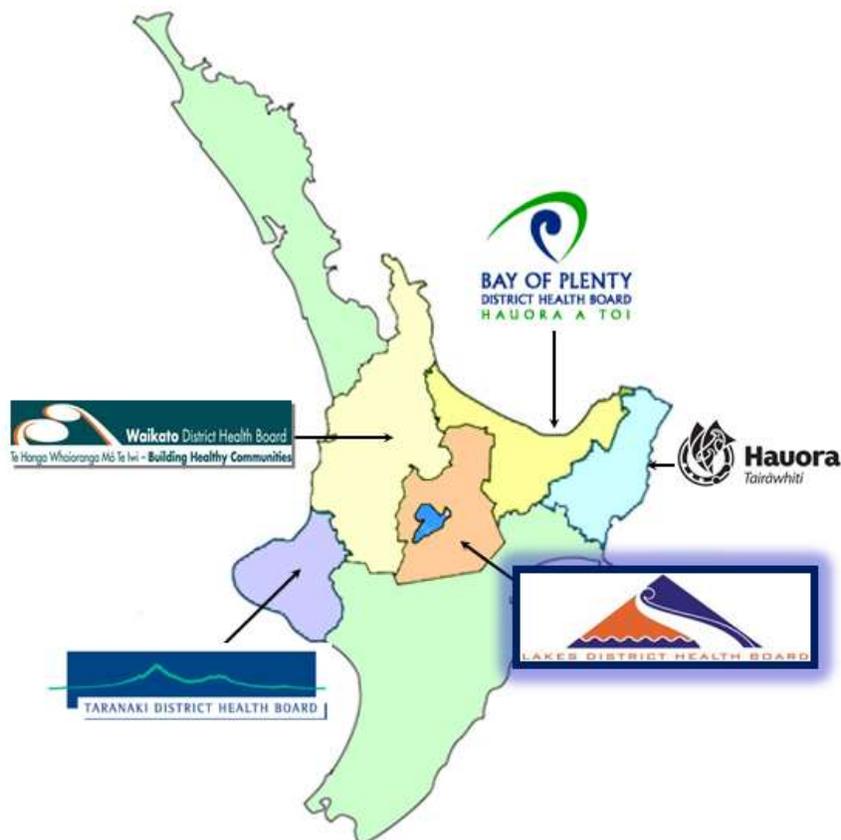


# Midland Regional Mental Health and Addictions Substance Addiction Compulsory Assessment and Treatment Act Implementation Workshop:

## Lakes District Health Board: Planning Document



**FINAL: November 2017**

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# Table of Contents:

<b>1. Introduction:</b> .....	<b>3</b>
<b>2. Key Findings:</b> .....	<b>4</b>
2.1 Strengths:.....	4
2.2 Areas for Improvement:.....	4
2.3 Opportunities:.....	4
<b>3. Planning Themes &amp; Recommendations:</b> .....	<b>5</b>
3.1 SACAT Steering Group: .....	5
3.2 Workforce:.....	5
3.3 SACAT Provision:.....	5
<b>APPENDIX 1: SACAT Workshop Attendance &amp; Evaluation Summary</b> .....	<b>7</b>
<b>Appendix 2: Full Workshop Commentary from Participants</b> .....	<b>9</b>

## 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.

A workshop was held in Lakes on 21 September, 2017. The workshop provided advance notification that the commencement of SACAT is imminent and drew participant's attention to issues that SACAT will bring. The workshop was attended by a total of 14 participants from NGOs (5) Kaupapa Māori Provider Services (5) and the Provider Arm (4). More 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 Lakes. Comments collated from the workshop evaluations have also been incorporated where appropriate. Full commentary from the workshop is recorded in [Appendix 2](#).

## 2. Key Findings:

### (Strengths, Areas for Improvement & Opportunities Analysis)

The Lakes MH&A sector workshop was attended by a diverse and capable workforce. It was to the detriment of the workshop that wider Provider Arm representation was not available and this undermined some of the sector's ability to contribute to the planning process.

#### 2.1 Strengths:

- The Lakes DHB area MH&A sector has a diverse and enthusiastic group of practitioners and related staff, who are able to communicate the issues for their whānau, accessing services and are creative in formulating responses to the challenges
- The perspectives of local Iwi were represented and considered within the workshop
- Service user and peer support perspectives were represented within the workshop
- A draft Addiction Model of Care was tabled and should form a starting point for Lakes.

