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MENTAL HEALTH & ADDICTION REGIONAL NETWORK
Service Development • Workforce Development • Partnerships & Relationships

Midland Regional Mental Health and Addictions Substance Addiction Compulsory Assessment and Treatment Act Implementation Workshop

Bay of Plenty District Health Board: Planning Document

Final: November 2017
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1. Introduction:

The Midland Regional Mental Health and Addictions (MRMH&A) Team agreed to assist the District Health Board (DHB) areas across the Midland Region to implement the Substance Addiction Compulsory Assessment and Treatment (SACAT) legislative requirements. The assistance will enable the DHB areas to deliver services that comply with SACAT, when it commences from 21 February 2018.

SACAT provides treatment services with the opportunity to examine not just the SACAT pathway, but Addictions treatment as a whole. The legislation specifies that referrals to SACAT must be treated as humanely as possible, that their Mana will be of paramount importance and that they and their whānau, wherever possible, will be supported towards the best possible outcomes. All of which we should aspire to deliver in treatment of all variations. SACAT therefore requires us to consider pathways into, through and out of treatment;

- Peer and Whānau support and involvement mechanisms
- Assessment (both of severity of addiction and capacity/cognition) and,
- Ensuring that broader support services are in place.

The MRMH&A designed a series of workshops, aimed at increasing participant knowledge about SACAT and to share practice, in order to encourage service providers to work together as cohesively as possible. Additional to this it created an opportunity for the local sector to have input into planning and implementation. The workshops aimed to:

a) Ensure that as many local stakeholders as possible understood the aims, criteria and delivery of the SACAT
b) Develop local knowledge about SACAT and other related treatment issues
c) Discuss the locality's readiness and challenges with SACAT implementation
d) Ensure that stakeholders had input into shaping provision within their local area.

Two workshops were held in Western Bay of Plenty on 04 October and one was held in East Bay of Plenty on 05 October 2017. This provided advance notification that the commencement of SACAT is imminent, and drew participant's attention to issues that the SACAT will bring. The workshops were attended by a total of 60 participants from the Provider Arm (29) Kaupapa Maori Services (22) and Other/NGO (9). Further details regarding participation are recorded in Appendix 1.

The following report summarises the commentary from the workshops and recommends actions that will support the implementation of SACAT in Bay of Plenty. Comments collated from the workshop evaluations have also been incorporated where appropriate. Full commentary from the workshops is recorded in Appendix 2.

2. Key Findings:

(Strengths, Areas for Improvement & Opportunities Analysis)

The Bay of Plenty Provider Arm has strong clinical leadership that operates in a healthy partnership with robust planning and funding. To its credit, the Provider Arm has already done a lot of the planning for SACAT and looks well placed for the February start date. There is still room for development in comprehending implications of the SACAT in some services, however this was recognised and responded to positively throughout the workshops. There is a willingness to provide flexible and responsive services throughout the Bay of Plenty (BoP).

2.1 Strengths:

- BoP has a diverse, vibrant and enthusiastic group of workers who are able to communicate the issues for their services well and are creative in formulating responses to the challenges
- Strong leadership and positive buy-in was evident through all the workshops
- There is capacity for development within the BoP's continuum of care, although this is still developing in the NGO sector
- Whānau advisors and practitioners with whānau commitment were clearly visible through all of the workshops and made clear representation throughout the process.

2.2 Areas for Improvement:

- Service user involvement was not visible through most of the workshops (Turning Point's presence in one workshop was an exception to this)
- Whilst there were some practitioners who understood the SACAT, others expressed a lack of understanding about its implications - several had not undertaken the Matua Raki on-line training[1] as had been requested. If this remains unaddressed, there is a risk to delivery.

2.3 Opportunities:

- Eastern Bay has a highly enthusiastic and mobile MH&A workforce, willing to "make it work". A flexible approach and commitment to effective treatment as a whole will take the locality forward in developing and refining new pathways
- There are opportunities to develop overall provision whilst implementing the SACAT pathway. Fast Track[2], Equally Well[3] and Supporting Parents Healthy Children[4] all have relevance to the SACAT and other priorities currently being discussed in the area.

