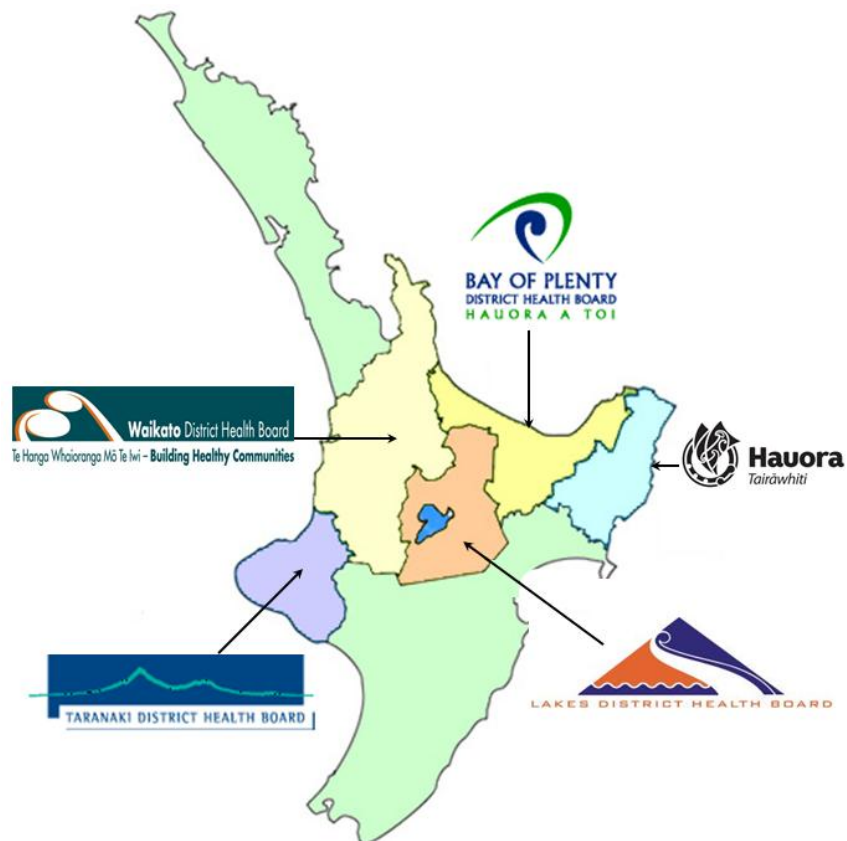


Building Co-existing Problems Responsive Services Workshop

Evaluation Report



October 2015

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1. Executive Summary

The Midland Regional Network continue to invest and improve on strengthening the partnerships and relationships between mental health and addiction services within the Midland region by offering regional workforce capacity and capability building in Co-existing Problems (CEP). Directions for the development and implementation of robust CEP strategies driven by national and regional documents such as Te Kokiri, The Mental Health and Addiction Plan 2006 -2015, Service Delivery for People with Co-existing Mental Health and Addiction Problems: Integrated Solutions (2010), Te Ariari o te Oranga – The Assessment and Management of People with Co-existing Mental Health and Substance Use Problems (2010) and the Midland Region Strategic Plan 2010 – 2015.

The Midland CEP Strategic Plan 2010 – 2015 outlines the actions that will be undertaken by the Midland Region District Health Boards (DHBs) contracted to provide community and clinical mental health and addictions services. The intention of the plan is to integrate treatment and enhance our provider's ability to be CEP capable and responsive to the client whaiora and family whanau journey.

