

# Midland Regional Mental Health and Addictions Substance Abuse Compulsory Assessment and Treatment Act Planning Workshops

## Midland Region: Planning and Implementation Summary



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# 1. Executive Summary:

The Midland Regional Mental Health and Addictions (MRMH&A) Team have invested significantly in supporting the Midland District Health Board (DHB) areas 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. Part of the investment included a series of workshops designed to assess the readiness of the DHB areas to deliver SACAT. This report discusses the findings from the assessment and recommendations that will assist the DHB areas to implement SACAT locally.

**1.1 Key Issues and Recommendations** (Please note that whilst development in these areas is SACAT themed, the wider treatment continuum should also be kept in mind):

- a) The SACAT Steering Group in most of the DHB areas could be more formalised. The Steering Groups should include representation from local Iwi, service users and whānau, as well as other relevant stakeholders. Formal agreements on actions need to be circulated more widely in most instances
- b) SACAT themed workforce development needs to be prioritised. At a minimum, Matua Rāki's online training<sup>1</sup> should be undertaken by all practitioners. More SACAT role-specific training needs to be planned and delivered
- c) The Ministry of Health (MoH) are providing ongoing opportunities for consultation, workforce development and updated messages<sup>2</sup>. Local planning and funding leads need to regularly refer to the messages in order to stay up-to-date on a constantly evolving agenda
- d) The MoH in partnership with the National Workforce Centres (Matua Rāki, Te Pou o Whakaaro Nui, Te Rau Matatini and Werry Workforce Whāraurau) have simultaneous work-strands that will support the delivery of SACAT. These include Fast Track<sup>3</sup>, Supporting Parents Healthy Children<sup>4</sup> and Equally Well<sup>5</sup>. Consideration of SACAT in these developments (and visa-versa) will enable opportunities for joined up and integrated care.

A full set of SACAT issues and regional recommendations is available in [Sections 4](#) and [5](#).

The Midland Regional Mental Health and Addictions team would like to thank all of those who participated so meaningfully in the workshops. We trust that you will be able to see your thoughts and views reflected in the local reports. Furthermore, we hope that the reports assist you to develop and deliver more treatment, more effectively.

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

<sup>2</sup> <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>

<sup>3</sup> <https://www.tepou.co.nz/resources/fast-track-summary-paper/839>

<sup>4</sup> <https://www.health.govt.nz/publication/supporting-parents-healthy-children>

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

## 2. Introduction:

SACAT provides treatment services with the opportunity to examine not just the SACAT pathway, but the mental health and addictions treatment continuum of care 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 involved in and 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,
- The interface between Provider Arm and Community based service provision

The MRMH&A team 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. The workshops created an opportunity for the local sector to have input into planning and implementation.

The following report follows DHB level reports, previously distributed to key stakeholders in each DHB area and provides a Midland region level analysis of SACAT readiness. The report recommends actions that will support the implementation of SACAT in the DHB areas throughout the region. The findings are based on feedback obtained from the workshops and the earlier Addiction Model of Care consultation (2016). Assessment of the workshops by participants and discussion about the workshops and the rollout of SACAT at the Midland Regional Stakeholder Network meetings were also used.

### 3. Workshop Summary:

A total of 11 workshops were held throughout the Midland Region between September and November 2017. The workshops 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 196 participants from the Provider Arm (102), Kaupapa Maori Provider Services (59) and NGO and other organisations (35). Further details regarding participation are available in [Appendix 1](#).

#### 3.1 Workshop Aims

- 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
- e) Develop planning and implementation reports for each DHB area and for the Midland Region.

#### 3.2 Workshop Content

The workshops commenced by providing an overview of SACAT, the context and rationale for the new legislation and defining SACAT's place in the treatment continuum. A number of tools for analysing DHB area's readiness to deliver SACAT were discussed. The groups then broke into smaller groups to determine how they might develop services to respond to the issues that SACAT presents. There was then opportunity for discussion and for the facilitators to feed into development discussions.

All of the stakeholder input was then collected and collated for the DHB area and regional reports.

