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

Waikato 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 Waikato on 24 and 26 October, 2017. This provided advance notification that the commencement of SACAT is imminent and drew participant's attention to the issues that SACAT will bring. The workshops were attended by a total of 47 participants from the Provider Arm (28), NGOs (13) and Kaupapa Maori Provider Services (06). 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 Waikato. 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 Waikato district has a vibrant and diverse MH&A treatment sector that benefits from the experience of a wide range of professions. Integrating the provider arm and community sector more would lead to even better outcomes for whānau accessing services in the area.

2.1 Strengths:

- Waikato Provider Arm has strong and talented leadership across its local continuum of care. It is well placed to develop the SACAT pathway
- The sector is well supported by Kaupapa Māori provision, adding a crucial dimension to service delivery for whānau
- The NGO sector is strong and provides good, community intelligence that will support SACAT.

2.2 Areas for Improvement:

- There was some confusion about what local 'key leaders' were doing in terms of implementation. It became apparent that, whilst there have been SACAT related discussions, this has not been formally communicated. There were pockets of the treatment continuum who knew little of SACAT and its implications for their services
- Service user involvement and peer support services were not represented at the workshops. It also became apparent that service user involvement is weighted towards mental health and under-developed in substance misuse related service provision.

2.3 Opportunities:

- Waikato DHB's new Interim CEO coming from a MH&A background will ensure that MH&A will enjoy sound clinical support. Moving toward Waikato's 'one plan' approach, should ensure a higher level of integration and coordinated delivery.

3. Recommendations:

3.1 SACAT Steering Group:

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

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

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

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

3.2 Workforce:

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

1. Ensure that all MH&A practitioners and related workers complete the Matua Raḵi on-line training module[1] for SACAT

2. Where practitioners have a more 'hands-on' role in SACAT, ensure that the MoH and Matua Raḵi 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 Raḵi Regional and National workshops specific to implementing the Act and developing the statutory roles

4. Service User Involvement may benefit from Te Pou o Whaakaro Nui work on the Peer Support Workforce work-stream [2]'Fast Track'

5. There will be a series of SACAT specific regional trainings to follow the Planning and Implementation sessions:
   a) Mana Enhancing Practice (November 2017 – now completed), to be provided by MRMH&A and Te Rau Matatini
   b) Assessment (focussing on Cognition and Capacity), provided by Matua Raḵi and supported by MRMH&A – 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. Waikato 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 developed and 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[3] available on the MoH website which are being frequently updated

[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. There is a need for planning around capacity and 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 are 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. Ensure that SACAT is included in all facets of the review currently being undertaken by the Provider Arm

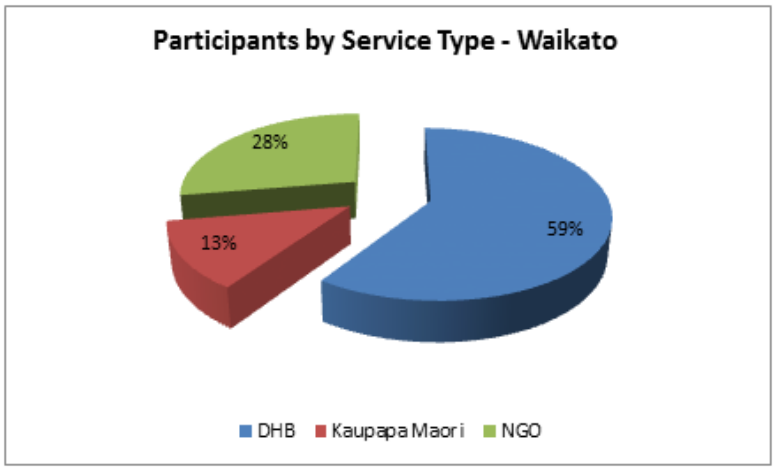
7. 'Equally Well'[5] is an initiative developed by Platform and Te Pou aimed at improving health outcomes for people with MH&A issues. Waikato MH&A have undertaken work in this area. Ensuring that SACAT is included in the work undertaken to date would add value to the continuum of care

8. Memorandums of Understanding with local Medical Wards, Emergency Departments, Primary, 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.

