

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

Taranaki District Health Board: Planning Document



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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 Taranaki on 21 September, 2017. The workshop provided advance notification that the commencement of SACAT is imminent, drawing participant's attention to issues that SACAT will bring. The workshops were attended by a total of 39 participants from the DHB (28), Kaupapa Māori Provider Services (7) and NGOs (4). More details regarding participation are available in [Appendix 1](#).

The following report summarises the commentary from the workshops and recommends actions that will support the implementation of SACAT in Taranaki. 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)

Taranaki's MH&A services have good leadership and enjoy positive engagement from DHB & NGO management and practitioners, as well as from supporting services. However, there was some room for increased shared-practice that may offer better outcomes for whānau accessing services. There was an agreement that there was room for development in this area. Whilst there were some practitioners who understood the SACAT, others expressed a lack of understanding about its implications and the need for further workforce development was noted.

2.1 Strengths:

- Identified Project Lead
- Positive engagement from DHB & NGO management and most practitioners and support services
- Good cross-section of providers and management indicated that they would be willing to undertake the tasks
- Positive buy-in from wider than core treatment providers. It was particularly positive to see representation from Primary Health and NZ Police
- New service user involvement/peer support (this role will require support and strategic mentoring).

2.2 Areas for Improvement:

- There were pockets of practitioners who appeared to be operating in silos – this was demonstrated by a lack of understanding of other services/provision that can support treatment
- There is a shortage of service user and whānau involvement workers – particularly with 'hands on' skills and experience
- There were challenges from some practitioners regarding working with Service User, Peer and or Whānau Support services - this may be due to a lack of understanding about the roles and how they can facilitate and support treatment
- There were some challenges in dialogue between Provider Arm and NGO staff
- Whilst there were some practitioners who understood SACAT, others expressed a lack of understanding about its implications - several had not undertaken the Matua Raḡi on-line training¹ as had been requested.

2.3 Opportunities:

- SACAT presents an opportunity for informed debate around shaping of the treatment environment in Taranaki
- Whilst the number of vacancies within the Community Alcohol and Drug Team was seen as challenging, there is an opportunity to build a strong and dedicated team of Alcohol and Drug treatment professionals – this presents a chance to shape provision that can contribute to meeting local need for the foreseeable future
- Similarly, vacancies in the DHB service user and whānau involvement roles will allow Taranaki to shape provision more easily to support SACAT.

¹ <https://www.matuaraki.org.nz/initiatives/introduction-to-the-substance-addiction-compulsory-assessment-and-treatment-act-2017/183>

3. Recommendations:

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

3.1 SACAT Steering Group:

1. A 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 (DHB, NGO and Primary), Local Iwi, relevant Stakeholders, Whānau and Service Users representatives
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.

3.2 Workforce:

Taranaki DHB would benefit by developing a Workforce Strategy that addresses the following issues:

1. All practitioners undertake the Matua Raḷi on-line SACAT training². Those with statutory SACAT roles should also familiarise themselves with the Statutory Role Guidelines³ and other related resources developed by Matua Raḷi and the Ministry of Health (MoH)
2. Case Studies can be developed to test the SACAT pathway to ensure that it meets the needs of whānau utilising it
3. There will be a series of SACAT specific regional trainings to follow the Planning and Implementation sessions:
 - a) Mana Enhancing Practice (13 November 2017), to be provided by MRMH&A and Te Rau Matatini
 - b) Assessment (focussing on Cognition and Capacity), provided by Matua Raḷi – to be confirmed
 - 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. Taranaki DHB may also wish to review its Supporting Parents Healthy Children status alongside of this.