#### 3.3 Participant Feedback:

Formal feedback regarding the workshops was provided by 144 participants (73%). The feedback was overwhelmingly positive, scoring an average of 3.9 out of 5 across four criteria (Content of the Training, scoring 3.6/5; Facilitator; Process and Environment; and You the Participant, all scoring 4 out of 5 each).

Typical of the more positive comments were: *"New information on SACAT, valuable group discussions"* and *"Well presented – good intro to SACAT"*. Some of the challenges raised in the feedback were about the timescale of delivery: *"Many indefinites for something due to be initiated in February 2018"*; the environment *"Location difficult"* and practical issues in delivery *"Gaps are still there between DHB and NGOs"*. Where possible, the lessons regarding the workshops (environment, etc.) will be used to develop future workshops.

Feedback regarding practicalities in delivery has been incorporated into the Implementation Reports for local consideration. Full feedback commentary can be viewed in [Appendix 2](#).

### **3.4 Return on Investment:**

The overall cost of the workshops was \$4,142.88, averaging out at \$21.13 per participant.

The highest cost per person (\$48.02) was for Tairāwhiti, reflecting the travel and accommodation costs. The lowest cost per person (\$2.00) was for Waikato, where there was high attendance and very few overheads, as the facilitator is Waikato based. Full details of the return on investment can be viewed in [Appendix 3](#).

## 4. Key Findings:

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

Overall, the Midland region has a vibrant and diverse MH&A treatment sector that has a wide range of experience and professions. The depth of knowledge around the Act and preparedness for its impact on local delivery was described as commendable by the MoH at the regional SACAT Implementation meeting held on 15 November 2017. Integrating the provider arm and community sector more would lead to even better outcomes for whānau accessing services throughout the region.

#### 4.1 Strengths:

- a) There are positive examples of strong Māori leadership and an innovative community based workforce that provides and supports structured treatment to whānau and whaiora in the area
- b) The vast majority of practitioners demonstrate enthusiasm for and commitment to working with whānau with MH&A challenges
- c) There is an overall enthusiasm for learning opportunities in the sector.

#### 4.2 Areas for Improvement:

- a) In each area, SACAT steering groups need further development and, in most instances, formalisation to provide strong leadership towards implementing the Act
- b) Each of the DHB areas would benefit from strengthened relationships between provider arm services and the community sector. This will in turn deliver more cohesive cross-sector working
- c) Service user involvement was not well represented in most of the workshops however additional workshops made up for some of the shortfall. Plans to improve the consumer interface need to be developed and acted on to better capture that crucial strand of information.

#### 4.3 Opportunities:

- a) SACAT provides us with the opportunity for stakeholders in treatment provision to improve pathways into, through and out of treatment across the continuum. The workshops demonstrated a keenness to share ideas and to work towards developing improved outcomes for whānau with AOD related issues
- b) With its focus on providing peer, consumer and whānau support, SACAT provides DHB areas with the opportunity to further develop their peer support / self-help networks
- c) There is broad enthusiasm for further workforce development to occur. This was demonstrated by good take-up of and attendance at the workshops and requests for further training in assessment, working with challenging clients and whānau involvement.

## 5. Recommendations:

The following recommendations are a regional summary of those that were communicated to each of the areas in the DHB area reports.

Many of the recommendations will already have been addressed since the workshops. However, where they are outstanding, consideration may be given on how to incorporate them into local plans:

### 5.1 SACAT Steering Group:

- a) SACAT steering groups need to be formalised and be made visible to all of its stakeholders as a matter of priority
- b) Strategic participation on the steering group from Iwi, Service Users and Whānau representatives could be made more visible in most instances
- c) An Implementation Plan, with clear responsibilities, time-lines and dependencies should be developed. Aspirations and progress should be made visible to stakeholders through regular updates. It is recommended that this document may also be used to inform the Implementation Plan.

