



Annual Report 2021

Rutland Centre

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Opening Reflections

Immediacy of access to information and services defines so much of our lives nowadays. We can order food, clothing, holidays, or a multitude of services online. We can also access boundless information and we can easily network with literally tens of thousands of others.

But such access brings with it significant contradictions and challenges. Despite being able to connect technologically with others, the fact remains that human connections which take much more time to grow and deepen, simply can't keep up. So, while most of us are connected into cyberspace, too many of us can also feel utterly disconnected, alienated and cut adrift.

This can facilitate feelings of isolation and loneliness which for some may lead to substance abuse and addictions of all kinds.

For us in the Rutland, these developments have meant changes in the profile and nature of addictions presenting for treatment. Presentations in the last 2 years have been even more complex, more emotional, and more pressing. We are rarely enough seeing single addictions only. Many of our clients are now presenting with both alcohol and drug dependencies. Gambling, sex and food addictions also feature.

Clearly the pandemic has accentuated problems further – with lock downs, working from home and loss of employment sometimes bringing violence, addiction, and related harm into open view. Addiction has become more pervasive, more difficult to hide and, if possible, even more harmful to live with.

Regardless of its source or manifestation, the impact of addiction is consistent; it is corrosive, toxic, and destructive. It unleashes unimaginable chaos, loss, and harmful far-reaching consequences. It destroys families, friendships, close bonds, and critical supports essential to a healthy, happy life.

This makes our work here in the Rutland Centre all the more important.

Against the background of such pervasive addiction and harm, we in the Rutland Centre offer the opportunity for healing, recovery, and sustained support for subsequent years; and not just for the person in addiction but also for those closest to him/her. And the outcomes from our programmes are exceptionally positive.

Addiction is pervasive in society and unfortunately the demand for our services will continue unabated.

Our challenge is to position ourselves to keep pace with the changing nature and manifestations of addiction and respond appropriately.

What we do at the Rutland Centre is deliver the highest quality treatment program to all who access our services.

Of this we are honoured and rightly proud.

Dr John O'Connor

Medical Director

Cons. Psychiatrist

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2021 SERVICE DELIVERY HIGHLIGHTS

Annual Residential Treatment Bed Nights Delivered

2021 – 4,790 nights

2020 – 3,869 nights

2019 – 5,054 nights

Target 2022

5,100 bed nights

Gender Breakdown

67% Male 33% Female

Age Breakdown

50+ years – 23%

45-49 years – 11%

35-44 years – 40%

25-34 years – 19%

18-24 years – 7%

2021 Primary Addictions

Alcohol 64% Cocaine 16%

Process Addictions 10%

Opiates 5% Other 5%

** Process Addictions include gambling, food, sex, pornography

2021 Secondary Addictions

35% of all who presented for treatment presented with a secondary addiction

2021 Therapeutic Activities Delivered

- 2,250 Lecture hours
- 9,000 Therapy Hours
- 3,000 Holistic Therapy Hours
- 2,350 Family Therapy hours
- 937 Guided Meditation hours

13,408

Total attendances at **aftercare meetings** in 2021 – on average 1,117 every month.

VISION OF THE RUTLAND

OUR VISION

To help our society to recognise, understand and tackle addiction.

OUR MISSION

To help individuals and families to recover from addiction through the provision of treatment services and supports.

To advance awareness, education and advocacy in relation to addiction.

WHAT WE OFFER

- Five week residential treatment
- 10 week outpatient treatment
- 1-2 years aftercare program

CHAIRPERSON'S STATEMENT

Clearly, 2021 was a challenging year for the Rutland.

On the one hand it faced both the reality and legacy of Covid, and on the other the task of working to fully restore its services within a profoundly changed external environment.

The Rutland Centre responded creatively and effectively to such challenges. It has learned new ways of engaging with and serving our clients which will endure.

