

Midland district health boards' shared services agency Service Development • Workforce Development • Partnerships & Relationships

# Co-Existing Problems Specialist Practitioner Workshop Evaluation Report



**November 2012** 

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## 1. Executive Summary

The Midland Regional Network continue to invest and improve on strengthening the partnerships and relationships between mental health and addiction services within the Midland region by offering regional workforce capacity and capability building in Co-existing Problems (CEP). Directions for the development and implementation of robust CEP strategies driven by national and regional documents such as Te Kokiri, The Mental Health and Addiction Plan 2006 -2015, Service Delivery for People with Co-existing Mental Health and Addiction Problems: Integrated Solutions (2010), Te Ariari o te Oranga – The Assessment and Management of People with Co-existing Mental Health and Substance Use Problems (2010) and the Midland Region Strategic Plan 2010 – 2015.

The Midland CEP Strategic Plan 2010 – 2015 outlines the actions that will be undertaken by the Midland Region District Health Boards (DHBs) contracted to provide community and clinical mental health and addictions services. The intention of the plan is to integrate treatment and enhance our providers ability to be CEP capable and responsive to the client whaiora and family whanau journey.

Throughout 2011 two workshops per DHB in CEP Case Formulation were undertaken in partnership with Matua Raki, the national Addiction Workforce Centre. For 2012 the focus was on developing Clinical Practitioners using the Midland CEP Competency Framework to set the benchmark for participants. The partnership with Matua Raki continues with the addition of Te Pou.

The follow-up actions agreed to by the group are:

- 1. The Midland Workforce Development Coordinator to complete evaluation report
- 2. Provision of the participant list and contact details to Matua Raki who will form a Midland Specialist Practitioner email support group. Ongoing support and resources will be provided by Matua Raki and the Midland Workforce Development Coordinator
- 3. The Midland Workforce Development Coordinator will continue to work with Matua Raki in the development and implementation of training modules that be made available to Specialist Practitioners for delivery at a local level
- 4. Pre and post Survey Monkey results report will be completed with a comparative analysis by April 2013
- 5. Advocating and influencing the 2013 2014 Midland regional work planning to be inclusive of ongoing development and support of CEP both for the workforce systems and organisational support required to ensure that change occurs.

# 2. Background

The Midland Region is comprised of five District Health Boards (DHBs), these all experience geographical challenges at different severities. Within the Midland Region there is a clear need for the process of collaboration when focusing on workforce development to ensure that adequate coverage and access is available to all mental health and addiction services within the Midland region.

Since the 2008 MoH regional workshop, the Midland Regional Network – Mental Health and Addiction (MRNMHA) has supported the following CEP activities:

- June-July 2009 Midland Regional forums Ministry of Health (MoH) update on CEP progress
- May 2010 Midland DHB and Planning and Funder CEP meeting regarding next steps
- July August 2010 Midland DHB specific Next Steps workshops with MoH
- October November 2010 Midland CEP Strategic Plan development. See <u>Appendix 1 Midland Co-existing Problems Strategic Plan 2010</u>
- November 2010 National and regional rollout of Case Formulation Workshops
- June 2011 Midland CEP Competency Framework developed. See <u>Appendix 2 Midland CEP Competency Framework 2011</u>
- 2011 2012 Midland Case Formulation workshops delivered by Joel Porter (two per DHB area)
- June 2012 Specialist Practitioner Implementation Plan. See <u>Appendix 3 Midland CEP</u> Specialist Practitioner Implementation Plan.

In June 2012 the MRNMHA initiated contact with Matua Raki proposing further development and implementation of a training package specifically focusing on Advanced practitioners to ensure local development and sustainability.

## 3. Workshop Outline

The initial discussions with Matua Raki outlined the need for a Advanced specialist level training to ensure that the Mental Health and Addictions sector builds the capacity at both a local and regional level towards increased capacity for CEP beginner, capable and advanced workforces.