3.3 SACAT Provision:

1. Statutory Role Descriptions, capacity and accommodation need to be aligned to the MoH guidelines and be operational as a matter of priority
2. Communication Plans for accessing the statutory SACAT roles need to be developed and implemented – there are ‘key messages’ and other related SACAT documents available on the MoH website, which is being frequently updated

² <https://www.matuaraki.org.nz/initiatives/introduction-to-the-substance-addiction-compulsory-assessment-and-treatment-act-2017/183>

³ <https://www.health.govt.nz/our-work/mental-health-and-addictions/preparing-commencement-substance-addiction-compulsory-assessment-and-treatment-act-2017>

3. There is a need for planning around capacity/cognition assessment, including what constitutes capacity, where the assessors will be, their availability and how to book assessments with them
4. Service user involvement could have a more active input into planning and delivery. Te Pou o Whakaaro Nui is currently developing a Peer Support Workforce work-stream 'Fast Track'⁴ that may assist in this area.

This in turn could develop a process to facilitate a Peer Support mapping process and or needs assessment for the area.

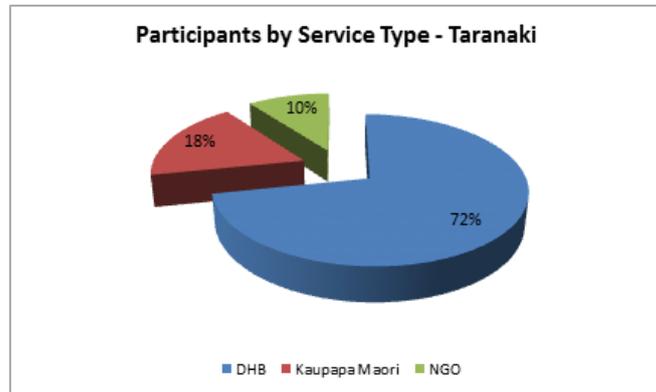
5. Service User and Whānau involvement in strategic planning groups
6. Review and work towards achieving a coordinated, interagency Model of Care for local delivery of Addictions Services
7. Equally Well⁵ is an initiative developed by Platform and Te Pou o Whakaaro Nui aimed at improving health outcomes for people with MH&A issues. Taranaki MH&A have commenced work in this area. Ensuring that SACAT is included in the work undertaken to date would add value to the continuum of care
8. Memorandums of Understanding (MOUs) with local Medical Wards, Emergency Department, Police, District Court, NASCs etc. need reviewing, updating and formalising. Commence with a list of desired supporting services and commence negotiations to complete by February 2018.

⁴ <https://www.tepou.co.nz/resources/fast-track-summary-paper/839>

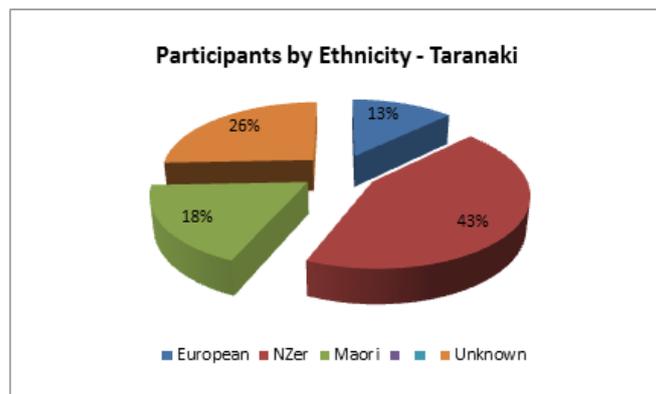
⁵ <https://www.tepou.co.nz/initiatives/equally-well-physical-health/37>

Appendix 1: Midland SACAT Planning and Implementation Workshop Attendance and Evaluation Responses (Taranaki)

The workshops were attended by a total of 39 individuals from a range of providers, including TDHB, Tui Ora, The Salvation Army, NZ Police and Pathways.