High Level Conclusions

- Overall there was engagement from three of the five Midland districts. Due to lack of numbers the workshop was cancelled in Tairāwhiti and Taranaki districts.
- A total of 74 registrations were received with 67 participants attending on the allocated day. Of the 67 participant over 36% identified as Pakeha/European and 33% identified as Maori and 18% identified as New Zealand which is close to the demographic population of the Midland Region. This graph also highlights significant gaps in the CEP development within our Pacific Island and Asian workforce. See [section 6](#) for DHB specific information.
- The chart shows a good spread of roles within mental health and addiction, with the largest groups being General Managers at 17%, Registered Nurses at 11% and others in managerial or leadership roles. See [section 6](#) for DHB specific information.
- From the registration forms received it is clear the majority of the participants are working within the DHB environment at 44% followed by NGOs at 33%. There was also a good representation from the Kaupapa Maori services at 23%. See [section 6](#) for DHB specific information.
- Evaluations were requested at the completion of each workshop. A total of 55 (82%) completed Evaluation Forms were received, which further validates the findings of this report. 18% of the Evaluation Forms were not completed; this may be attributed to those attendees leaving the workshop early.
- Using the scores rated 4 and above, 69% of the attendees were satisfied with the overall workshop, 62% felt the content met their learning needs, 74% agreed that it was applicable to their role and 58% found value in the course material.
- 82% rated the Instructor 4 and above, 78% agreed that the Instructor demonstrated knowledge of the content, 76% felt that the Instructor generated their interest and 80% felt that the Instructor was interested in their input.
- 82% of the participants found that the registration process was easy. 58% of the participants were satisfied with the location of the workshop and 56% were satisfied with the venue and catering. DHB venues were used in order to reduce costs.

- A summary of the consistent themes of what participants found useful is detailed in [Table 5](#).
- Where overall satisfaction with the workshop was high, participants felt that more time spent on the same topics discussed in this workshop would be beneficial to their practice. The common themes have been summarised in [Table 6](#).
- The total cost for the three workshops was \$1,279.25 for a total of 67 people excluding facilitators and Midland region representatives. The Return on Revenue was \$19.09 per person.

1.1 Recommendations

- 1.1.1 That Clinical Governance and the regional Portfolio Managers review and accept the findings of the report
- 1.1.2 A further CEP Practitioners 2 day workshop will be held in 2015 - 2016

2. Background

The Midland Region is comprised of five District Health Boards (DHBs), these all experience geographical challenges at different severities. Within the Midland Region there is a clear need for the process of collaboration when focusing on workforce development to ensure that adequate coverage and access is available to all mental health and addiction services within the Midland region.

Since the 2008 MoH regional workshop, the Midland Regional Network – Mental Health and Addiction (MRNMH&A) has supported the following CEP activities:

- June-July 2009 – Midland Regional forums – Ministry of Health (MoH) update on CEP progress
- May 2010 – Midland DHB and Planning and Funder CEP meeting regarding next steps
- July – August 2010 – Midland DHB specific Next Steps workshops with MoH
- October - November 2010 – Midland CEP Strategic Plan development.
- November 2010 – National and regional rollout of Case Formulation Workshops
- June 2011 – Midland CEP Competency Framework developed.
- 2011 – 2012 – Midland Case Formulation workshops delivered by Joel Porter (two per DHB area)
- June 2012 – Specialist Practitioner Implementation Plan
- October 2012 – CEP Practitioner 2 day workshop delivered by Dr Fraser Todd, Andre MacLauchlan, Ashley Koning and Suzette Poole
- September 2014 – CEP Practitioners Follow Up workshop delivered by Ashley Koning and Suzette Pool

The next steps agreed to by the CEP Practitioners Follow Up group are:

1. Enhanced practitioners have an important role in building CEP capability and so do the leaders of organisations and the Ministry of Health. The workforce centres need to influence leaders and the Ministry (as well)
2. How do we ensure that all practitioners are culturally competent and work in ways that are whānau centred (as business as usual) as this will naturally lead to the whole workforce being CEP responsive and capable
3. Focus on cross-disciplinary approaches and breaking down barriers--need to combat professional snobbery
4. Continue to promote awareness of co-existing problems
5. Develop strategies to influence middle management--overwork and overload are big challenges for these roles
6. Need to recognise wairua in context of CEP
7. The group would like to meet annually. Workforce Planning Lead to progress this through the Midland MH&A Clinical Governance

In response to Number 5 in February 2015 the MRNMH&A initiated contact with Matua Raki proposing workshops in each of the Midland DHB areas targeting Team Leaders and Managers. The “Building Co-existing Problems Responsive Services” workshop was delivered throughout May 2014.

3. Workshop Outline

The initial discussions with Matua Rāki outlined the need for a Advanced specialist level training to ensure that the Mental Health and Addictions sector builds the capacity at both a local and regional level towards increased capacity for CEP beginner, capable and advanced workforces.

The aim of the workshop was to provide an opportunity to utilise the CEP Service Checklist to identify local systems that are supporting CEP responsiveness and integrated care and areas that need development to inform a district wide action plan to improve services for people with CEP.