[3] 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
[4] https://www.tepou.co.nz/resources/fast-track-summary-paper/839
[5] https://www.tepou.co.nz/initiatives/equally-well-physical-health/37

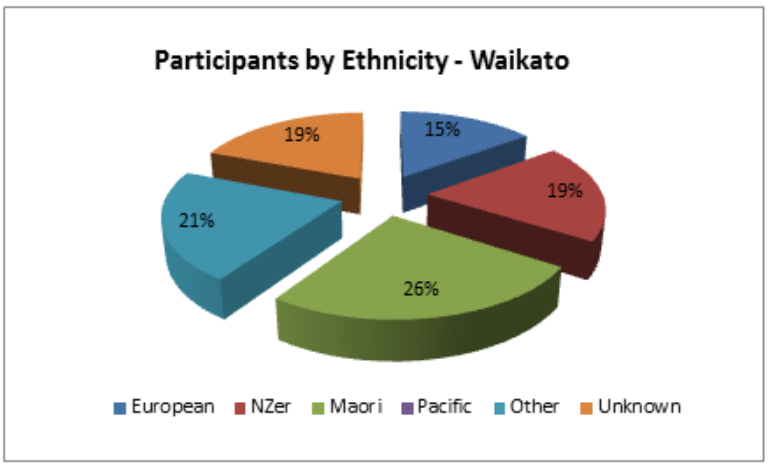
Appendix 1: Midland SACAT Planning and Implementation Workshop Attendance and Evaluation Responses (Waikato)

The workshops were attended by a total of 47 individuals from a range of providers, including Waikato DHB, Care NZ, Paiake Solutions, SF Waikato, The Salvation Army, Cambridge Community House and The Alcohol and Drug Community Support Trust.



Service Type		
D	DHB	28
K	Kaupapa Maori	6
N	NGO	13

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	7
NZ	NZer	9
M	Maori	12
P	Pacific	
O	Other	10
UN	Unknown	9

The following table shows participant responses to the evaluation questionnaire at the end of the workshop:

Registrations	**48**
Total Participants	**46**
Total Evaluations	**43**
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	15	0	15	0	9	3.67	
Content was what I expected	0	0	7	0	17	0	13	0	6	3.42	
Is directly applicable to my job	2	0	8	0	12	0	11	0	9	3.40	
I found value in the resource materials	0	0	5	0	11	0	15	0	10	3.73	
Facilitator	**1**	**1.5**	**2**	**2.5**	**3**	**3.5**	**4**	**4.5**	**5**		
Overall Rating	0	0	1	0	9	0	18	0	14	4.07	
Demonstrated knowledge of content	0	0	1	0	11	0	17	0	14	4.02	
Generated my interest in the content	0	0	2	0	8	0	19	0	14	4.05	
Instructors interest in participant	0	0	1	0	7	0	18	0	17	4.19	
Process / Environment	**1**	**1.5**	**2**	**2.5**	**3**	**3.5**	**4**	**4.5**	**5**		
Registration process was easy	0	0	1	0	6	0	22	0	13	4.12	
Location	2	0	1	0	8	0	18	0	14	3.95	
Facility where forum / meeting delivered	2	0	0	0	8	0	19	0	14	4.00	
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	2	0	8	0	18	0	14	4.05	
My co-participants were actively involved	0	0	2	0	14	0	19	0	7	4.10	
I feel confident to be able to feedback to others	0	0	2	0	14	0	18	0	7	3.74	

Full responses to evaluation questions:

What did you find most interesting?	What would you like more info on?	Any further comments
Structure of meeting	Government structure	Great opportunity for the sector to come together. But scary at how much work still needs to happen
Discussion around different agencies thoughts on where they are with the implementation	DHBs role in the Act	Thank you for the opportunity
Learning from others	More information on SACAT, however I understand at this time there's not enough information out there	I thought this course was unnecessary
Cross pollination, different services (???)`	I have good access thanks	Confusion & parking was terrible
The whole process of implementation & how this is going to affect our service, but also how interactive the process is being applied to DHB/NGO/Primary to initiate best outcomes	Further ongoing information & interaction	Good to be informed of ongoing training
Still a lot of unknown	Helpful, thanks	Would like more info shared within service about process & positions
Considering the preparation for services - new relevant to ?? services (0.5FTE contract AOD Provider in Cambridge	Act	Hard to feedback on something that hasn't happened yet
The content was not of interest to me and not new to me	On the new act and how implementation could occur	Needs more workshops for clarification of roles
The group discussion	Details about the district roles	More set plans / answers & rural focus
Talking about the act and keeping the momentum going	Capacity - funding	Excellent facilitation
Steve was fabulous	More in-depth re SACAT	The uncertainty of whole process and lack of resource in place
Co-ordinated, integration of services	Need time to integrate this process	Its hard to see where this fits and the usefulness of it
Hearing this again and becoming more familiar	Information regarding the process of SACAT	HBC Clinicians & family facilitation