Demand for our services augmented throughout the year and saw client numbers substantially progress towards pre pandemic levels. However, staff vacancies combined with labour market pressures caused recourse to agency services. These incurred exceptional costs which, combined with the withdrawal of Covid related funding supports, saw a significant shortfall in income over expenditure for the year.

More recently, the current year has seen positive growth in income from our residential and other programmes. Along with board decisions in relation to diversification of our income sources, and cost control, we anticipate that the coming period will see a significant improvement in our financial position. The board's priority is to strengthen our financial performance and rebuild our resourcing.

Notwithstanding these challenges, it is essential that we never lose sight of the core mission of the Rutland Centre which is to help individuals and families to recover from addiction through the provision of treatment services and supports and to advance awareness, education and advocacy in relation to addiction. At the very heart of the Rutland Centre, its charitable purpose is to save lives, and transform and rebuild them through its work in addiction treatment and supports.

Over the course of 2021, we provided 4790 residential bed nights to individuals hoping to get recovery from their addiction. In addition we provided significant ancillary services and supports such as assessment, outpatient treatment and aftercare support to hundreds of individuals on their journey

to recovery. With a well established record of very strong recovery rates across our clients, the Rutland Centre demonstrates the very best of positive societal impacts by the voluntary sector.

All this is only made possible by the commitment, dedication and competencies of the staff of the Rutland Centre, so ably led by our CEO, Maebh Mullany. To each and every one of them, on behalf of the board, can I express our sincerest thanks and appreciation.

Our outgoing Chairman, Dermot MacShane recently completed his term of office. He has brought the Rutland Centre through immeasurable challenges, not just Covid, but also in addressing countless complex issues of governance and management. It is timely and important therefore to acknowledge Dermot's outstanding collegiality, generosity, kindness, as well as his deep expertise in key areas of governance. The board and indeed the entire Rutland is deeply indebted to him for his gifts of service, knowledge and exemplary values. "Ar mbuiochas o chroi leat a Dhiarmuid!

I commend this report to you.

Gerry Kearney,
Chairperson.

CHIEF EXECUTIVE'S STATEMENT

I have pleasure in presenting this annual report for 2021 for the Rutland Centre which sets our achievements over the past year in what has been an incredibly challenging operating environment.

I am immensely proud that throughout the period we have been able to position ourselves to

continue to deliver high quality evidence-based addiction treatment to our service users. We continue to honour our charitable purpose.



Notwithstanding the unprecedented challenges of the past two years we remain steadfast in our commitment to our mission and vision. We are mindful of the financial challenges we face and of the need to call upon the support of friends, supporters and the wider community to help support our viability. We remain firmly focused on protecting the critical service we offer the public; now more than ever we face a growing demand for treatment services from families who are living with the crippling and destructive impacts of addiction. We offer a critical lifeline to families and individuals for profound and long lasting transformative positive change.

All our treatment programs operated fully for the entirety of 2021

365 days, 24/7.

COVID 19 dominated daily operations at varying levels throughout the year.

We have adapted in ways we never thought possible. Some of the changes have achieved more than initially expected and will be retained post-pandemic. We delivered 100% of our aftercare groups online in 2021; the vast majority of assessment for the programs were completed on video or

telephone calls; and we adopted creative approaches on site so as to best to keep service users safe while at the same time ensuring they got the most out of their 5 weeks with us.

While all this client work was ongoing, we also once again retained our CHKS and ISO accreditation which underpins the quality of everything we do and keeps us focused on continuous improvement.

We now face into what will be the most important years for the Rutland Centre as we hopefully leave the pandemic behind and embrace new challenges and opportunities.

My thanks to the staff here at the Rutland, be they full or part time and to the volunteers, who do great things every day and carry the torch and the traditions of the Rutland with such pride, commitment and dedication. My thanks also to the Board for their unstinting support, direction and guidance.