3.1 Participant Selection Process

The target audiences of the workshops were DHB and NGO Leaders and Managers. Registrations were accepted from all five Midland DHBs and NGO sectors with workshops being facilitated in each of the DHB areas

3.2 Workshop Facilitators

The caliber of workshop facilitators ensured that the one day workshop was of a high quality standard with participants having access to a high degree of expert knowledge:

Suzette Poole— Suzette’s current role is to assist with the responsibilities of the clinical lead for nursing within Te Pou. Over the next nine months her main areas of focus will be the Handover publication, Professional Supervision, and Sensory Modulation. She will also support the clinical team lead in developing and leading initiatives for nurses working across the mental health and addiction spectrum in New Zealand.

Ashley Koning— Ashley’s role as project leader with Matua Rāki has evolved into a combination of publication and treatment guideline writer and editor, relationship manager, trainer and training facilitator, and general workforce support. His particular focus is on projects related to co-existing problems, the revision of the Alcoholism and Addiction Act and working with Justice/Corrections clients.

4. Participant Analysis

Overall there was engagement from three of the five Midland districts. Due to lack of numbers the workshop was cancelled in Tairāwhiti and Taranaki districts.

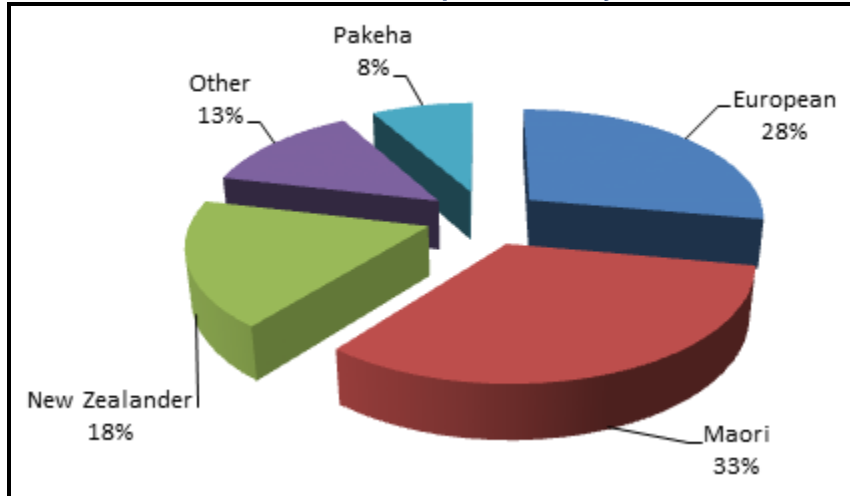
Table 1: Participant DHB Area

District	Number Registered	Number Attended	Number Evaluations
Waikato	20	18	18
Bay of Plenty	27	26	19
Lakes	27	23	18
Total	74	67	55

4.1 Participant Ethnicity

Of the 67 participants responses over 36% identified as Pakeha/European and 33% identified as Maori and 18% identified as New Zealand which is close to the demographic population of the Midland Region. This graph also highlights significant gaps in the CEP development within our Pacific Island and Asian workforce. See [Section 6](#) for DHB specific information.

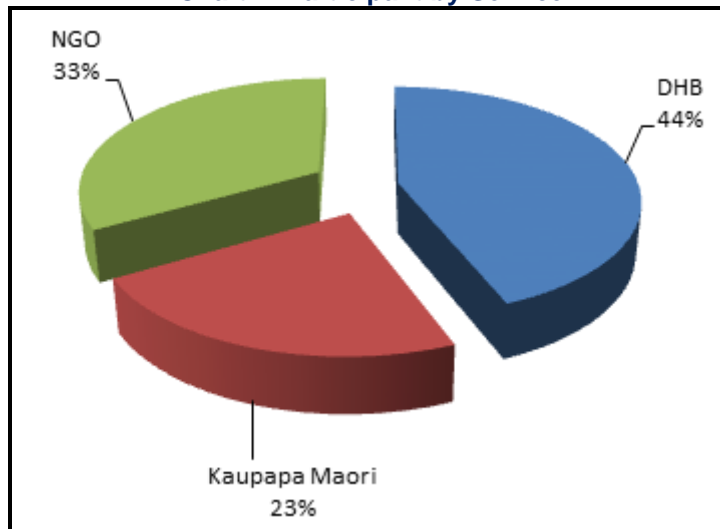
Chart 1: Participant Ethnicity



4.2 Current Service Setting

From the registration forms received it is clear the majority of the participants are working within the DHB environment at 44% followed by NGOs at 33%. There was also a good representation from the Kaupapa Maori services at 23%. See [Section 6](#) for DHB specific information.