The outline of the training required but was not limited too:

- Building on the substantial knowledge that the participants would already have
- Consolidation of knowledge
- Building of confidence to deliver and share knowledge and training
- Overview of CEP
- Identification of beginner, capable and advanced knowledge
- Effective training delivery information and tips
- Delivery of training and content (prioritisation of information sharing)
- Create local networks of trainers
- Organisational support and areas of influence
- Resource sharing
- Setting the scene for training
- Planning and developing local training

The intention of the training was to establish small networks of CEP Advanced Practitioners within local areas. Expectations following the workshop will be that they return and invest their knowledge and skills back into local services. The Specialist Practitioners would also be expected to support ongoing mentorship and or supervision to ensure the ongoing development and sustainability of CEP solutions at a local level.

The workshop was developed over a two day period, with the first day focusing on the consolidation of knowledge with Dr Fraser Todd. He delivered an intensive revision of CEP and the features of CEP that should be included in local training and developments.

The second day of the workshop had a strong focus of training delivery, how CEP trainings may need to be formulated and the importance of knowing your audience and organisational support and readiness. The delivery of day two focused on strengthening the networks in local regions, planning and developing a tangible plan to take back to local regions and begin discussions and implementation.

## 3.1 Participant Selection Process

The course registration process was aligned to the Midland CEP Competency Framework. Midland Managers and Clinical Team Leaders across the region were approached and were provided a copy of the Midland CEP Competency Framework and requested to nominate and support staff who either met the CEP Specialist Practitioner criteria or who were close to meeting the criteria. Nominations came from both provider arm and NGO services.

A registration process followed. Participants were also sent pre-reading in preparation for the workshop combined with an online pre-survey.

## 3.2 Workshop Facilitators

The caliber of workshop facilitators ensured that the two day workshop was of a high quality standard with participants having access to a high degree of expert knowledge:

**Dr Fraser Todd**— Fraser is a psychiatrist and addiction medicine specialist from Christchurch with a particular interest in Co-existing Substance use and mental health problems. He has been a member of the DAPAANZ executive since its inception with significant involvement in the competencies, ethics and education functions of DAPAANZ. He is also involved in reference groups for the MoH and Matua Raki.

**Suzette Poole**— Suzette's current role is to assist with the responsibilities of the clinical lead for nursing within Te Pou. Over the next nine months her main areas of focus will be the Handover publication, Professional Supervision, and Sensory Modulation. She will also support the clinical team lead in developing and leading initiatives for nurses working across the mental health and addiction spectrum in New Zealand.

**Ashley Koning**— Ashley's role as project leader with Matua Raki has evolved into a combination of publication and treatment guideline writer and editor, relationship manager, trainer and training facilitator, and general workforce support. His particular focus is on projects related to co-existing problems, the revision of the Alcoholism and Addiction Act and working with Justice/Corrections clients.

**Andre MacLauchlan**—Andre is a Clinical Psychologist, and the Clinical Coordinator at Pai Ake Solutions Ltd. a Kaupapa Maori co-existing disorders assertive outreach service

in the Waikato. His whakapapa is from the mighty Rangitikei, Ngāti Apa.

Unfortunately due to ill health, Andre could not be part of the facilitation team for this workshop. Andre is well known within the Midland region and the group wished him well in his recovery.

# 4. Participant Analysis

Overall there was a high level of support and engagement from all five Midland districts.

**Table 1: Participant DHB Area** 

District	Number Registered	Number Attended
Waikato	13 Registered	13 attended
Bay of Plenty	8 Registered	7 attended
Taranaki	7 Registered	7 attended
Lakes	6 registered	5 attended
Tairawhiti	4 registered	4 attended

38 clinicians registered to attend and 36 (98%) participated both days.

## **4.1 Survey Monkey Process**

A Survey Monkey based survey was developed in conjunction with the Matua Raki presenters and the Midland Regional Workforce Development Coordinator.

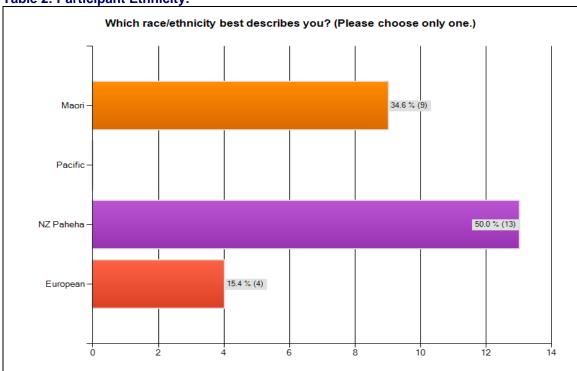
- The survey was sent out to all participants identified through the registration process two weeks prior to the workshop
- Unique identifier codes were utilised (initials of each participant) to ensure that data can be compared between the pre and post survey results
- 26 (68%) participants completed the pre-survey. Further work is needed to ensure that 100% is achieved.