[1] https://www.matuaraki.org.nz/initiatives/introduction-to-the-substance-addiction-compulsory-assessment-and-treatment-act-2017/183
[2] https://www.tepou.co.nz/resources/fast-track-summary-paper/839
[3] https://www.tepou.co.nz/initiatives/equally-well-physical-health/37
[4] http://www.health.govt.nz/publication/supporting-parents-healthy-children

3. Planning Themes & Recommendations:

The themes and recommendations are based on the feedback from participants. Where there are issues that BoP are already in the process of addressing, it may simply be a matter of communicating the response to stakeholders.

3.1 SACAT Steering Group:

1. The steering group needs to be formalised and be made visible to all of its stakeholders

2. Participation from Iwi, Service Users and Whānau representatives could be made more visible

3. An Implementation Plan, with clear responsibilities, time-lines and dependencies can be developed with aspirations and progress made visible to stakeholders through regular updates

It is hoped that this document may also be used to inform the Implementation Plan.

3.2 Workforce:

BoP DHB would benefit by including the following issues into a local workforce plan:

1. Ongoing development of a continuum of care that takes a whole system approach ie. Provider Arm, Primary and NGO services

2. Ensure that all MH&A practitioners and related workers complete the Matua Raki on-line training module[5] for SACAT as a baseline

3. Where practitioners have a more 'hands-on' role in SACAT, ensure that the MoH and Matua Raki SACAT process presentation and role descriptions have been read and understood

4. Ensure that those nominated for statutory roles are made available to attend the MoH/Matua Raki Regional and National workshops specific to implementing the Act and developing the statutory roles

5. Service User Involvement may benefit from Te Pou o Whakaaro Nui work on the Peer Support Workforce work-stream 'Fast Track'[6]

6. There will be a series of regional trainings to follow the Planning and Implementation sessions:
   a) Mana Enhancing Practice (October 2017 – now completed), to be provided by Te Rau Matatini, supported by MRMH&A
   b) Assessment (focussing on Cognition and Capacity), provided by Matua Raki - to be confirmed

[5] https://www.matuaraki.org.nz/initiatives/introduction-to-the-substance-addiction-compulsory-assessment-and-treatment-act-2017/183
[6] https://www.tepou.co.nz/resources/fast-track-summary-paper/839

c) Whānau support and Involvement. There are two significant strands that are rolling out nationally – the single session interventions (Werry Workforce Whāraurau) and the 5-Step Model. BoP DHB Planning and Funding have done some work on this and may also wish to review its Supporting Parents Healthy Children work alongside of SACAT development.

3.3 SACAT Provision:

1. BOP would do well to increase the amount and capacity of Peer Support services for service users and whānau. This may include increased visibility of local peer-support, such as 12-step groups, development of 12-step alternatives, promotion of on-line support services

2. Communication Plans for accessing the statutory SACAT roles need to be developed and implemented – there are 'key messages' and other related SACAT documents[7] available on the MoH website, which is being frequently updated

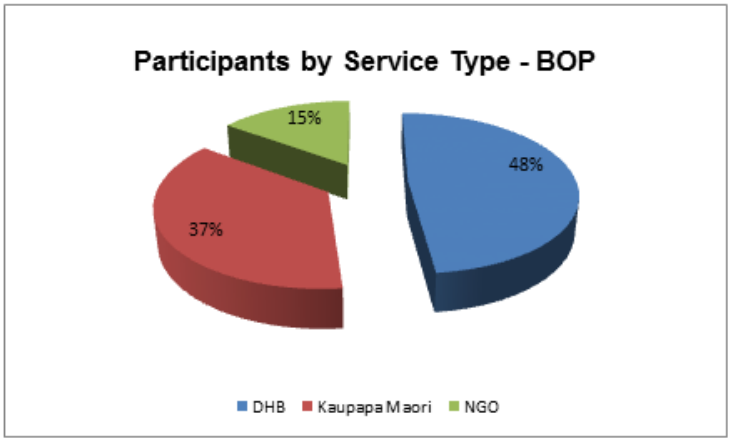
3. 'Equally Well'[8] is an initiative developed by Platform and Te Pou o Whakaaro Nui aimed at improving health outcomes for people with MH&A issues. BoP MH&A have undertaken a significant amount of work in this area.