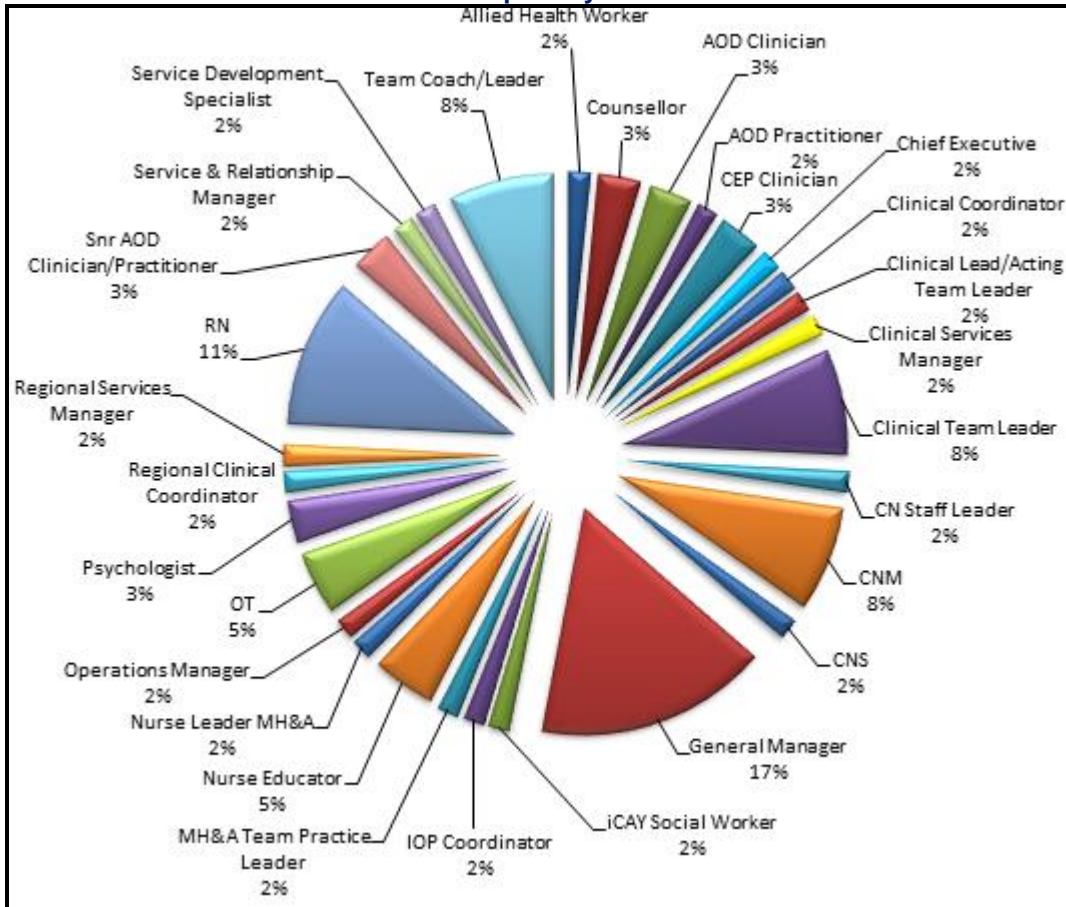
Chart 2: Participant by Service



4.3 Participant Current Role

The chart shows a good spread of roles within mental health and addiction, with the largest groups being General Managers at 17%, Registered Nurses at 11% and others in managerial or leadership roles. See [Section 6](#) for DHB specific information.