#### 4.2 Attendee Profiles

## **Demographics**

Of the 26 participants responses over 50% identified as Pakeha/European and 34.6% identified as Maori which is close to the demographic population of the Midland Region. This graph also highlights significant gaps in the CEP development within our Pacific Island workforce.

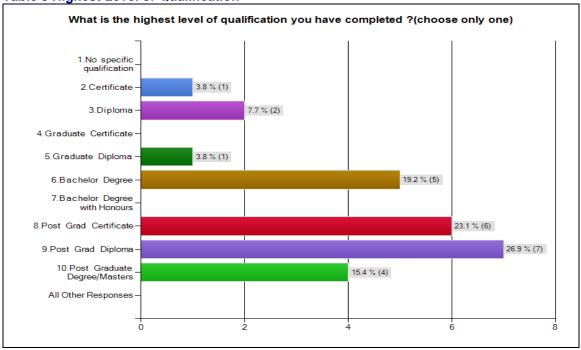
**Table 2: Participant Ethnicity:** 



### 4.3 Qualifications

This graph outlines that out of those 26 participants that completed the survey identify as Advanced practitioners 64.4% of these participants have gained a postgraduate certificate, diploma or degree heading towards masters level training. This is consistent with the criteria set for the Advanced practitioner group.

**Table 3 Highest Level of Qualification** 



## 4.4 Current Service Setting

From the feedback received it is clear that the majority of the participants that attended the training are working within the NGO environment with 44% acknowledging this in the survey results. It is alarming that of those attending, Midland have only one identified CEP Advanced Practitioner from the DHB Infant Child and Adolescent Mental Health Services (ICAMH) within the region.

This graph also shows the movement of services to CEP integrated services with the acknowledgement of no Addiction NGO specific services within the region identified from the analysis.

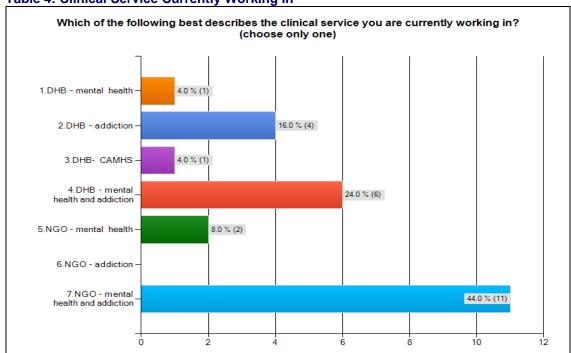


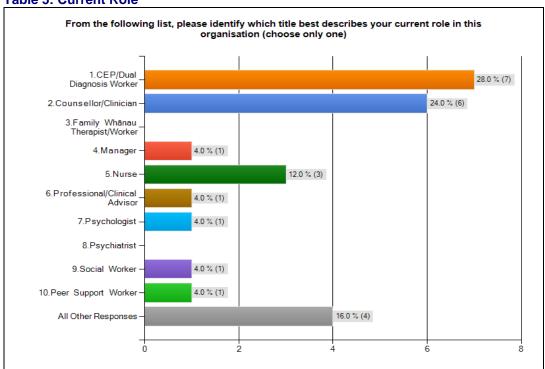
Table 4: Clinical Service Currently Working In

## 4.5 Current Role

The results of this graph clearly demonstrate there is 16% of the workforce that do not fit into the defined categories, these others were defined as:

- 1. Educator
- 2. Clinical Supervisor and therapist
- 3. 2 participants choose not to answer the question