Ensuring that SACAT is included in the work undertaken to date would add value to the continuum of care.

[7] https://www.health.govt.nz/our-work/mental-health-and-addictions/preparing-commencement-substance-addiction-compulsory-assessment-and-treatment-act-2017/substance-addiction-compulsory-assessment-and-treatment-act-2017-resources
[8] https://www.tepou.co.nz/initiatives/equally-well-physical-health/37

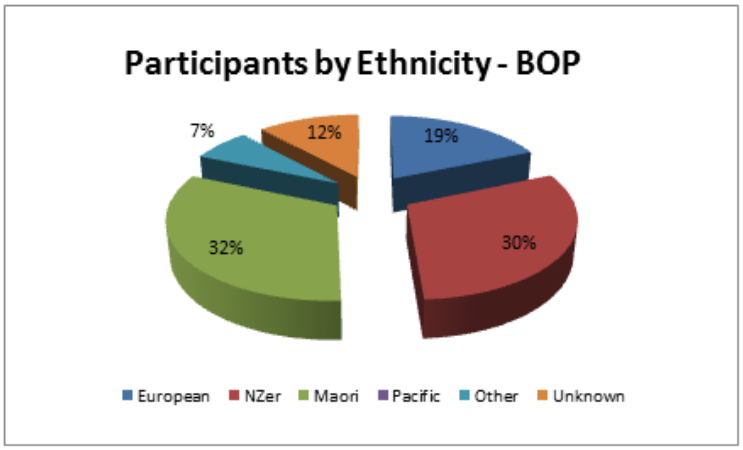
Appendix 1: Midland SACAT Planning and Implementation Workshop Attendance (Bay of Plenty)

The workshops were attended by a total of 60 individuals from a range of providers, including BoP DHB, Family Link, Hanmer Clinic, Junction, Nga Mataapuna Oranga, Te Pou Oranga o Whakatohea, Poutiri Trust, Te Manu Toroa, Te Tomika Trust, Te Runanga of Ngai Te Rangi Iwi Trust, Tuwharetoa Hauora, Rau o Te Huia, Te Puna Hauora, Te Tohu o Te Ora o Ngati Awa, The Salvation Army and LINC.



Service Type		
D	DHB	29
K	Kaupapa Maori	22
N	NGO	9

There was a good spread of ethnicities represented, reflecting the make up of the area, Local Kaupapa Maori services were well represented, however Pasifika services were not.



Ethnicity		
E	European	11
NZ	NZer	18
M	Maori	19
P	Pacific	
O	Other	4
UN	Unknown	7

The following tables show participant responses to the evaluation questionnaire at the end of the workshop:

Table 1: Aggregated Responses:

Total Participants	68
Total Evaluations	56
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	1.5	2	2.5	3	3.5	4	4.5	5	Avg	Aggregated Data
Overall rating	0	0	4	0	12	0	17	0	4	3.567568	
Content was what I expected	0	0	6	0	15	0	13	0	3	3.351351	
Is directly applicable to my job	1	0	6	0	12	0	11	1	6	3.445946	
I found value in the resource materials	0	0	4	0	13	0	12	1	7	3.635135	
Facilitator	**1**	**1.5**	**2**	**2.5**	**3**	**3.5**	**4**	**4.5**	**5**		
Overall Rating	0	0	3	0	14	0	13	0	9	3.717949	
Demonstrated knowledge of content	0	0	4	0	11	0	14	0	10	3.769231	
Generated my interest in the content	0	0	4	0	14	0	14	0	7	3.615385	
Instructors interest in participant	0	0	3	0	9	0	13	0	14	3.974359	
Process / Environment	**1**	**1.5**	**2**	**2.5**	**3**	**3.5**	**4**	**4.5**	**5**		
Registration process was easy	0	0	2	0	10	0	12	0	14	4	
Location	1	0	0	0	11	0	14	0	13	3.974359	
Facility where forum / meeting delivered	2	0	1	0	11	0	15	0	9	3.736842	
You the participant	**1**	**1.5**	**2**	**2.5**	**3**	**3.5**	**4**	**4.5**	**5**		
I was fully present and actively participated	0	0	1	0	13	0	13	1	11	3.910256	
My co-participants were actively involved	1	0	3	0	14	0	11	1	9	4.038462	
I feel confident to be able to feedback to others	1	0	3	0	13	0	11	1	9	3.653846	