Chart 3: Participant by Current Role



5. Outcome of Training Delivered

5.1 Evaluation Outcomes

Table 2: Evaluation Results

Total Evaluations

55

Scale

0.5

Max to show

5

	Not good, staff unhappy
	OK but keep an eye on this
	Good replies - keep it up

□

Content of Training Session	1	2	3	4	5	Avg	Aggregated Data
Overall rating	1	0	14	23	15	3.96	
Content was what I expected	1	1	19	18	16	3.85	
Is directly applicable to my job	0	4	10	21	20	4.04	
I found value in the resource materials	1	0	17	17	20	4.00	
Facilitator	1	2	3	4	5		
Overall Rating	1	0	9	24	21	4.16	
Demonstrated knowledge of content	1	0	11	18	25	4.20	
Generated my interest in the content	1	1	11	19	23	4.13	
Instructors interest in participant	1	0	10	19	25	4.22	
Process / Environment	1	2	3	4	5		
Registration process was easy	1	0	9	11	34	4.40	
Location	4	5	13	13	19	3.70	
Meeting Room	2	4	16	12	19	3.79	
You the participant	1	2	3	4	5		
I was fully present and actively participated	0	1	7	26	20	4.20	
Co-participants were actively involved	1	1	5	28	20	4.16	
I feel confident to be able to feedback to others	1	1	5	27	20	4.18	

Using the scores rated 4 and above, 69% of the attendees were satisfied with the overall workshop, 62% felt the content met their learning needs, 74% agreed that it was applicable to their role and 58% found value in the course material.

82% rated the Instructor 4 and above, 78% agreed that the Instructor demonstrated knowledge of the content, 76% felt that the Instructor generated their interest and 80% felt that the Instructor was interested in their input.

82% of the participants found that the registration process was easy. 58% of the participants were satisfied with the location of the workshop and 56% were satisfied with the venue and catering. DHB venues were used in order to reduce costs.

5.2 Feedback from Workshops

5.1 What Did Participants Find Useful

Table 3: What Did the Participants Find Useful

Tangata Whaiora advocacy planning groups	Integrated support treatments	Pro-active follow up	Knowing we are all on the same track
Meeting NGO	Facilitation	Creating an action plan	Networking
The process of gathering information	Coming up with an action plan	Networking with new people & renewing old relationships	Seeing the areas of strength and weaknesses in CEP
Checklist (dissent amongst DHB leaders was interesting & hilarious)	Group discussions DHB - get together looks at what we do well etc	Re-cap where we've come from as a sector and supporting document	Passion in the room for strengthening CEP & making it sustainable
Identifying where we are at, where we need to be & what to do to get there	Opportunity to meet as a DHB MH&A services to complete stocktake	Networking, shared learning and getting a feel of Lakes & CEP services	CEP Funding towards developing competent CEP clinicians
Group workshops	Focus on actions	Interactive conversations	Meeting whānau
Developing a action plan regionally	Meeting others in the BP services	Getting a sense of CEP direction	Consumer groups to be formed
Service checklist	Other clinicians ideas	Meeting my DHB team	Using checklist with dots
CEP service checklist	Different service approaches	Action plan - moving forward	Interactive learning
How others perceive the service	That I am on track and developing	Recent tools, resources, making plans forward	Similar services across DHB eg Waikato & Lakes
Clear issues with collaboration / communication at service level	Where the DHBs are sitting, thinking and doing, DHBs can be barriers, not responsive. Their thinking & doing, medical model old school thinking	How threatened some NGOs felt re the role of MH nurses and CEP clinicians	How things haven't moved forward since 2008 in some services
Identifying areas / gaps in service delivery	The lack of liaison between MH&A services	No screening tool within the service	Possible integration potential
Staff don't know where to start	Division audible from local AOD with MH	Different outcome ??	Listening to the other participants
Regional weaknesses & strengths	The views across the areas to improve	Snapshot of service delivery exercise	Focus on the 'person' - person centred care

Group discussions	CEP Development	Networking	Sharing of obstacles
Info sharing & networking	Dodgy data - worrying	Mixing with others	Evaluation of CEP
Sharing of ideas	That so much is invested in CEP work	New information to disseminate	Ideas about shared national tools & resources
Lack of collaboration	Service Checklist	Key actions needed	Meeting other staff & workings in other services
Visual of where people are at with aspects of CEP	Overview of CEP development	PRIMHD data collection - using correct tx	Strength of feeling to move forward
Can't do enough of this - the whole day	Capability in providing CEP PD to team	That so many people feel & think along the same lines	Suggestion of having a CEP forum
Education for staff around CEP	Robust conversations	Oppress CEP at this level	Meeting people
How other agencies are working CEP	Using conversation about CEP in team meetings	Importance of having a CEP competent service	The findings of the audit - focus points
AOD thinking	Data inadequacies	How the action plan evolved	Networking
Action planning	Checklist as a visual;	Available resources	Review cycles
What is currently happening with CEP	Considering current CEP capability	Language of CEP and its importance	Networking with different services
Other's thoughts & notions	Reasoning of KPI	Meeting others in the room	Follow-up re CEP issues
Group exercises	Introductions	End reflections	Ethnicity is still an issue
That many of my service answers were 'not routinely happening'	Approach - indecisive process / treatment and issues related	Same issues re: lack of responsiveness & health services	Service checklist exercise