Service Type		
D	DHB	28
K	Kaupapa Maori	7
N	NGO	4



Ethnicity		
E	European	5
NZ	NZer	17
M	Maori	7
P		
O		
UN	Unknown	10

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

Table 1: Aggregated Responses:

Total Participants 36
 Total Evaluations 32
 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	14	1	10	0	6	3.73	
Content was what I expected	0	0	1	0	14	1	10	0	6	3.67	
Is directly applicable to my job	0	0	0	0	13	1	13	0	5	3.73	
I found value in the resource materials	0	0	0	0	11	1	12	0	7	3.85	
Facilitator	1	1.5	2	2.5	3	3.5	4	4.5	5		
Overall Rating	0	0	0	0	4	0	21	1	6	\$4.08	
Demonstrated knowledge of content	0	0	0	0	5	0	18	1	8	\$4.11	
Generated my interest in the content	0	0	0	0	9	0	15	1	7	\$3.95	
Instructors interest in participant	0	0	0	0	5	0	18	1	8	\$4.11	
Process / Environment	1	1.5	2	2.5	3	3.5	4	4.5	5		
Registration process was easy	0	0	0	0	5	0	14	0	13	4.25	
Location	0	0	0	0	4	0	15	0	13	4.28	
Facility where forum / meeting delivered	0	0	0	0	5	0	13	0	14	4.28	
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	0	0	7	0	15	0	10	4.09	
My co-participants were actively involved	0	0	0	0	7	0	17	0	8	4.19	
I feel confident to be able to feedback to others	0	0	0	0	7	0	16	0	8	4.03	

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?
Introduction to new Act	Good to hear input from clinicians & Māori Rāhui representative	More detail new Act	Thank you
Issues were well debated	The Act itself	Act wording	Very good, look forward to more
Esela spoke well at end - common sense & encouraging	Depth and complexity of the SACAT - ADD is an increasing area needing resources + workforce development & education	How to best inform GP community in Taranaki about the new Act	I expected something different
Conversations with other services	How much more there is to learn in such a short timeframe	Group sessions with other community organisations	Keen to share resources when available to improve knowledge & process in community
Clarification re current issues and areas requiring support/work	Capacity requirements	Enjoyed the mix of people and discussion	Issues with clarity about role out of the Act capacity workshops
I couldn't previously see how SACAT might work. It clarified that my hunch was correct! Infrastructure support is not there	Everything, especially resourcing	Administration process	I can't see how any of who will be ready by Feb 2018
The gaps. Great discussions in regard and still left wondering exactly how this will work given lack of resources	Consent, participant, topic	On line training. National approach required where Midland / HealthShare can play a bigger role	Continued training will be helpful and examples of service users that will meet criteria. ie. Case study/example
Many indefinite for something due to be initiated in February 2018	Over picture of Act. Good discussion identifying gaps and work to be done prior to February 2018	Further as mentioned on capacity / cognitive / PFFR	Capacity assessment
A lot of questions unanswered	Further information on SACAT process	Assessing capacity and cognition	Capacity & cognitive assessment plans
Urgency to get processes sorted	Excellent having training I can attend as a local, thank you	More clarification on implementation of SACAT within our particular environment	Too much uncertainty
Thought provoking. Generated discussion & more questions than answers, but has an idea where to start now	Good overview	The actual SACAT act	Please continue bringing training to TDHS
Was really handy having Esela here as well. More conversations had the more angst over the unknown. Not insurmountable but definitely challenging. Steve is very knowledgeable & supportive so good value for the Midland team	Good overview, good networking	The training itself, no logistic of transport, cars provision	Keen for more unsure what it will mean for role
The fact that there are many questions posed as answers. Good networking happening	Acknowledging how un-prepared our area is for implementing SACAT		As discussed lots of local support needed from Slava / national WFD agencies for Taranaki. Geographically at a disadvantage
			There are more questions than answers

Appendix 2: Full Notes: SACAT – IMPLEMENTATION CHECKLIST: TARANAKI

(AM Session ---- PM Session)

- 1) Does your service have processes in place to manage applications from February 2018?
 - Starting process developing talking about training part of this
 - Clinical Director met with interested parties, e.g. Bridge Manager and Planning & Funding
 -
 - Yes
 - It would be helpful if MoH created generic procedure / forms / pamphlets, etc., so each DHB not creating their own, but can amend if needs be for own area