Table 2: All comments from evaluation questions:

What did you find most interesting?		What would you like more info on?	Any further comments
No facility for treatment yet	That still so much unknown or undecided, no ?? For repercussions	Ministry information on funding to implement this	Good luck
That everyone is in the same boat	Good to hear that there has been a lot of work done, but obviously still a lot to do	Practicalities	Enjoyable engaging
Listening to the experience of others	Hearing other peoples question, queries about the Act	Funding and bed availability	Delay in hearing back which session would be attending
How difficult the process is	A lot of knowledge given from others in the room	Generally more training	Due to lateness will do online stuff & look at website
Identified ongoing training needs	Clarification on AO Roles	Change	Apologies I was late so missed a chunk of the start, was still very useful, learn from discussion
The reality of the current process needs more consultation and inclusion of key areas ie. Justice, Police, A&E, GP & Practice Nurses	That its still implementation despite supposedly coming in to play in Feb	Definite plans	I still feel I have limited knowledge about SACAT
Venue was cold and breezy, application planning going forward, good to work as team	It generated a lot of questions and made all of us to think how a service can deliver this	Discussion about the act, treatment centre, impact on NGOs & community sector	Looking forward to learning more
Good to breakdown information for more understanding	Work collaboratively with other disciplines was great	Whole process	The room echoes when someone is speaking decreasing ability to hear content
The unknowness about facilities & funding and people who fill the roles	Resources availabe for reading	What is possible for NGOs with limited resources	Need more concrete info re process, how it wil effect community/whanau/NGOs
New learning	Eseta's explanation indepth	Continue with information - great morning	More support for NGOs with resources is very important
New to industry, language, understanding where people's thinking is at	New information on SACAT, valuable group dsicussions. Well presented - good intro to SACAT	Resources, resources, resources, what will be provided in informative resources eg. Brochures	Tea, coffee & room was cold
Discussions re SACAT proposed, processes, the wider picture, identifying key organisations for support	Different perspectives from the other participants helped enrich the learning and prompt more exploration of how SACAT will impact my work as a clinician	More answers to the questions as time is passing quickly	Its very much a 'earn as you go' Act with very strict limitations. The biggest worry is 'what happens to those who don't meet the criteria? Hopefully there will be a structured pathway & no gaps because family & whanau need a seamless service, as do clients
Group work - interpretations of the Act, identifying specific barriers and possible ways to overcome barriers	Good discussino in group	Enough converstaions were had to get understanding	Plenty of homework
All good	Resource materials	Maybe a ?? About the Act (however my thinking is still in line with the mental health act)	Great workshop, very informative

Useful if feedback/comments are goin gto inform a plan, in terms of learning it was mostly question raising and highlighting gaps	The face that there is still so much to work out	Details on the specific elements of the Act	Great to have input of Eseta - she is very knowledgeable
More info on the impact of this act on existing resources - how are we going to manage on top of existing huge workload	Everything	Practical implications / processes	Wonderful presentation - Kia ora korua
Hearing others perceptions	This is an ongoing moveable korerol	?? There is still work to be done	Thank you presented well
Working through questions	Everyones thoughts	The acutal legislation	Next time / next training look at more scenario's practical, how & process
Everything	Discussions	Time is marching on still so much to be done. Treatment centres need to be localised and regions need to be self-determining in how they provide needs to their tangata whenua	Why not social / community detox beds under the SACAT for ongoing treatment / rehab
Hearing from how other clinicians too struggle with criteria. But coming up with solutions for all levels was great	Networking opportunity while breaking into sall groups for our brain storming activity. Help broaden our view	On-going / updating / refreshing on SACAT. After Feb 2018 help keeping on the right track	
Treatment centre place to be determined	Gaps are still there between DHB & NGOs - involvement of local services to be able to participate and feeling validated	Relationship to MH Act	
		You AOD Training	

Appendix 2: Full Notes: SACAT - IMPLEMENTATION CHECKLIST: BoP DHB

(AM Session ---- PM Session ---- E-BoP session)

Please Note: where a response of "xxx" is recorded, the group did not provide a response for that issue

1) Does your service have processes in place to manage applications from February 2018?