5.2 What Would You Like More Info On?

Participants were asked during the evaluation process “what they would like more of” these were some of the responses received:

Table 4: What Did the Participants Find Useful

Ways MH services can be more CEP focused	Workforce development, service objectives	What is coming re training if anything	Where it is targeted is the right forum
I am satisfied with the content of the whole day	Look forward to future workshops	Training and support re CEP within Midland's	Any up and coming trainings
Where to from here?	Maybe what the services did	Our Rotorua AOD service	CEP strategy
This will be a continuing conversation monthly - team/forum	Maybe more Maori world view content through all literature	Information was excellent	Nuts & bolts of CEP
Who is doing what & take away tools	Presenters & presentations	Treatment tools	Consumer group activities

Would have been preferable to stay in DHB group to work on our action plan specific to our service - build on stocktake work	Plan development, seeing the variety of interest / growth areas	Suggest a breakdown of the day at start would be helpful, need breaks please - too long between	A plan whereby this training will be implemented, be brought together and rolled out to teach
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6. District Specific Information

6.1 Bay of Plenty

Chart 4: BOP Participants – By Ethnicity

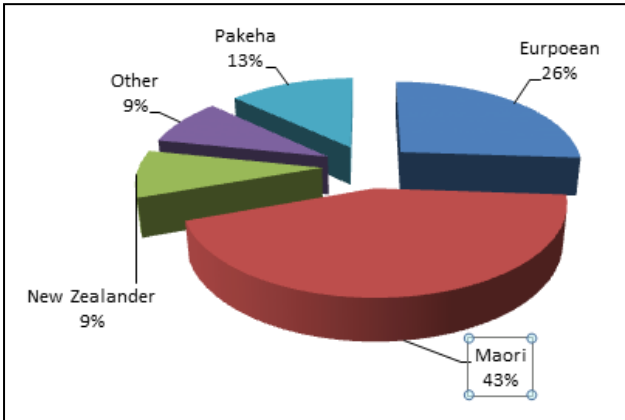


Chart 5: BOP Participants – By Service

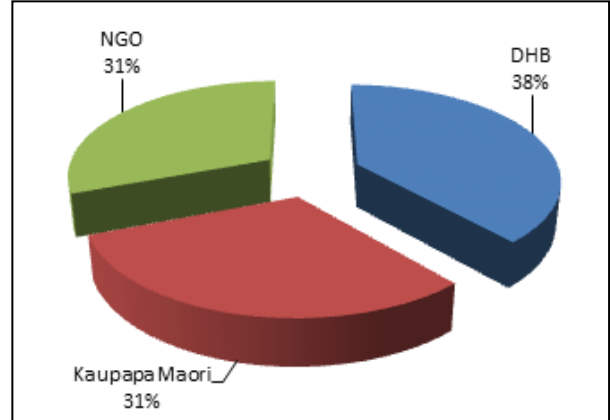
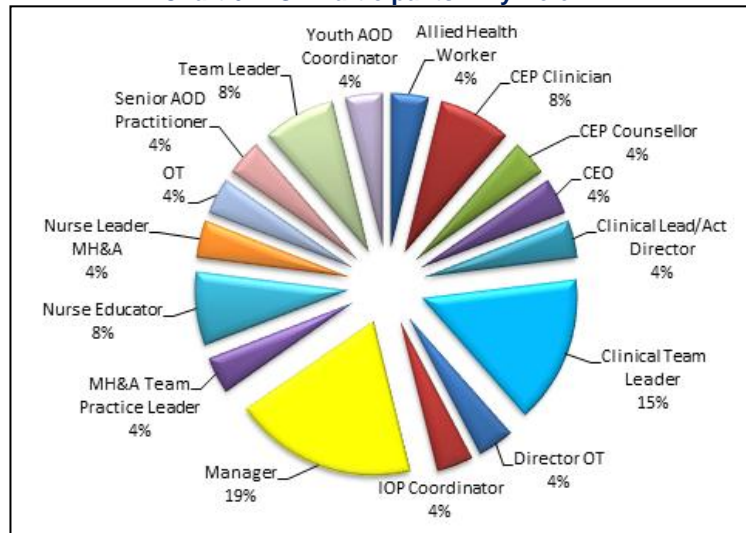