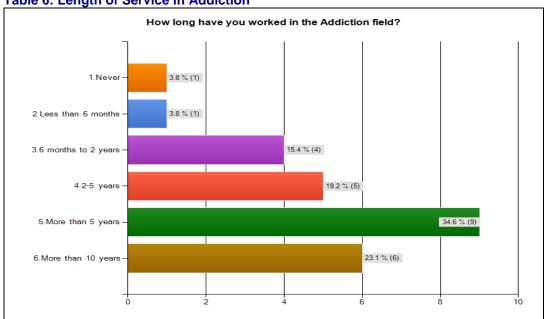
**Table 5: Current Role** 



## 4.6 Length of Service in Addictions

This graph outlines the diverse experience within the group and their experience working in the Addictions sector. 57% have five or more years in the addiction field. Where there is a question around Addiction clinicians ability to work within mental health issues, within the Midland region it was identified that integration between both services will ensure that the client whaiora's total needs are met without having to exit and enter through multiple doors.

Table 6: Length of Service in Addiction



## 4.7 Length of Service in Mental Health

This graph outlines the experience of the group based on their knowledge and working ability within the Mental Health field with 46.2% having worked in the Mental Health field for more than 10 years. With a total of 69.3% having more than 5 years experience working within the mental health sector.

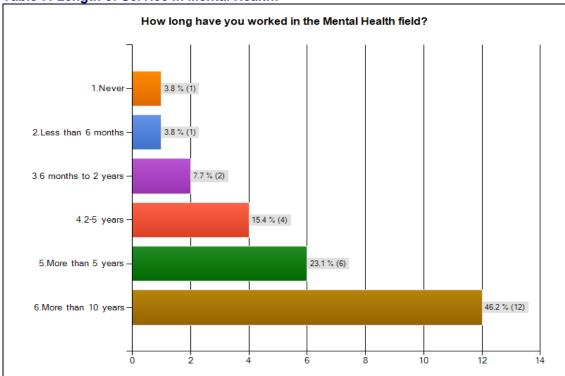


Table 7: Length of Service in Mental Health:

## 4.8 Disagree and Agree Statements

- From the statements that were collected the most relevant and outstanding result were from the questions based around systems support and the effectiveness of integration of mental health and addictions
- Alarmingly 50% of participants answered neutral to the question regarding the regions effectiveness in integrated care with CEP development
- Results from the questions asked were the two questions around "the belief that people with CEP are well cared for in services" were 46.2% who tend to agree while 26.9% answered neutrally while one participant disagreed
- The most concerning result collected was when asked "the belief that people with CEP are cared for in the region" 46.2% were neutral with 5 participants disagreeing and one strongly disagreeing

**Table 8: Disagree and Agree Statements:** 

## 13. Please tick the box that matches how much you agree with the following statements:

	Strongly Agree	Agree	Tend to agree	Neutral	Tend to disagree	Disagree	Strongly disagree	Respo
I feel capable to mentor others to assess clients for mental health problems	30.8%	26.9% (7)	26.9% (7)	7.7% (2)	7.7% (2)	0.0% (0)	0.0% (0)	
I feel capable to mentor others to assess clients for addiction problems	38.5% (10)	38.5% (10)	15.4% (4)	7.7% (2)	0.0% (0)	0.0% (0)	0.0% (0)	
I feel capable to mentor others to assess clients for other co-existing problems	19.2% (5)	34.6% (9)	23.1% (6)	15.4% (4)	7.7% (2)	0.0% (0)	0.0% (0)	
I have an effective relationship with both mental health and addiction agencies	30.8%	50.0% (13)	19.2% (5)	0.0%	0.0% (0)	0.0% (0)	0.0% (0)	
I have established and effective relationships with other allied health and community services	23.1%	53.8% (14)	19.2% (5)	3.8%	0.0% (0)	0.0% (0)	0.0% (0)	
The region I work in has effective CEP/integrated care	3.8% (1)	23.1%	15.4% (4)	50.0% (13)	3.8% (1)	0.0% (0)	3.8% (1)	
I feel supported by my employer/service to respond appropriately to CEP development	19.2% (5)	50.0% (13)	26.9% (7)	0.0%	3.8% (1)	0.0% (0)	0.0% (0)	
I feel I can support and mentor colleagues to work effectively with people with co-existing problems	20.0%	40.0% (10)	16.0% (4)	16.0% (4)	8.0% (2)	0.0% (0)	0.0% (0)	
I feel I am able and supported to encourage and support system level change to improve CEP responsiveness	12.0%	28.0% (7)	36.0% (9)	24.0% (6)	0.0% (0)	0.0% (0)	0.0% (0)	
I believe I have enough knowledge about CEP to train colleagues	19.2% (5)	15.4% (4)	34.6% (9)	11.5% (3)	15.4% (4)	3.8% (1)	0.0% (0)	
I believe I have the skills to train colleagues	19.2% (5)	30.8%	38.5% (10)	7.7%	3.8% (1)	0.0% (0)	0.0% (0)	
I believe that people with CEP are being well cared for in my service	3.8% (1)	19.2% (5)	46.2% (12)	26.9% (7)	3.8% (1)	0.0% (0)	0.0% (0)	
I believe people with CEP are well cared for in my region	0.0% (0)	11.5% (3)	19.2% (5)	46.2% (12)	19.2% (5)	3.8% (1)	0.0% (0)	