### 5.2 Workforce:

- a) Ensure that all MH&A practitioners and related workers complete the Matua Rāki on-line training module<sup>6</sup> for SACAT
- b) Where practitioners have a more direct role in SACAT, ensure that the MoH and Matua Rāki SACAT process presentation and role descriptions have been read and understood
- c) Ensure that those nominated for statutory roles are able to attend the MoH/Matua Rāki Regional and National workshops specific to implementing the Act and developing the statutory roles
- d) Service User Involvement may benefit from Te Pou o Whakaaro Nui work on the Peer Support Workforce work-stream 'Fast Track'<sup>7</sup>
- e) There will be a series of SACAT specific regional trainings to follow the Planning and implementation sessions:
  - i. Mana Enhancing Practice (now completed): provided by MRMH&A and Te Rau Matatini
  - ii. Assessment (focussing on Cognition and Capacity): provided by Matua Rāki and supported by MRMH&A - details to be confirmed

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<sup>6</sup> <https://www.matuaraki.org.nz/initiatives/introduction-to-the-substance-addiction-compulsory-assessment-and-treatment-act-2017/183>

<sup>7</sup> <https://www.tepou.co.nz/resources/fast-track-summary-paper/839>



- iii. Whānau support and Involvement: There are two significant strands that are rolling out nationally. Werry Workforce Whāraurau recommends developing local whānau interventions that include the Single Session Intervention<sup>8</sup> and the 5-Step Model<sup>9</sup>. The region as a whole may also wish to review its Supporting Parents Healthy Children<sup>10</sup> status alongside of this.

### 5.3 SACAT Provision:

- a) Statutory Role descriptions, capacity and accommodation need to be aligned to those described by the MoH<sup>11</sup>
- b) 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<sup>12</sup> which are frequently updated
- c) 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
- d) 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’ that may assist in this area. This in turn could develop a process to facilitate a Peer Support mapping process and/or needs assessment
- e) Service User and Whānau involvement in strategic planning groups
- f) ‘Equally Well’<sup>13</sup> 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
- g) Ensuring that SACAT is included in the work undertaken to date would add value to the continuum of care.

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<sup>8</sup> <https://www.bouverie.org.au/support-for-services/our-specialist-areas/specialist-area-single-session-therapy-sst-alternatively-referred-to-as-sin>

<sup>9</sup> [http://sapkenya.weebly.com/uploads/1/2/5/5/12553698/the\\_5-step\\_method.pdf](http://sapkenya.weebly.com/uploads/1/2/5/5/12553698/the_5-step_method.pdf)

<sup>10</sup> <https://www.health.govt.nz/publication/supporting-parents-healthy-children>

<sup>11</sup> <https://www.health.govt.nz/substance-addiction-compulsory-assessment-and-treatment-act-2017-resources>

<sup>12</sup> <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>

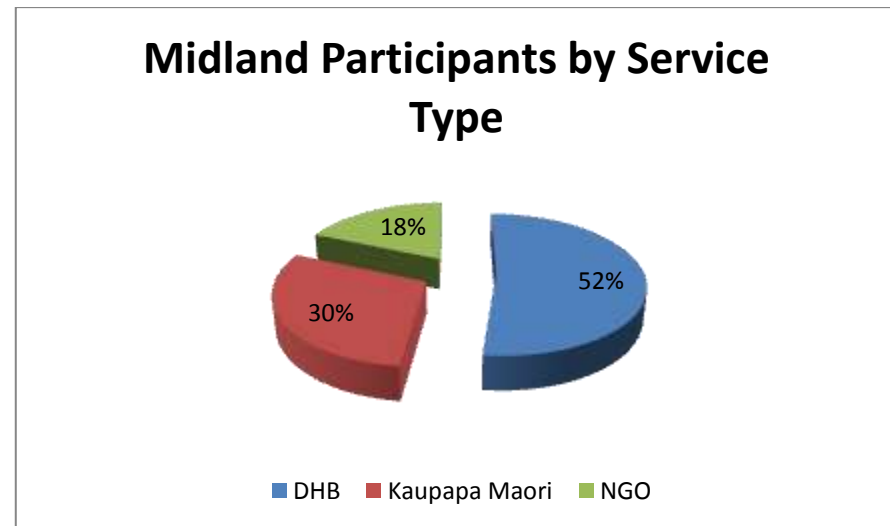
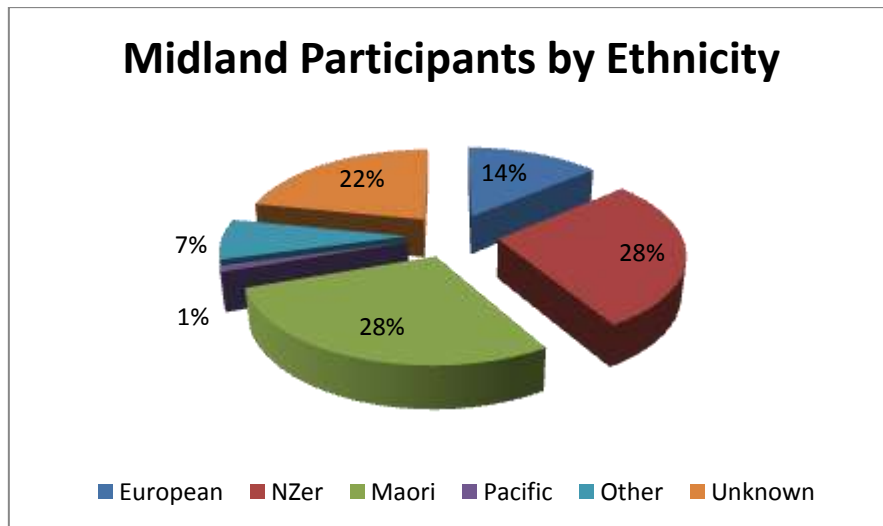
<sup>13</sup> <https://www.tepou.co.nz/initiatives/equally-well-physical-health/37>