Maebh Mullany
Chief Executive



Our Approach

Rutland Centre provides treatment for individuals with substance and/or behavioural addictions. We are informed by the American Society of Addiction Medicine which defines addiction as *“a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits’ leads to characteristic biological, psychological, social and spiritual manifestations”*. We focus on the primary nature of addiction and the harmful consequences for the dependent person and their loved ones.

We deliver a model of treatment that is trauma-informed and includes Cognitive Behavioural Therapy, Motivational Interviewing, Person-Centered Therapy, Dialectical Behavioural Therapy, Choice Theory/ Reality Therapy as per individual client need.

The 12-Step/Minnesota model remains a key cornerstone in our treatment approach. This model strongly advocates for ‘alcoholics and addicts helping each other’ and informs our philosophy of group process and relating and sharing honestly with like-minded others as being fundamental in treating addiction.



OUR PROGRAMS

Residential Primary Treatment Program Breakdown

- 3 Lectures (1 hour) per week = 15 hours per client programme
- 8 Therapy Groups (1.5 hours) per week = 60 hours per client programme
- 4 Holistic Therapy Groups (1 hour) per week = 20 hours per client programme
- 2 Family Therapy Groups (1.5 hours) per week = 15 hours per client programme
- 5 Guided Meditation Groups (15 mins) per week = 6.25 hours per client programme

Outpatient Primary Treatment Program Breakdown

10 week rolling start program delivering:

- 3 hours of group therapy per week
- One to one counselling
- Family day each week
- Psychoeducation lectures
- Progression to aftercare

Aftercare Program Breakdown

- There are 22 weekly aftercare meetings including Mainstream, Stabilisation, Re-entry, Concerned Persons, and Transition groups
- We also offer one to one support and counselling in person, by phone and by video and there is referral pathway in place for service users who require support from our Medical Director (Cons. Psychiatrist).



OUR OUTCOMES

Residential Program Completion Rates

90%

Of all service users who entered residential treatment in 2021 completed the program. Those who did not comprised medical discharge (4%), therapeutic discharge (2%) and early leavers (4%).

2020: 90%

2019: 91%

Recovery Indicators

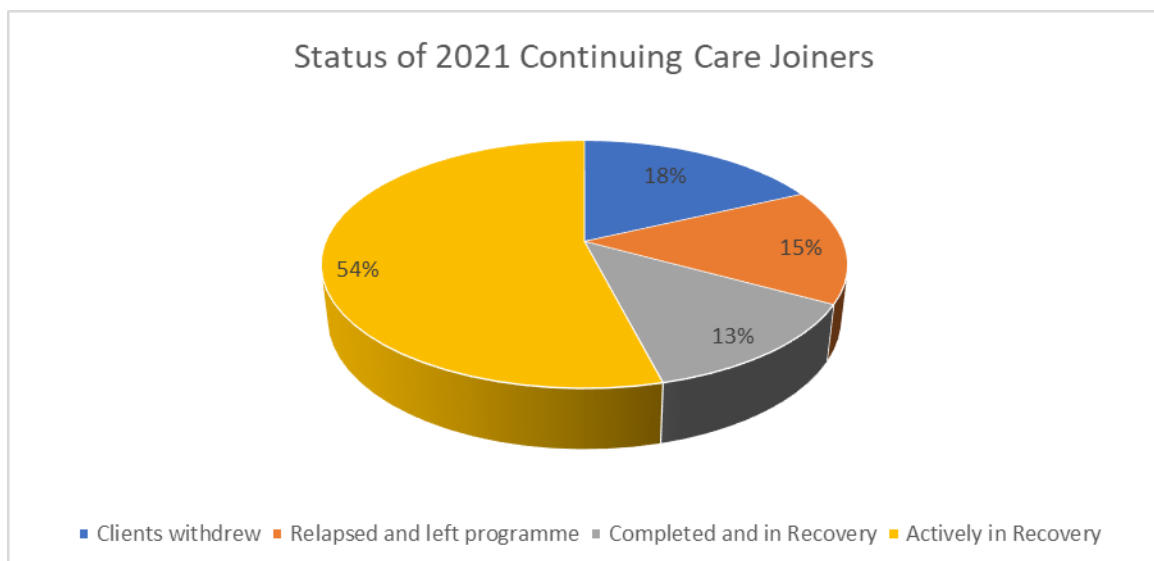
75%

Of service users who completed their primary treatment in 2021 progressed to our aftercare program.