# 5. Outcome Of Training Delivered

### **5.1 Evaluation Outcomes**

Evaluations were requested at the completion of each days training. The expected outcomes and differing agenda's that were set for the two days drove the need to complete two separate evaluation processes.

Day one: 21 participants submitted evaluations

Day Two: 23 participants submitted evaluations

On reflection of this process there needs to be one evaluation that covers the two days of training. Some of the participants did not hear the clearly outlined instructions around the process of evaluations and the need for them to complete these for each of the two day trainings.

**Table 9: Evaluation Results** 

Table 3. Evaluation Results							
Total Participants / Evaluations				Not g	ood, staf	f unhappy	
Scale	0.5			OK but keep an eye on this			
Max to show	5			Good	replies -	keep it up	
Content of Training Session	1	2	3	4	5	Avg	Aggregated Data
Overall rating	0	0	4	9	8	4.19	
Content met my learning needs	0	0	8	5	8	4	
Is directly applicable to my role	0	0	6	7	8	4.095	
I found value in the resource materials	0	0	3	8	10	4.333	
Instructor	1	2	3	4	5		
Overall Rating	0	0	1	10	10	4.429	
Demonstrated knowledge of content	0	0	1	4	16	4.714	
Generated interest in the presentation content	0	0	0	12	9	4.429	
Instructors interest in participant	0	0	2	8	11	4.429	
Process / Environment	1	2	3	4	5		
Registration process was easy	0	0	2	4	15	4.619	
Location of the training	0	0	4	7	10	4.286	
Meeting Room	0	0	3	6	12	4.429	
You the participant	1	2	3	4	5		
I was fully present and actively participated	0	0	4	11	6	4.095	
My co-participants were actively involved	0	0	3	13	5	4.095	

## **5.2 Brainstorming Notes and Ideas**

**Table 10: What Constitutes a Good Workshop?** 

Validation and integrity	Setting the scene	Environment – quiet, comfortable
Content appropriate to audience	Whakawhanaungatanga	Location Rural vs Urban
Purpose and aims clearly identified	Planning	Having regular breaks
Speakers with credibility	Variety of teaching styles	Food/Kai
Humor and fun	Structure	House rules
Researched and evidence based	Ice Breakers	Numbers of participants
Resources and Handouts	Flexibility	Target audience
Active participation	Feedback and Evaluation	Learning styles acknowledged

## **Table 11: What Makes A Good Facilitator?**

Dynamic	Energetic	Prepared
Organised	Knows the audience	Creative
Aware of group dynamics	Aware of regional interface	Aware of roles
Use of self	Personal experience	Stories
Balance on the subject	Manages time	Boundaries and awareness
Responsive	Confident	Good mediator
Able to see the big picture	Pulls themes together	Empowering
Inclusive of the group	Promotes collaboration	Promotes participation
Has a beginning, middle and end	Is culturally aware	Safe
Tolerance for discussion	Respectful	Listener