# Appendix 1: SACAT Workshop Attendance Summary



A total of 196 participants attended the 11 workshops across the region between September and November 2017.

The demographics of the participant population were as follows:



The following tables show the level of satisfaction with the workshops:

## Midland SACAT Workshop – Midland Region

**Total Participants**                      **196**  
**Total Evaluations**                    **144**  
 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	9	0	51	1	56	0	24	3.68	<div style="width: 73.6%; background-color: blue;"></div>
Content was what I expected	0	0	16	0	59	1	48	0	18	3.48	<div style="width: 69.6%; background-color: blue;"></div>
Is directly applicable to my job	3	0	18	0	51	1	42	1	25	3.50	<div style="width: 70.0%; background-color: blue;"></div>
I found value in the resource materials	0	0	11	0	41	1	54	1	30	3.76	<div style="width: 75.2%; background-color: blue;"></div>
Facilitator	1	1.5	2	2.5	3	3.5	4	4.5	5	□	
Overall Rating	0	0	5	0	31	0	67	1	39	3.99	<div style="width: 79.8%; background-color: blue;"></div>
Demonstrated knowledge of content	0	0	5	0	34	0	60	1	44	4.00	<div style="width: 80.0%; background-color: blue;"></div>
Generated my interest in the content	0	0	8	0	36	0	59	1	40	3.92	<div style="width: 78.4%; background-color: blue;"></div>
Instructors interest in participant	0	0	4	0	25	0	60	1	54	4.15	<div style="width: 83.0%; background-color: blue;"></div>
Process / Environment	1	1.5	2	2.5	3	3.5	4	4.5	5	□	
Registration process was easy	0	0	3	0	26	0	56	0	56	4.17	<div style="width: 83.4%; background-color: blue;"></div>
Location	10	0	4	0	26	0	53	0	51	3.91	<div style="width: 78.2%; background-color: blue;"></div>
Facility where forum / meeting delivered	8	0	5	0	28	0	52	0	49	3.91	<div style="width: 78.2%; background-color: blue;"></div>
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	4	0	34	0	54	1	50	4.06	<div style="width: 81.2%; background-color: blue;"></div>
My co-participants were actively involved	2	0	6	0	40	0	61	1	32	4.12	<div style="width: 82.4%; background-color: blue;"></div>
I feel confident to be able to feedback to others	2	0	6	0	39	0	61	1	32	3.82	<div style="width: 76.4%; background-color: blue;"></div>