Chart 6: BOP Participants – By Role



6.2 Lakes

Chart 7: Lakes Participants – By Ethnicity

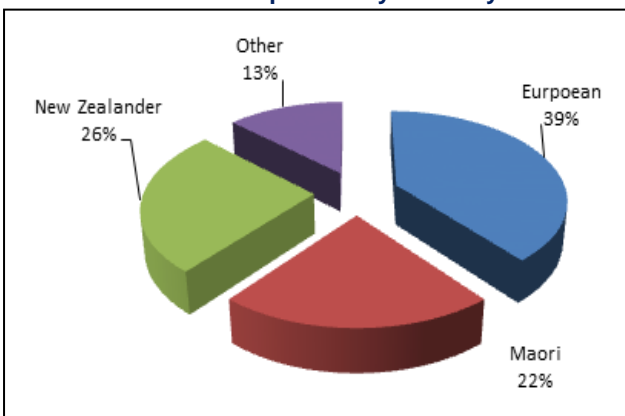


Chart 8: Lakes Participants – By Service

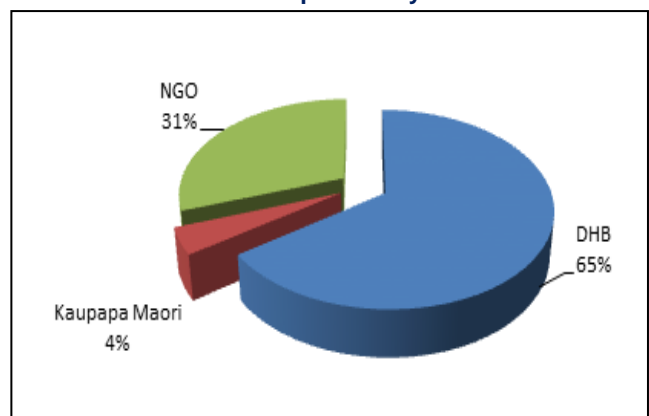
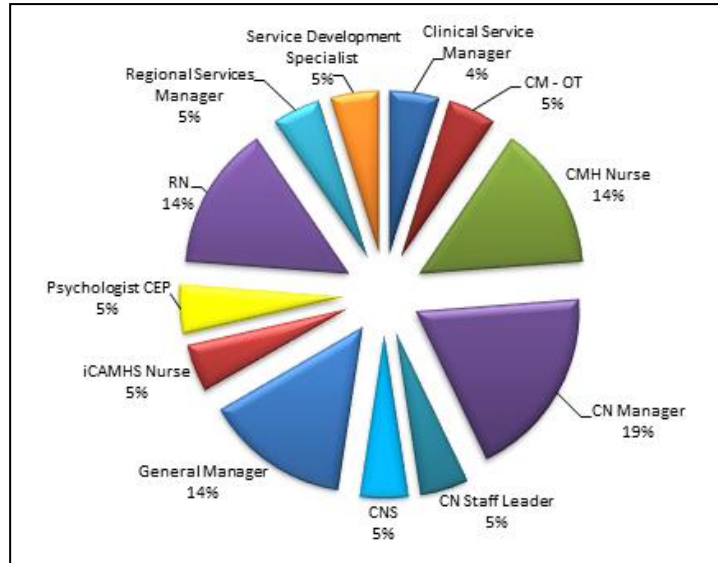