- Understanding the criteria and processes and knowing who to refer family and whānau to
- Staff receiving training and updates on the act and processes

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- All applications will go through BOPAS – process will kick in from there
- STAFF fully understanding the criteria - informing the family and whānau and support either way
- There will be a lot of enquiries that will in most cases end up being directed to Community Support Services

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- E-Bop need local hui (regularly) so we are all on the same page re screens/assess tool (apples with apples!)
- Process once an application is received
- Identify who the Prof/Stat roles are
- ID Admin process once application received

2) Is your workforce knowledgeable and skilled about engaging with family and whānau?

- Yes – core business

- Grey area around length of engagement with family/whānau for a secondary service
- There is a question around capacity. An addicts capacity is affected by the substance they are taking
- The act will not meet what the family want it for

- Yes: assessments include whānau/whaiora engagement, karakia & mihi, resources on hand, local knowledge, respect, mana

3) Is your workforce able to provide mana-enhancing care?

- Not setting the family up to fail – making them aware of the strict criteria for assessment
- Yes – strength focus is core-business
- ? whose mana are we enhancing and under whose definition?

- Yes when it means the right service, right care, right time, right….
- Yes in relation to compassion, understanding, respect

- Yes: see above
- Mobile and flexible service, so wherever whānau requires enhancing mana in the persons world and environment
- (is it mana-enhancing to have Detox bed (one for all DHB) in ward 8??)
- If the clinical residence is out of area, this won't be very mana-enhancing for all of whānau if they can't be there to support their whānaunga??
    - We need services closer to home!!
      (Innovative Models of Care needed, e.g. Australian examples of Community Detox Units)

4) Does your service have workers trained and able to carry out comprehensive assessments?

- N/A but we need to know who to refer to get a comp assessment
- Training for staff around capacity under the act
- Open networking with relevant AOD providers

- Yes – Two Psychologists who do assessments (WT)
- Sorted – all clinical FTE

- Different levels of competence of Assessment at the moment
- Suggestion re Steering Group identify these levels + who does it
- Where will the training come from?

5) Does your service have workers trained and able to assess 'capacity'?

- N/A. We need to have the criteria, explain it to the whānau, the AS to assess capacity

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- Everyone can assess capacity to a degree
- A formal assessment would follow the process of SACAT

- Once BoP have a director we can start looking at Specialists, confirming AOs/RCs: only specialists can assess capacity SO not currently

6) Does your service have agreements in place with services that have workers/specialists trained and able to assess capacity?

- We are not fully aware of what services will be available to a person who does not meet the act's criteria
- We are meeting with BOPAS Management to develop processes for management of the expectations of family re the act WE NEED TO

    - How much education are the police getting on the act?
    - Is there a possibility of funding for more beds? 7 or 8 are ridiculous!
    - Is there a possibility of funding for PHO GPs to do medical or general health assessments?
    - How is the act mana-enhancing for whānau?

- CAMHS has their own
- NGO need to have a clear understanding of the SACAT pathway
- Te Utuhina Manaakitanga Trust – Rotorua Rehab facility will not send clients away from their family – recognize the importance of whānau to assist with recovery and wellbeing

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- See above, plus, not formally. Yeah/nah!

7) What arrangements will you need to have in place to access general health assessments, or multi-disciplinary teams?

- PHOs having funding for GP / MDT to do assessments
- For us to have the knowledge of the various roles on the act process to refer accordingly

    - Will PHOs have authorised GPs? (funded)

- Knowing who to go to
- Keeping the process as seamless as possible

- Issues:

- How are GPs to be funded for general health assessment (GP practices (local) are mostly full)
- Getting GPs on multi-disciplinary teams, trained in this area??

8) Does your service provide or have access to managed withdrawal facilities and clinicians?

- BOPAS has access, but families have to access BOPAS

- As above

- Informally (e.g. NASH currently trying to set up formal MOU with DHB – in process)
- Ideally we believe that this process should be more streamlined / simple

9) What arrangements will you need to have in place to access managed withdrawal facilities and clinicians?