- 2) Is your workforce knowledgeable and skilled about engaging with family and whānau?
 - Yes we are knowledgeable – has been part of our mahi
 -
 - Yes
 - We had an A+D family advisor, but not anymore ☹

- 3) Is your workforce able to provide mana-enhancing care?
 - Workforce has provided mana-enhancing care
 -
 - Yes

- 4) Does your service have workers trained and able to carry out comprehensive assessments?
 - Yes
 -
 - Yes
 - A&D Clinicians
 - DAPAANZ registered
 - Clarify HPCA, DHB and MoH

- 5) Does your service have workers trained and able to assess 'capacity'?
 - Some equipped but will need up-skilling
 -
 - Yes
 - Have Doctors
 - Some done MOCA
 - Need training delivered at TDHB or not able to attend

- 6) Does your service have agreements in place with services that have workers/specialists trained and able to assess capacity?
 - Not yet – need to be clearly defined and develop accurate tool to measure
 - Clarify responsibilities – what roles Key Workers, etc. play (refer to HPCA Act) DAPAANZ accredited?
 - (re who re-assesses capacity and what process) Question on change in capacity and alternative necessary intervention e.g. rest-home
 -
 - Yes: Odyssey, Tui Ora
 - What about with intoxicated person? Capacity fluctuates

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

- Equally well Action Plan - google and read up
- having a physical health plan
- Access to GP
- Ensure that appropriate specialists assess the client's physical health and are able to offer treatment options

- Yes
- People often cannot afford GP visit, or not have GP and need medical certificate every 28-days and often have no income

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

- Yes: detox withdrawal management bed - access via ED – transfer to medical ward
- Engage with Specialist Detox Nurse

- Limited

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

- Increase expertise in AOD Teams
- Formalizing Medical Pathway

- Available bed-space
- funding
- clinicians
- workforce

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

- Refer to Psychologist for testing

- Yes
- A&D do
- Doctors and Psychologists – MHSOP Team
- All Intake and Consult Nurses do simple screening
- Mehna Reki, Jamie Berry MOCA Training (2 AoD Counsellors did this)

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

- XXX

- Training needed
- AoD - no
- MMSHOP Yes
- Social Workers – some
- MHSOP and Accept (7-65-year olds only)

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

- XXX

- Yes - everyone does
- AoD - no
- MMSHOP Yes

- Social Workers - some

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

- No - under development

- In process
- Yes, but where is SACAT Treatment Centre?

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

- General transport policies

- Yes. all do
- Yes - service-wide protocols
- Yes - transport patient travel
- Homelessness is major issue locally – women and men sleep rough, only a men's shelter, nil for women

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

- General MoU with Police

- MOUs may need developing
- Informal networks exist
- Not sure who with
- Will need updating for SACAT
- Service lacks plan for delivery and communication with workers as clinical conference and feedback to AOD service members is a gap

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

- Yes – suitably trained and qualified people
- a) Director Area Addiction Services
Sharat
- b) Authorised Officers
Members of AOD Team
- c) Approved Specialists
Vicki
new Doctor
could be Psychologist, CNS
- d) Responsible Clinicians
Every Clinician
generally Doctors here

- Yes
- Ensure organisation doesn't become more hierarchical, medical and less therapeutic and respect all disciplines
- How does the organisation support staff health burn-out? Ie, flexi-time / mental health days for wellbeing, stress management? All of this makes private working appealing where earn a week's wage in one day!

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

- AOs training need
- AS training need
- Yes - identified workforce

- Yes
- Training needs to be completed for all
- Starting

18) Have you read the statutory role guidelines?

- XXX

- Yes and No

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

- NO - HR management funding and planning
- No money

- No - starting to talk
- Not aware of any additional FTE & worrying as already work without pay/OT to complete current workload / no break / lunch / weekends and have long waitlist / high demand

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

- Not at NGO sector not even really prepared as staff at THB or NGO

- No

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
- b) How to engage with and inform applicants about how to use the Act
- c) Pathways for care following comprehensive assessment and capacity testing?