## 5.3 What Did Participants Find Useful

Table 12: What Did the Participants Find Useful

Consolidation of treatment themes & integration with assessment and treatment planning	7 71				
Motivational interviewing and self determination, goal setting	Well being and values discussion and education				
Frasers update and techniques to delivering clinical information	Strengths based philosophy				
Well being and values, experimental method of planning a workshop	Facilitation techniques and tips and how to run effective workshops				
Co-existing correlations and theories of CEP	Discussion around cultural issues				
Conceptual framework for CEP	Identifying future planning for our region				
Genes – Polymorphisms and treatment	Group activity around CEP training in our local regions and where to from here				
Externalising behaviors	Strengths, values exercise with participants				
CEP assessment and formulation summary	Use of timelines				
Mindfulness	Ongoing networking and support				
Multi-dimensional CEP assessment tool	Discussion around DSM IV diagnosing criteria				
Models of care	Networking				
Discussion around who can diagnose and the diagnostic process	Resources that were provided				

## 5.4 What the Participants Would Like More Of:

Participants were asked during the evaluation process "what they would like more of" these were some of the responses received:

- Multi-dimensional assessment structure and "structure models"
- Fetal Alcohol Syndrome
- CEP definitions
- Process of enhancing systems
- Clinical training aspirations
- Genetic polymorphism
- De-sensitisation for PTSD
- How to increase confidence in assessment/diagnosis
- Pakeha views of cultural application and difficulties relating to this
- Tools and interventions used with mental health and addictions
- Help with lesson plans, facilitation skills and developing a training programme
- Updates of new practices, innovations and local developments

# 6. Highlighted Discussions and Themes

During the CEP Specialist workshop there were robust discussions that were triggered within the context of the presentation being delivered. Dr Fraser Todd was very flexible and enjoyed the questions and discussion that occurred. These were captured as below:

## **6.1 People Focused CEP Delivery**

- Reminder and consensus that this process is all about the person/people first
- Detailed discussion around Comprehensive Assessment and how and why these are constructed the way that they are, and how they are best utilised and developed within the CEP environment and settings and how these have better outcomes for CEP people
- Need to improve local and regional services working together more collaboratively.

## 6.2 Organisational / Local support

- Discussions around funding and organisational support
- Introductions, meet and greet for local and regional specialist practitioners
- Support offered to each other within local regions
- Influencing change within organisations around CEP and the contractual specifications that are required to continue to develop CEP sustainability within services
- Highlighted the need for collaborative working relationships between Provider Arm and NGO services to support skill development, up-skilling and improving health literacy amongst peers and wider cross sector organisations
- Support for trainers within organisations, release time and administrational support
- Discussed evidencing change in practice by auditing files of those clinicians that have participated in local training and events
- Building local capacity and sustainability of Advanced Practitioners
- Follow-up capacity from Matua Raki and Te Pou for support and advice when developing training and local workshops.

### 6.3 Competency Issues

- Competency frameworks currently in use with expectations and which of these are relevant, sustainable and reliable for New Zealand health practitioners
- Cultural competence and expectations around completion of the Takarangi Framework or an equivalent to support CEP development and skills
- Module development with national consistency Matua Raki to follow this up and develop modules available to advance practitioners for delivery
- Discussed the need for ICAMHS specific modules to be available. The Werry Centre have developed and are currently piloting a CEP ICAMHS specific training package relevant to essential skill practitioners, discussed the possibilities for this within a ICAMHS, community services setting, however the need for further development around capable to specialist practitioner training for ICAMHS clinicians was identified as a gap.

## 7. Financial Return on Investment

It was identified earlier on in the planning that if Midland wanted to hold a two day workshop per DHB area then Midland would have to incur the facilitator costs for the five workshops. To that end, it was decided a regional workshop was the more affordable option as costs would be shared with Matua Raki and Te Pou.

The cost for the two day workshop for a total of 41 people (36 specialist practitioners, four facilitators and the Midland Workforce Development Coordinator) came to a cost of \$5,448.00. The financial return on investment for the workshop was \$133 per participant for the two days.