## Appendix 2: All Comments from Evaluation Questions

### Bay of Plenty DHB:

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
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
Listening to the experience of others	Hearing other peoples question, queries about the Act	Funding and bed availability
How difficult the process is	A lot of knowledge given from others in the room	Generally more training
Identified ongoing training needs	Clarification on AO Roles	Change
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
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
Good to breakdown information for more understanding	Work collaboratively with other disciplines was great	Whole process
The unknowness about facilities & funding and people who fill the roles	Resources available for reading	What is possible for NGOs with limited resources
New learning	Eseta's explanation indepth	Continue with information - great morning
New to industry, language, understanding where people's thinking is at	New information on SACAT, valuable group discussions. Well presented - good intro to SACAT	Resources, resources, resources, what will be provided in informative resources eg. Brochures
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
Group work - interpretations of the Act, identifying specific barriers and possible ways to overcome barriers	Good discussino in group	Enough conversatians were had to get understanding
All good	Resource materials	Maybe a ?? About the Act (however my thinking is still in line with the mental health act)
Useful if feedback/comments are going to 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
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
Hearing others perceptions	This is an ongoing moveable korerol	?? There is still work to be done
Working through questions	Everyones thoughts	The acutal legislation
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
Hearing from how other clinicians too struggle with criteria. But coming up with solutions for all levels was great	Networking opportunity while breaking into small 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

## Lakes DHB:

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		

## Hauora Tairāwhiti:

What did you find most interesting?	What would you like more info on?	Any further comments	Would you recommend to others?	
Overview of where it is going - clarified for me a lot about the Act	Senior statutory roles when in place will create flow on to other roles & pathways	Maybe a brief overview of the Act & its implications	Thank you for coming to give this presentation	Not sure who but could be useful
The Act and its impact	All good	The Act itself	Location difficult	Whanau who are kaimahi
It was a new kaupapa for me		N/A	Kia ora, enjoyed the workshop	Colleagues immediate & wider collective
Networking and new group setup	The informaton that other DHB feel the same	More role networking with Mana Maori, Mana Hapori	Thank you	Managers
Policy & procedure & facilities & process in Gisborne	The diverse answers to question also being the similarity in answers	The Act itself, educatin	Keep coming back	Other community organisations
Gaining an increased understanding of the issues facing AoD addictions in pathways of treatment and whanau. Impact of the change in Act	The implementatin questions & feedback worksheets	Access to e-line information on the Act	I felt a little lost in the language around the intended outcomes of the hui	
Meeting everyone from different disciplines - sharing of information	More information about SACAT	Implementation & criteria (however I now know this is still in development)	Wonderful time shared together in deep & meaningful conversation	
Group discussion plus input from presenter	Discussions that took place		Can it all happen NOW	
			Thanks Steve	



## Taranaki DHB:

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 representative	More detail new Act	Thank you	Peer support (will be essential)
Issues were well debated	The Act itself	Act working	Very good, look forward to more	
Ebels 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 details 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 wondering exactly how this will work given lack of resources	Content, participation, 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 incentives 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 / PPPR	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 TDHB	
Was really handy having Ebels 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, care 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 Steve / national WFD agencies for Taranaki. Geographically it is a disadvantage	
			There are more questions than answers	

## Waikato DHB:

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 3: Return on Investment

SACAT Implementation Workshops	Eastern & Western Bay of Plenty	Lakes	Tairāwhiti	Taranaki	Waikato	Totals
<b>Total Participants</b>	68	14	30	39	47	196
<b>Venue &amp; Catering</b>	\$375.65					\$ 375.65
<b>Facilitator</b>	Excludes Facilitator Time					\$ 0.00
<b>Travel (Car)</b>	\$188.81	\$ 95.95	\$ 347.20	\$ 291.94		\$ 923.90
<b>Facilitator Accommodation</b>	\$262.60	\$270.00	\$ 999.35	\$ 841.38		\$2,373.33
<b>Other (incl 10% overheads)</b>	\$ 93.90	\$ 93.90	\$ 93.90	\$ 93.90	\$ 93.90	\$ 469.50
<b>Total</b>	<b>\$545.31</b>	<b>\$459.85</b>	<b>\$1,440.45</b>	<b>\$1,227.22</b>	<b>\$ 93.90</b>	<b>\$4,142.38</b>
<b>Per Person Cost</b>	<b>\$ 8.02</b>	<b>\$ 32.85</b>	<b>\$ 48.02</b>	<b>\$ 31.47</b>	<b>\$ 2.00</b>	<b>\$ 21.13</b>