- Kind of... Online training and general discussion
- Pathway between community services and specialist services and admin team
- Individual pathways and shared pathways need clarification
- Withdrawal management and step-up/step-down care

- All new – some don't
- Starting

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

- MoH website
- SACAT admin coding – stats legal status, familiarize with new codes
- Timeframe

- DAHMS Secretary
- No

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

- GPs MH interventions

- WINZ local supports/respite
- There are a number of models we use: Wheel of Change, Pre Treatment, early treatment, middle treatment, late treatment – self determination, autonomy, culturally appropriate care, building rapport, engaging whānau
- Good access Specialist in Addiction Psychiatry
- Withdrawal Management and OST therapy
- Inpatient treatment programmes to refer

-
- Nova, Rest Home
 - MDT approach
 - Make Plan
 - Yes - not comprehensive
 - Pathways mobile support worker / supportive accommodation = current helping with 64-y/o that would be borderline for cognitive impairment / capacity
 - No facilities or AOD psychologist but work with MSHOP / OT – nurse / AOD Psychiatrist

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?

- Yes – see prior response

-
- Not yet, but will be
 - Yes – existing service

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?

- Not set-up yet – network’s there, not sure how it will evolve or what will be necessary

-
- Potentially

Other Comments

- Nil
-
- Managing expectations
 - E-referral from Primary Care? Needs extension in online with AOD map of medicine
 - Needs at secondary level
 - Need to keep/build counsellors AOD practitioners in AOD service provision/delivery ie fund/training as will lose experience and expertise if leave this out of plan
 - Clarify DAPAANZ & HPCA & SACAT roles and DHB & include DAPAANZ in current/future recruitment / job descriptions / MoH acknowledgement
 - Need treatment centres close to home for whānau involvement /mana enhancing treatment delivery
 - Used to have short-term emergency placement – not for detox, but helpful to prepare people for residential
 - Need more technology resources for efficient online assessment / treatment plan
 - What do we do for people who walk-in on duty and want somewhere to place themselves or loved one and challenge for service delivery with high volumes of demand and a lack of FTEs and experienced staff recruitments / applicants

To Do List:

1) Establish a SACAT Steering Group (???)

- Authority
- Stakeholders: TOL, Pathways, Probation (?), Sallies, Planning & Funding, Pinnacle, TDHB MH&A, Ed and Medical, Police, SUI, Whānau Involvement
- TPW admission – other alternatives(?)
- Medical detox timeframes – 3-5 days vs. 2/52
- Need to clarify resources, funding, etc - pre-pathways, duty of care re service provision
- Communication plan
- Steering group vs. Focus group

2) Refine and make explicit, care pathways

- Existing Tangata Whaiora pathway for all AOD Act
- Pathway for new Tangata Whaiora for SACAT
- 5-day detox – Salvation Army
- Facility to Gazette locally (??) – need medical cover for physical e.g. IV for 2/52

3) Where will the roles (AO, AS, RC) be accommodated?

- AO – TDHB & TOL (Sharat, Vicki, Peni trained – no known nominations)
- Communication Plan
- Map of Medicine

4) Explore Governance / Legal Issues

5) Identify Training Issues

- As above
- Who? – support AOD clinicians SUI/Whānau
- What does Taranaki sector need?
- Information sharing
- Series of workshops from regional view
- Mana enhancing practice
- Capacity / cognition assessment
- Criteria of the Act
- Managing expectations

6) Ensure SUI, Whānau / Family involvement is robust

- Education re aim / criteria
- Manage expectations
- ? Whānau involvement – attempts to
- Involvement in pathways, etc

7) Communication to the field and throughout your DHB area

8) Engage the network

- a) Primary Care / GP awareness of SACAT
- b) Supporting Services (mapping and engagement)

9) Test case scenarios to test treatment system issues