- A relationship with BOPAS or any other facilities
- MOUs

- Specialist Clinicians / Dedicated beds (Gold Standard: Dedicated Unit)
- Pathway, Policies and Procedures
- Treatment Plan in place, specific to client
- MOU / Community Support Systems
- Structured Programs
- Dedicated Coordinator
- Funding that is specific to SACAT (not MH Funding)

- Dedicated bed/facility with clear pathway and access to same

10) Does your service have workers trained in assessing cognitive impairment?

- Yes for DHB, No for NGOs (not in depth)

- Yes, Clinical Psychologists, registered Clinicians (CMH, MHSOPs)

- CMHAS have partial staff trained in assessing cognitive impairment as well as access to Psych and Psychologist

11) Does your service have workers trained in the use of the PPPR Act?

- Yes for DHB (mainly MHSOPs)
- No for NGOs
    - Under resourced
    - Need training and access

- Yes – Social Worker, MHSOPs

- Not specifically

12) Does your service have access to workers trained in the use of the PPPR Act?

- Yes for DHB – have access to more resources, trained staff, bigger support network
- No for NGOs

- Yes

- There is access through DHB Lawyer

13) Does your service have protocols for how to access and refer to the SACAT treatment centre'?

- NGOs no/unsure
- Where is the treatment centre
    - General Ward
    - Acute Inpatient
    - Rehab
- [we] know processes are being implemented

- Not as yet, because it is still being formulated (in process)

- No current protocols, however need to

14) Does your service have protocols for how to transport people to the 'SACAT treatment centre'?

- No fir NGOs – but guess liaise with AO
- Accompanied by health professional / Police / AO?

- No, SACAT is not operational and policies have not been finalised

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SA Act to mirror Legal MH Act transport protocols

15) Does your service have MOU's with local Police, District Court, NASCs etc?

- DHB has MoU
- NGOs no – with Police, courts, but some with residential services

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- Yes – long-standing MOUs

- MoU with Police
- Access to NASC should the need be determined (in MH team)

16) Does your service have suitably trained and qualified workers willing and able to fill the statutory roles under the Act?

a) Director Area Addiction Services
Sue

Yes

DAMHS

b) Authorised Officers
Norm, Nick, Caleb (SORTED)

Yes

Accessible through Triage for external organizations/families/whānau

c) Approved Specialists
Registrars?
Specialist GP?

?unsure

XXX

d) Responsible Clinicians
Current RCs?
Specialist AOD Clinicians?

Yes

XXX

17) Has your service identified workforce development and training needs specific to the needs of the Act?

- Yes – attending today

- Yes – identified need for SACAT training
- AO, AS, RC

- Expectation to continue on-going professional development / trainings, as they occur
- Specific training required of staff at the appointed treatment centre

18) Have you read the statutory role guidelines?

- Not good use of time – know basics, clear line of sight, who to contact
- Basics are relevant for clinicians in particular roles

- To obtain a copy of statutory guidelines for DHBs and NGOs

- Yes, although they are not all published
- Need to go to MOH website and look at guidelines

19) Have job descriptions, including potential remuneration, been prepared?

- No and Yes – no remuneration model developed with the exception of EOI

- No. Not needed

- No, we know what the role will look like, but they are not written yet
- Remuneration is unlikely

20) Has your service planned for workers in statutory roles to have dedicated time available to carry out their functions under the Act?

- No – too early – hard to plan for

- We don't know who has been appointed to positions – need to know who to contact

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- Going to have to do that – especially the AO roles

21) Is all of the workforce, including administrators and workers in related statutory roles (e.g. DAOs, DAMHS), aware of:

a) The implications of the Act
Yes – partly aware

XXX

No

b) How to engage with and inform applicants about how to use the Act

Yes – partly aware: still a lot of work to be completed

XXX

Not yet, but hopefully be 21st February they will know

c) Pathways for care following comprehensive assessment and capacity testing?
Yes – partly aware: still a lot of work to be completed

XXX

Not yet, but hopefully be 21st February they will know

22) Does your service know where to access the SACAT Act administrative forms?

