by employers' contributions

### Board Operational Budget

	Year 1 (50 beds)		Year 2 (112 beds)	
	\$k	\$k	\$k	\$k
<b>Revenue:</b>				
Donations –				
Local	150		40	
Philanthropic	<u>280</u>	430	<u>200</u>	240
Fund Raising		10		20
Government (various)		2600		4600
Interest		<u>1</u>		<u>2</u>
		3041		4862
<b>Expenses:</b>				
Accountancy	3		3	
Audit	2		2	
Advertising & Promotion	2		2	
Bank Charges	1		1	
Fundraising	7		10	
Computer Services	2		2	
Leasing (5 years)	24		24	
Postage	1		1	
Printing & Stationery	3		3	
Professional Fees				
Odyssey	2500		4500	
Rent	5		5	
Salaries & Wages	100		120	
Sundries	5		5	
Superannuation	1		2	
WorkCover	<u>2</u>	<u>2658</u>	<u>2</u>	<u>4682</u>
<b>Operating Surplus</b>		383		180
Maintenance Provision		<u>250</u>		<u>100</u>
<b>Net Surplus</b>		<u>133</u>		<u>80</u>

**Important Note:** We are working with the community of local contractors and material suppliers in relation to in-kind contributions to defray costs of significant components of the project

## Organisation Structure & Funding

Currently a registered Incorporated Association, other legal structures will be considered following the initial planning, permit approvals, and resolution of relevant funding sources.

While the principle funding objective is for substantial Federal and State Government funding, a structure, such as a public company with limited guarantees, where supporting a public/private syndication partnership arrangement, is being contemplated.

Successful private syndication of a significant proportion of the project may provide a beneficial outcome for Governments of a lower upfront capital commitment, replaced by a long term annual contribution, but at the time of preparation of this document, this option is for future attention.