#### 2.2 Areas for Improvement:

- Provider arm attendance was smaller than it could have been. Perceived lack of specific direction and information on process from a clinical governance perspective was a frequently recurring issue and a source of frustration for some participants
- There are examples of communications not being received. For example service users and whānau representation was are not visible in some aspects of governance
- There appears to be a lack of peer-support service provision (please note that this is not unique to Lakes DHB and is an issue that is across the Midland region).

#### 2.3 Opportunities:

- Treatment Pathways development work has been undertaken in March 2017, which responds to a number of issues that SACAT presents within Lakes. Continued development of that work provides a good opportunity for SACAT (and other pathway) implementation
- There are opportunities to develop overall provision whilst implementing the SACAT pathway. Fast Track<sup>1</sup>, Equally Well<sup>2</sup> and Supporting Parents Healthy Children<sup>3</sup> all have relevance to the SACAT and other kaupapa currently being discussed in the area.

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<sup>1</sup> <https://www.tepou.co.nz/resources/fast-track/817>

<sup>2</sup> <https://www.tepou.co.nz/initiatives/equally-well-physical-health/37>

<sup>3</sup> <https://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 Lakes have already addressed, it may simply be a matter of communicating the response to stakeholders in some instances.

#### **3.1 SACAT Steering Group:**

1. The SACAT steering group exists in principal, but needs formalisation and to be made visible to a wider group of stakeholders
2. The group would benefit from inclusion of all service providers (Provider Arm, Primary and NGO), Local Iwi, Whānau and Service Users representatives
3. It is hoped that the existing pathway development document and this document may also be used to inform the Implementation Plan
4. A draft Addiction Model of Care was tabled and should be considered by the Steering Group in readiness for SACAT start date.

#### **3.2 Workforce:**

Lakes DHB would benefit by incorporating the following issues into the local Workforce Plan:

1. Ensure that all practitioners and related workers complete the Matua Raki on-line training module – Introduction to the Substance Addiction Act 2017<sup>4</sup>.
2. Where practitioners have a more ‘hands-on’ role in SACAT, ensure that the MoH / Matua Raki SACAT process presentation and role descriptions have been read and understood
3. 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
4. Service User Involvement could have a more active input into planning and delivery. Te Pou o Whakaaro Nui are currently developing a Peer Support Workforce work-stream ‘Fast Track’<sup>5</sup> that may assist in this area.

#### **3.3 SACAT Provision:**

1. Lakes DHB Provider Arm needs to take a more active role in developing the SACAT pathway. Successes in this area can easily become a template for development of other pathways

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<sup>4</sup> <https://www.matuaraki.org.nz/initiatives/introduction-to-the-substance-addiction-compulsory-assessment-and-treatment-act-2017/183>

<sup>5</sup> <https://www.tepou.co.nz/resources/fast-track/817>

2. Communication Plans for accessing the statutory SACAT roles need to be developed and implemented – there are ‘key messages’ and other related SACAT documents<sup>6</sup> available on the MoH website, which is being frequently updated
3. Lakes 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 etc.
4. Equally Well<sup>7</sup> is an initiative developed by Platform and Te Pou o Whakaaro Nui aimed at improving health outcomes for people with MH&A issues. Lakes 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.

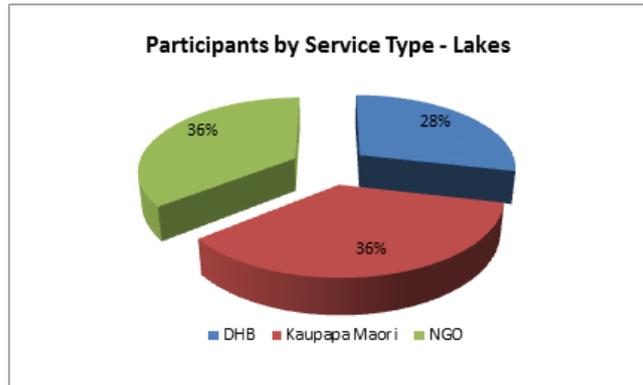
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<sup>6</sup> <http://www.health.govt.nz/our-work/mental-health-and-addictions/preparing-commencement-substance-addiction-compulsory-assessment-and-treatment-act-2017/substance-addiction-compulsory-assessment-and-treatment-act-2017-resources>