**Table 13: Financial Return on Investment** 

Number of Participants (including facilitators)	41		
Facilitator Cost: absorbed by Matua Raki and Te Pou	\$ 0		
Facilitator Flights: absorbed by Matua Raki	\$ 0		
Venue Cost:	\$ 360.00		
Catering Cost:	\$ 2,624.00		
Accommodation: Taranaki, Tairawhiti and Taupo participants and Wellington facilitators	\$ 2,464.00		
Total Cost	\$5,448.00		
Per Person Cost	\$ 132.88		

# 8. Follow-up Process

The follow-up actions were agreed to by the group:

- 1. The Midland Workforce Development Coordinator to complete evaluation report
- Provision of the participant list and contact details to Matua Raki who will form a Midland Specialist Practitioner email support group. Ongoing support and resources will be provided by Matua Raki and the Midland Workforce Development Coordinator
- 3. The Midland Workforce Development Coordinator will continue to work with Matua Raki in the development and implementation of training modules that are made available to Specialist Practitioners for delivery at a local level
- 4. Pre and post Survey Monkey results report will be completed with a comparative analysis by April 2013
- 5. Advocating and influencing the 2013 2014 Midland regional work planning to be inclusive of ongoing development and support of CEP both for the workforce systems and organisational support required to ensure the change occurs.

# **Appendix 1 – Midland CEP Strategic Plan 2010-2015**









# Midland Region Co-existing Problems Strategic Plan

2010 - 2015



## MIDLAND REGION CO-EXISTING PROBLEMS STRATEGIC PLAN

DATED THE	25 <sup>th</sup>	DAY OF	January	2011
ICCUED DV				
ISSUED BY MIDLAND REC	SIONAL N	IETWORK o	on behalf of the	MIDLAND DHBS
Ciamad bu				
Signed by On Behalf of th	e GMs Pla	anning & Fui	ndina	
(Tairawhiti, Lak		•	•	

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## 1. INTRODUCTION

Co-existing substance use and mental health problems (CEP) are common in those presenting to both mental health and addiction services in New Zealand. Despite innovative and sustained efforts in some parts of New Zealand to serve the needs of people with these complex health issues, there remains an absence of guidance for services and District Health Boards (DHBs). Good practice, where it has developed, has been the result of the outstanding commitment of individuals and agencies, but there is still no consistent framework.

The expectation is that mental health and addiction services need to CEP client needs in a coordinated and complementary manner. There is a high prevalence of CEP in clients presenting to either mental health or addiction services across the age and continuum of care spectrum from primary through to tertiary. It is estimated that 7.7% of New Zealanders will have experienced two or more disorders at the same time in the last 12 months<sup>1</sup>.

This plan outlines the actions that will be undertaken by the Midland Region District Health Boards contracted to provide community and clinical mental health and addictions services. The intention of the plan is to integrate treatment and enhance our providers ability to be CEP capable and responsive to the client whaiora and family whanau journey.

This plan is relevant to the Tairawhiti, Lakes, Bay of Plenty and Taranaki DHBs. It excludes the Waikato DHB who will submit their plan separately.

#### 1.1 National Directions

Te Kokiri, The Mental Health and Addiction Action Plan 2006 - 2015 identified the need for a coherent national approach to co-existing mental health and substance use/abuse disorders and the need to strengthen partnership relationships between mental health and addiction services.<sup>2</sup>

In 2008 the Ministry of Health (MoH) and mental health and addiction service providers gathered together in four regional workshops to discuss priorities and to share initiatives for responding to the diverse needs of people with CEP. These meetings confirmed that there are challenges at many levels.

- Models of care may have overlooked or excluded the needs of clients with substance use issues.
- Peer-led models of service delivery are inconsistent, especially in the addiction sector.
- Guidelines for clinical practice for CEP have been available for a decade, but they have not been accompanied by clear expectations of services.
- Integrated service provision has occurred at the client level, however, sustained and committed policy, service management and clinical leadership have been lacking.
- Service delivery pressures have impacted on proactive planning and development necessary for a coordinated response.
- Tension between the mental health and addiction sectors was highlighted.
- Significant challenges in justice settings, including youth justice, forensic mental health and prisons.

The MoH released the following documents in 2010 to guide DHBs to develop a comprehensive framework to ensure services become CEP capable:

- 1. Service Delivery for People with Co-existing Mental Health and Addictions Problems Integrated Solutions.
- 2. Te Ariari o te Oranga The Assessment and Management of people with Co-existing Mental Health and Substance Use Problems.