67%

Of all aftercare joiners in 2021 are in active recovery and / or have completed the program.

Status Of 2021 Aftercare Joiners



Re-Entry & Stabilisation Groups

Re-entry is a program designed to provide additional support for individuals who have relapsed but have managed to return to a period of abstinence.

Stabilisation is a program is designed for individuals in chronic relapse and assists people in regaining sobriety so as they can work towards progressing back into re-entry or mainstream continuing care.

These 2 programs are in place to support people in their early recovery and to avoid the necessity for repeat primary treatment. Almost half of those who require these supports will rejoin main stream aftercare and remain engaged in their recovery.

25%

Of all aftercare starters in 2021 were **Concerned Persons** (for example, family members) who entered our aftercare program free of charge and will remain supported for up to two years.

13,408

Total attendances at **aftercare meetings** in 2021 – on average 1,117 every month.

OUR TEAM

Our treatment program, and recovery success for our service users, is dependent on the commitment of our high-quality, highly qualified team. The therapeutic work is labour and time intensive and together the multidisciplinary team (MDT) provide an environment for service users that is safe, supportive, and effective in helping to achieve recovery.

The team is led by a full-time Chief Executive with a senior management team comprising the Head of Clinical Services and an Administration/Operations Manager.

The Head of Clinical Services oversees delivery of the programs by a multi-disciplinary team which includes a psychologist, psychotherapists, addiction counsellors, nurses, social care workers and a clinical assistant. Having this MDT assures us that we are in a well-positioned to meet the unique needs of every service user.

Our Medical Director, consultant psychiatrist, is also on site each week and works closely with the entire MDT and the Head of Clinical Services to ensure best practice and high-quality care is provided in every instance.

We currently employ 34 full staff (including management), of whom 13 are full-time and the remaining 21 are part-time or on a 4-day week. Key clinical roles are all full-time. Support and admin roles are primarily part-time.

Volunteers lend our service invaluable support in delivering aftercare programs each day and week. At present we rely on the service of 36 volunteers who perform the role of aftercare facilitators offering peer support to those who have completed the primary treatment programs within the last 2 years.

There are no zero-hour contracts in place, and we pay the living wage of €12.30 per hour as a minimum (roles such as kitchen assistant, hygiene staff).

We do not pay bonuses, salary-top ups or unvouched expenses.