<sup>7</sup> <https://www.tepou.co.nz/initiatives/equally-well-physical-health/37>

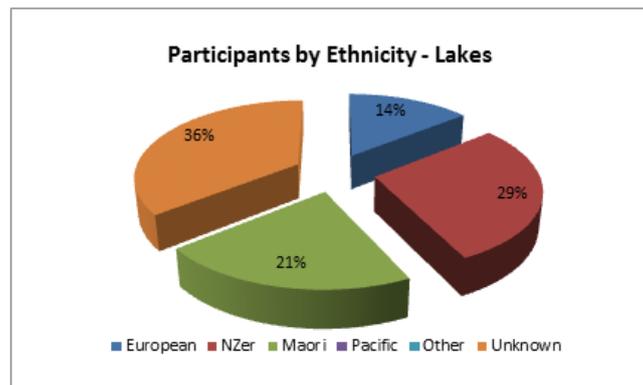
# APPENDIX 1: Midland SACAT Planning and Implementation Workshop Attendance and Evaluation Responses (Lakes)

The workshop was attended by a total of 14 individuals from a range of providers, including Lakes DHB, ARC Counselling - Taupo, Link People and Te Utuhiua Manaakitanga Trust.



Service Type		
D	DHB	4
K	Kaupapa Maori	5
N	NGO	5

There was a good spread of ethnicities represented, reflecting the make up of the area, although the Pasifika population was noticeably not represented.



Ethnicity		
E	European	2
NZ	NZer	4
M	Maori	3
P	Pacific	
O	Other	
UN	Unknown	5

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

**Table 1: Aggregated Responses:**

Total Participants / Evaluations

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	0	0	6	0	5	0	2	3.692308	
Content was what I expected	0	0	2	0	7	0	4	0	0	3.153846	
Is directly applicable to my job	0	0	1	0	8	0	2	0	2	3.384615	
I found value in the resource materials	0	0	2	0	3	0	6	0	2	3.615385	
Facilitator	1	1.5	2	2.5	3	3.5	4	4.5	5		
Overall Rating	0	0	1	0	1	0	8	0	3	4	
Demonstrated knowledge of content	0	0	0	0	6	0	3	0	4	3.846154	
Generated my interest in the content	0	0	1	0	4	0	6	0	2	3.692308	
Instructors interest in participant	0	0	0	0	3	0	5	0	5	4.153846	
Process / Environment	1	1.5	2	2.5	3	3.5	4	4.5	5		
Registration process was easy	0	0	0	0	2	0	4	0	7	4.384615	
Location	2	0	1	0	2	0	2	0	6	3.692308	
Facility where forum / meeting delivered	1	0	1	0	2	0	2	0	6	3.916667	
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	3	0	3	0	6	4.076923	
My co-participants were actively involved	0	0	0	0	4	0	4	0	4	4.153846	
I feel confident to be able to feedback to others	0	0	0	0	4	0	4	0	4	4	

**Table 2: All comments from evaluation questions:**

What did you find most interesting?	What would you like more info on?	Any further comments	Would you recommend to others?
Local input, local ideas	Want more specific direction / information / on process from DHB	Clarity ?? MOC info asap would be good	AOD Practitioners
To do list presentation	Detainment directors in place, AO in place	Lets get specific and put pressure on MoH to move it	Wider team
All	Ongoing training	In time - will just gergitate on what was discussed today	
That there are key components still not defined mainly 'capacity' and how do you define this if person can't be intoxicated or withdrawing	More specific info 'What have to do'	No clear pathways yet and act is in a few months - movement is needed	
Cross services information, collaboration across services	It was fine for what the workshop was about		
Good to see where the gaps are	Clear definitions / clear requirements to enact the Act		
All challenges are the same	Definite terms - a clear pathway		