Chart 9: Lakes Participants – By Role



6.2 Waikato

Chart 10: Waikato Participants – By Ethnicity

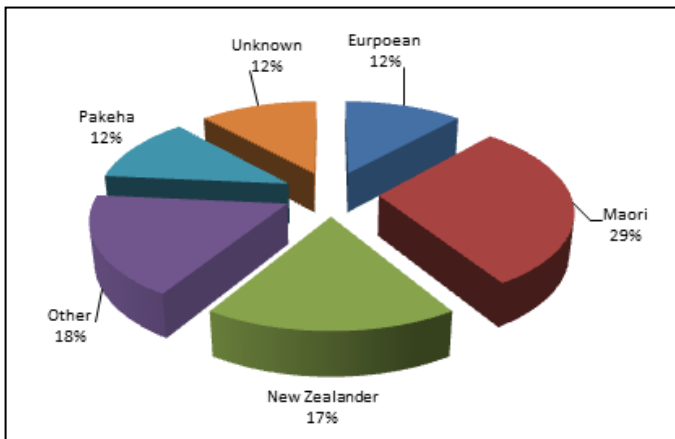


Chart 11: Waikato Participants – By Service

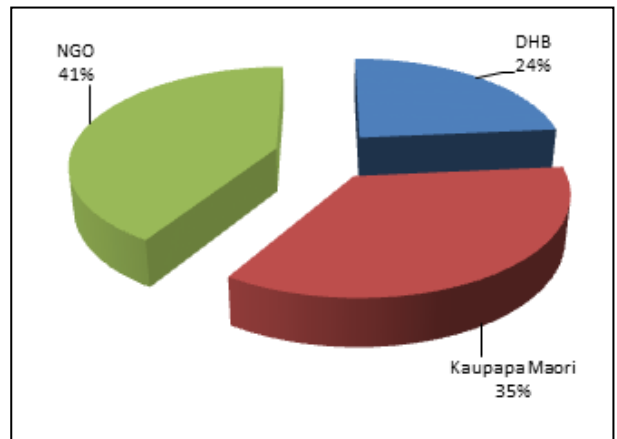
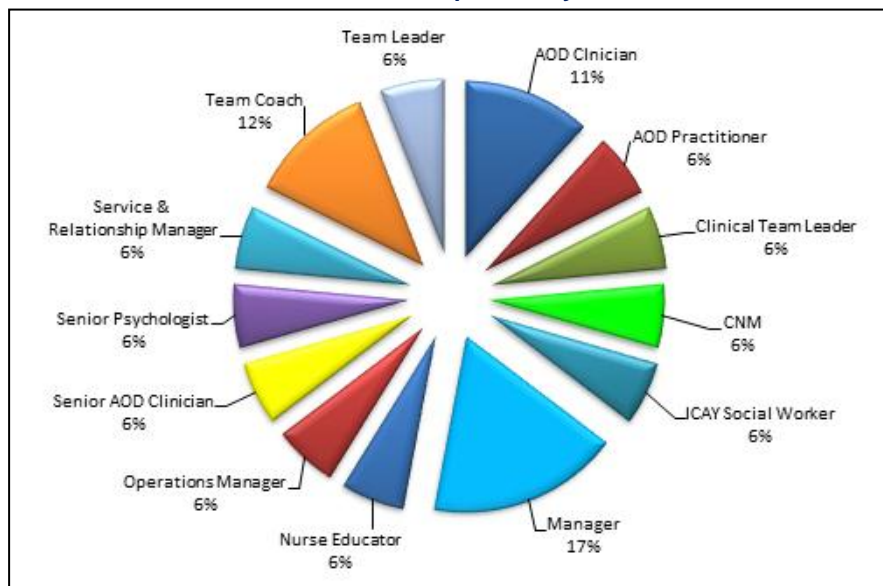


Chart 12: Waikato Participants – By Role



7. Financial Return on Investment

It was identified earlier on in the planning that if Midland wanted to hold a workshop per DHB area then Midland would have to incur half the facilitator costs for the workshops and catering.

The cost for the one day workshop for a total of 67 people excluding facilitators and Midland region representative was \$19.09 per person.

Table 5: Financial Return on Investment

	BOP	Lakes	Waikato	Totals
Total Participants	26	23	18	67
Venue & Catering	\$ 370.00	\$ 211.98	\$ 214.00	\$ 795.98
Facilitator Costs incl Rravel	\$ 161.09	\$ 161.09	\$ 161.09	\$ 483.27
Total	\$ 531.09	\$ 373.07	\$ 375.09	\$1,279.25
Per DHB area per Person	\$ 20.43	\$ 16.22	\$ 20.84	\$ 19.09

The follow-up actions were agreed to by the group:

1. The Midland regional network complete an evaluation report
2. A further CEP Practitioners 2 day workshop will be held in 2015 - 2016