What did you find most interesting?	What would you like more info on?	Any further comments
Discovering where we are as a sector with the act right now	Where the sector actually was in appointing roles	Apology for being late, bad parking
All information	Capacity assessments	Parking building was full
Presenter was enthusiastic & was informed, however not really training - would have liked it to be training rather than a workshop	The new act itself, what resources will be established as a result	Where was key leaders who are implementing?
Consumer & whanau representation as well as training those at the coal face, police, GP, AOD clinicians	Conditions leading to consideration of utilising compulsory treatment ie. Criteria	
No budget no clear way forward	Good networking - agreement across the sector	
Working in groups with other people / other services	DHB involvement and interest in being the provider of the treatment ???	
The open sharing of information / experiences from the clinicians at the table	No comment	
Participation in a group discussion	More clarity on the act	
All of presentation	How we meet housing needs	
The content of the session and the thoughts o other services present & being able to network	Hard to say, needs to be enacted, learn as we go	
Agreement round implementation being different due to capacity of agencies		
Group discussion about the implementation implications		
Good networking opportunities, similar questions & concerns as NGOs		

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

(24 October Session ---- 26 October Session)

1) Does your service have processes in place to manage applications from February 2018?
   - No = other services, ex. CADS, Care-NZ, Salvation Army
   - Yes = OPR1 MHSOP; Like MH Act we have the ability to put the applications in place. Limited number so we have the capacity.

   - Collaborative approach DHB & NGO
   - Terms of Reference
     - Inclusive of Whanau / Family Provider / Reps
     - Consumer Rights work / rep

2) Is your workforce knowledgeable and skilled about engaging with family and whānau?
   - Yes = all services

   - Pathway
     - Include Cultural workers / + legal advocate to support person and whanau thru care pathway.

3) Is your workforce able to provide mana-enhancing care?
   - Yes = all services, however difficult with SA(CAT)

   - Roles AO / AS / RC
     - Coordinated approach (4 clusters)
     - As many roles as required.

4) Does your service have workers trained and able to carry out comprehensive assessments?
   - Yes on a regular basis = other services
   - Yes = OPR1

   - Explore Governance? Consumer Rights Lawyer

5) Does your service have workers trained and able to assess 'capacity'?
   - No. Authorised Officers are currently being trained
   - Yes = OPR1 (GP's able to access 'capacity')

   - Training issues → GP / Police and current workforce.

6) Does your service have agreements in place with services that have workers/specialists trained and able to assess capacity?
   - No = CareNZ
   - Yes = CADS, Salvation Army

   - Ensure SUI – whanau
   - Need family whanau advocate and family facilitator

7) What arrangements will you need to have in place to access general health assessments, or multi-disciplinary teams?
   - We have these already → Always a GP
   - Have regular MDT's → CareNZ & Salvation Army don't have this

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- Communications – Systematic approach
- Database (SPE) – Steering Group

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

- We do, however not in a timely manner.
- We have clinicians where withdrawals can be managed.
- CareNZ → work with other services.

- Engage Network
  - Shared care approach / share information
- Pilot case studies in training.

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

- Greater funding $$
- Separate facilities
- Staffing
- Referral process → Midland →Beds (Chch)

- Youth withdrawal management beds needed
- Need more adult withdrawal beds

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

- Clinicians need to be more confident/need more training for initial cognitive screen & Ax.
- Some staff can already do this.

- Clinicians need to be trained / upskilled
- Psychiatrists – limited resource, stretched already

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

- Psychiatrists are
- 1 x SW

- Social workers focus is generalist addition
- Unsure of skill level

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

- We need more workers trained in PPPR – each team should have 1 x staff trained.

- Don't know, possibly in Mental Health team

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

- Not yet – waiting on National protocol.

- No
- Informal protocol, comp assessment, treatment plans, MDT, inpatient detox

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

- No – N.T.A will support this.
- SACAT coordinator (not yet appointed).

- Escorted?
- Needs to be clarified
- Case by case
- Hit and Miss
- Security

15) Does your service have MOU's with local Police, District Court, NASCs etc?
- Yes for MH Act – nurse stationed at Police Station.
- Will need to add sub-sections for SACAT
- Part time clinician

- Youth – yes
- CADS - no

16) Does your service have suitably trained and qualified workers willing and able to fill the statutory roles under the Act?
- Need to be trained
- Roles need to be defined
- Waiting on appointment of Director

a) Director Area Addiction Services
b) Authorised Officers
c) Approved Specialists
d) Responsible Clinicians

- Unclear at this stage
- Waiting patiently

17) Has your service identified workforce development and training needs specific to the needs of the Act?
- Recruiting staff
- Initial identification to roles
- Training staff – starting discussion

- No

18) Have you read the statutory role guidelines?
- CADS – Stat. Officer / roles
- CareNZ – Assess and refer on
- SFIMI – clinicians are informed and then refer on

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19) Have job descriptions, including potential remuneration, been prepared?
- No

20) Has your service planned for workers in statutory roles to have dedicated time available to carry out their functions under the Act?
- The workers are apart of the ongoing MOH training
- Other staff online training / team meetings about the Act.

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?

- MoH
- Matua Raki
- Te Pou

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22) Does your service know where to access the SA(CAT) Act administrative forms?

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

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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?

-

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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 through the development and implication of the Act process.

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Other Comments

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