## Appendix 2: Full Workshop Notes: SACAT - IMPLEMENTATION CHECKLIST: LAKES DHB

- 1) Does your service have processes in place to manage applications from February 2018?
  - DHB – AD – allocate AO/AS
  - ARC – AO/AS to be specified
  - TUM – AO/AS to be specified
  - Need a flow-chart
- 2) Is your workforce knowledgeable and skilled about engaging with family and whānau?
  - Yes
- 3) Is your workforce able to provide mana-enhancing care?
  - Yes
- 4) Does your service have workers trained and able to carry out comprehensive assessments?
  - Yes
- 5) Does your service have workers trained and able to assess 'capacity'?
  - Who?
  - Criteria?
  - How?
  - Need training
  - Define who
- 6) Does your service have agreements in place with services that have workers/specialists trained and able to assess capacity?
  - No
  - Formal agreements
  - Flow-chart
- 7) What arrangements will you need to have in place to access general health assessments, or multi-disciplinary teams?
  - Primary Care
  - Limited
  - Taupo/Turangi - good
- 8) Does your service provide or have access to managed withdrawal facilities and clinicians?
  - DHB – yes
  - ARC – yes
  - TUM – yes
  - Still tricky – pathways not signed off
- 9) What arrangements will you need to have in place to access managed withdrawal facilities and clinicians?
  - (same as for #8)
- 10) Does your service have workers trained in assessing cognitive impairment?
  - Yes – but limits
- 11) Does your service have workers trained in the use of the PPPR Act?

- TUM – no
- ARC + colleague
- DHB - yes

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

- Sort of

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

- No
- Having dedicated staff to develop protocols once training rolled out (collaboration across the services as each service will have designated roles and follow the treatment centre pathway
- Referrer and referee need to agree collectively what the treatment pathway will be

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

- No
- Depends on whether Police need to be involved
- Liaison between RC, AO, Police if necessary for safety reasons
- Probably AO accompanies client / whānau

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

- At present yes, but not specifically for this act

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
  - Yes
- b) Authorised Officers
  - Yes
- c) Approved Specialists
  - Yes
- d) Responsible Clinicians
  - Yes

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

- Yes

18) Have you read the statutory role guidelines?

- Yes/No

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

- No
- Organisation / HR / unions will need involvement to develop

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

- No
- Organisation / HR / unions will need involvement to develop

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

- No

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

- No

c) Pathways for care following comprehensive assessment and capacity testing?

- No
- Yes/No

- Staff will need training before the act is rolled out
- Roll out e-learning to all staff within organisations

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

- Yes/No
- (as above) Staff will need training before the act is rolled out
- (as above) Roll out e-learning to all staff within organisations

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

- No
- Integrated care plan

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?

- Lifewise
- Te Utuhina Manaakitanga Trust
- Te Whare Oranga Ngakau

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?

- Yes

## To Do List:

- 1) Establish a SACAT Steering Group (???)
  - Yes! We want!
  - Can build on the pathways work completed March 2017
  - Needs to include reps from
    - each service provider
    - primary care
    - possibly other agencies e.g. WINZ, Police, Justice
    - Cultural leadership (Te Arawa / Tuwharetoa)
  - Joint Leadership Model: DHB / NGO
- 2) Refine and make explicit, care pathways
  - Pathway development report needs to be ratified and prioritised by steering group
- 3) Where will the roles (AO, AS, RC) be accommodated?
  - ? Area Director and AO/AS sit in own services
  - Collective arrangement
  - ? regular get-togethers
  - Should all counselors be AO? AS? RC?
  - All still very grey – roles aren't that well defined
  - Need case scenarios in prep for go live
- 4) Explore Governance / Legal Issues
  - Lakes needs a sector-wide governance group representative and expert in all things MH&A that feeds into good local planning
  - Use of DHB legal team to inform any legal issues that arise – PPPR act – access to advocacy
- 5) Identify Training Issues
  - Training for RCs and other statutory roles – ongoing for a period of time
  - Using regular get-togethers to review case studies, learnings
  - ? admin training / implementation of process
  - Forms ready
- 6) Ensure SUI, Whānau / Family involvement is robust
  - Have people who could be involved
  - Need to be coordinated to participate
  - May need some putea to support
  - Need to lift profile of SUI and Whānau
- 7) Communication to the field and throughout your DHB area
  - Role out for governance to have a strategy to get information out
  - Bi-annual get-together of AOD sector
- 8) Engage the network
  - a) Primary Care / GP awareness of SACAT
    - Steering Group: Presentation to GPs / Practice Nurses
    - Map of Medicine being done for AOD/Detox/SACAT
    - Engage the 2 PHOs
  - b) Supporting Services (mapping and engagement)
    - WINZ - getting people / whānau to treatment
- 9) Test case scenarios to test treatment system issues

- Regular group
- Meeting before the act actually comes into force