- XXX

- No forms to get yet

- No, but they will be on one place soon

23) Does your service have a model of care for people with severe substance addiction, impaired capacity and cognitive impairment?

- XXX

- BOPAS is looking at this. We would like to see Model of Care

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- Psychologists to test cognitive impairment
- Psychiatry
- Case Management

24) Does your service have a model of care for people with severe substance addiction who do not meet the criteria for the Act or who regain capacity?

- Youth AOD has a clear Model of Care – should be applied to adults

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- No. There is no service level agreements between agencies to see what pathway they go to, e.g. mainstream AOD, Kaupapa Maori services, etc

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- Engagement or referral to other services or family support

25) Is your service and workforce able to inform 'partners' involved in enforcing the Act (e.g. GPs, Mental Health services, Police, Courts, District Inspectors etc.) of the intent and application of the Act?

- Public / Community expectations need to be managed. How will whānau be informed? Their expectations may not be met. "Different degrees of awareness" models for messaging
- Unless there is a good supply of beds available (for treatment) how stable is this? The act states that there must be a bed available before the act can be enforced
- Capacity to detain someone is limited + still a person can leave if they regain capacity
- Additional whānau support is needed

- XXX

- Lesley Watkins is planning road-shows to inform services

To Do List:

1) Establish a SACAT Steering Group (???)
   - Family (Maori Kaupapa) NGO
   - Area Director
   - GP (Primary Health)
   - AOs (rep)
   - Clinical AOD
   - SUI
   - Educators

   - Clinical Specialists – AOD, NGO
   - Legal representative
   - Whānau
   - Consumer
   - Iwi

   - Iwi leaders/reps
   - NGOs
   - DHB reps (MH, Addictions)
   - GP reps
   - Legal input
   - Consumer advocate
   - Police

2) Refine and make explicit, care pathways
   - Pathways - part of steering group role

   - Facility
   - Informing whānau and/or services available
   - Alternatives for consumer and whānau if do not fit criteria
   - Educate and inform GPs, NGOs, Hauora, Whānau, schools, knowledge of where to go

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   - XXX

3) Where will the roles (AO, AS, RC) be accommodated?
   - NGOs? Potential AOs and partners
   - (screening)

   - Community based – medical centres / community hub

   - Local Teams
   - Regional AOs (located in all areas – Opotiki, Whakatane, Coast, Murapara, etc…)

4) Explore Governance / Legal Issues
   - Options such as PPPR
   - (CYFs – children at risk, Oranga Tamariki, Whānau ora)
   - Supporting Parents Healthy Children
   - Transition from old act?
   - Drivers Licensing?

   - Meet requirements of SACAT
   - District Inspectors

- Advocacy – consumer and whānau

- XXX

5) Identify Training Issues

- Screening
- Criteria
- Assessment
- General Application of the Act
- Case Studies
- Identifying who needs training
- Standardised training package
- Mana Enhancing
- CEP
- General expectation Management
    - Roles
    - Responsibilities
    - The Act
    - Resourcing
- SUI at all levels – whānau also

- Sector wide training
    - Workshops
    - Online tools
    - Accessibility to AOs
- Liaison with Police

- Process Training
- Assessments
- Presentation / writing to the criteria

6) Ensure SUI, Whānau / Family involvement is robust

- Involved in steering group

- Governance through to community to clients
- Consumer consultation / consultants and whānau consultants
- Resource and inform whānau
- Cultural awareness
- Human rights are being recognized
- Forming relationships

- XXX

7) Communication to the field and throughout your DHB area

- Communication ongoing
- Ministry of Health Communication Strategy

- Resourcing Hauora, Medical Centres, Media, Websites, Social Media, Meet and Greet, Community Orgs

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- XXX

8) Engage the network

a) Primary Care / GP awareness of SACAT
   - XXX

   - Steering Group to lead local resourcing
   - Good access to AOs
   - Strengthening relationships: PHO, Kaupapa

   - XXX

b) Supporting Services (mapping and engagement)
   - XXX

   - Support of Networking Forum
   - Directory of Services of AOD & related services
   - Alliance with Peer and Whanau organizations

   - XXX

9) Test case scenarios to test treatment system issues
   - XXX

   - Training

   - XXX