Our People

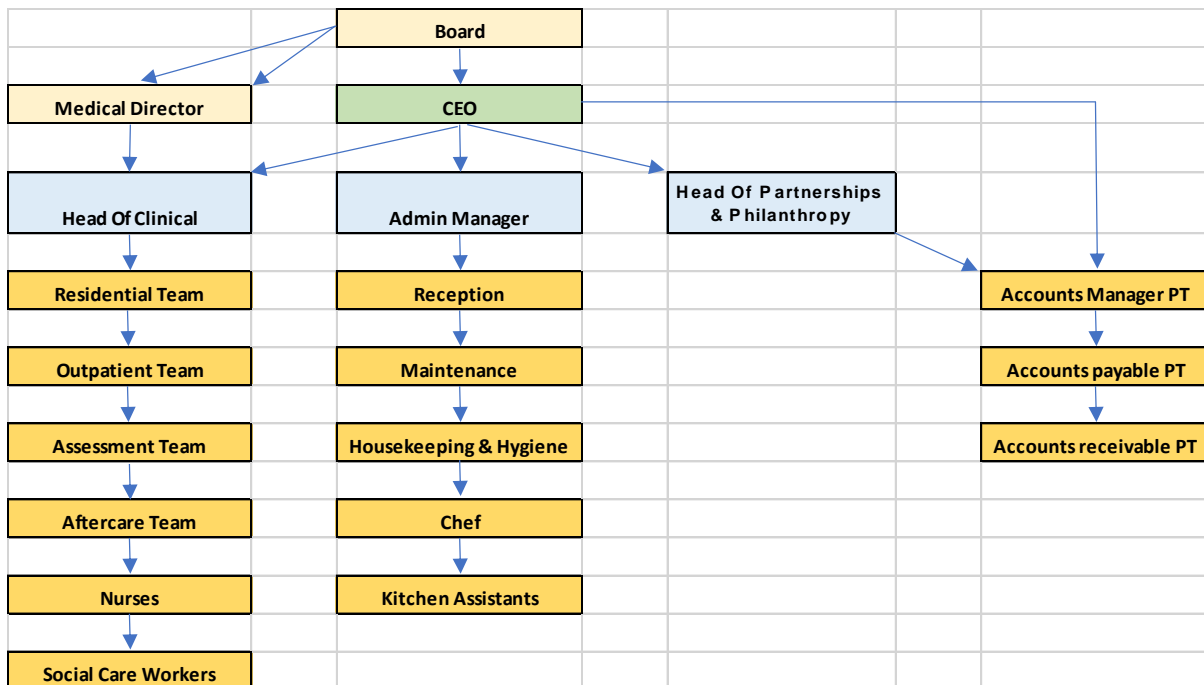
Board of Directors

- Dermot MacShane
- Gerry Kearney
- Melanie Pine
- Dr John O Connor
- Conor Kenny
- Noel Garvey

Executive Team

- Chief Executive - Maebh Mullany
- Head of Clinical Services – Emma Kavanagh
- Administrative Operations Manager - Carol Delaney
- Head of Partnerships and Philanthropy – Jonathan Harvey

Organisational Chart



VALIDATING WHAT WE DO

1. Internal arrangements

We are committed to providing high quality evidence-based treatments, and the treatment model in the service has evolved over the years in line with new emerging evidence. Studies indicate that the biggest indicator of successful outcomes for clients lies not in the specific model but in the delivery of the model.

To this end we ensure that the governance, oversight, program structure and operational systems in place ensure quality delivery and are regularly monitored and evaluated.

2. Externally accredited

We are accredited by CHKS, an external independent body who annually reviews all of our policies and practices.

3. Good practice in the sector

We are part of the Addiction Treatment Centres Ireland and East Coast Cluster networks which comprises Clinical Leads/ CEOs from other services in the sector. We also have a strong working relationship with the HSE.

FINANCIAL MATTERS

We are grateful to the HSE and all of our referral agencies and health insurers who recognize the value of our treatment program and support the participation of service users. Basically, the client income from these sources has comprised our sole income. This is not sufficient to meet our costs. Such costs are already well controlled although particular challenges presented themselves during the pandemic.

To secure our viability we need to expand our offering, diversify services, increase client numbers, as well as securing wider financial support for our work both from private donors and the State. We embarked on a new fundraising strategy in 2021 and secured an additional €108k in income. Increased philanthropic donations are an integral part of our strategy to secure our viability and achieve our Mission.

STRATEGIC DIRECTION

Strategic Direction

At this juncture the Rutland Centre is preparing to embark on a new strategic plan which will take us into the middle of the decade.

Critical issues to be considered in this context will include:

- Establishment of a residential Detox service on site to provide a fully seamless range of services to our clients:
- Building specialist supports to wider client groups such as those suffering from ADHD
- Securing accreditation for specialist training and education already provided by the Rutland C;
- Development of our physical facilities, whether on site in Templeogue or elsewhere.

Meantime, our current strategy, within an absolute commitment to maintain our exceptional outcomes for clients, focuses on:

- maximising our residential capacity and client numbers,
- expanding our public engagement and
- strengthening philanthropic giving.