<sup>&</sup>lt;sup>1</sup> Te Rau Hinengaro: the New Zealand Mental health Survey. Wellington MOH 2006

<sup>&</sup>lt;sup>2</sup> Te Kokiri The Mental Health and Addiction Plan 2006 -2015 MOH 2006. page 58

Treatment for CEP clients whaiora and family whanau is dependant on integration occurring along a continuum, and involves integration between multiple services. Integration can occur at a number of points in the clinical pathway. All services are expected to aim for integrated screening and assessment, most services should aim for integrated assessment and case formulation and some services should aim for full integration<sup>3</sup>.

The **Quadrant of Care Conceptual Framework** demonstrates how integration of individual care and service delivery could occur<sup>4</sup> and has been utilised to assist the Midland region with the development of the DHB specific Action Plans.

High Severity Mental Health

A d d i c t i o

n

L o w S e v e r i t

У

#### Quadrant 3

- Less severe mental health
- More severe addiction

#### Example

Someone who is experiencing depression and regularly gambling at harmful levels, or someone who is alcohol dependent and experiencing increasing anxiety

#### Locus of care

Addiction (alcohol and other drug, problem gambling) services and primary care (medical and non medical)

#### Quadrant 1

- Less severe mental health
- Less severe addiction

#### Example

Someone who uses dance drugs recreationally and who has begun to struggle with low mood after weekend use

#### Locus of care

Primary healthcare settings (medical and non medical)

#### Quadrant 4

- More severe mental health
- More severe addiction

#### Example

Someone with schizophrenia who uses cannabis on a daily basis

#### Locus of care

Co-working between mental health and addiction services, with support from specialist CEP services

#### Quadrant 2

- More severe mental health
- Less severe addiction

#### Example

Someone with bipolar whose occasional binge drinking and experimental poly-drug use destabilises their mental health

#### Locus of care

Mental health settings and primary health care

<sup>&</sup>lt;sup>3</sup> Service Delivery for People with Co-existing Mental Health and Addiction Problems 2010 MOH page 19

<sup>&</sup>lt;sup>4</sup> Service Delivery for People with Co-existing Mental Health and Addiction Problems 2010 MOH page 13

## 2. MIDLAND REGION BACKGROUND AND CONTEXT

## 2.1 Regional Activities

Since the 2008 MoH regional workshop the Midland Regional Network has supported the following CEP activities:

- June/July 2009 Midland Regional forums MoH update on CEP progress
- May 2010 Midland DHB and P&F CEP meeting re next steps
- July August 2010 Midland DHB specific Next Steps workshops with MoH
- October November 2010 Midland DHB CEP Strategic Plan development
- November 2010 National and regional rollout of Case Formulation Workshops

It is envisaged that the Midland Regional Network will continue to work closely with the individual DHBs to ensure support and alignment with the Matua Raki, Werry Centre and MoH expectations.

## 3. MIDLAND REGION APPROACH

### 3.1 District CEP Action Plans

It was agreed that a regional approach would be utilised to develop a Midland Region Co-existing Problems Strategic Plan 2010 – 2015, excluding the Waikato DHB who will submit separately.

A focus group approach was undertaken in each of the participating DHBs involving planning and funding, provider arm services, non-government organisations, lwi and primary health. The focus group was tasked with developing a high level action plan which was distributed sector wide at a local level for feedback.

Each action plan has been developed with the key focus being on each DHBs priorities for development.

#### 3.2 Assumptions

To ensure that this plan is realised and progress is monitored, the following assumptions have been agreed to across the participating DHBs:

- There is agreement and a willingness across the sector to become CEP capable.
- That services are fully aware that no additional funding will be made available to implement the DHB specific Action Plan.
- The DHB specific Action Plans are high level and further work will be undertaken in each district to further develop the goals and actions.
- The Midland Regional Network will continue to provide implementation and monitoring support and brokerage at a local, regional and national level.

# 4. MIDLAND REGION STRATEGIC ACTION PLANS



## 4.1 Tairawhiti DHB Mental Health & Addictions Co-existing Problems Action Plan 2010-2015

Goal 1: Client Centred – a coherent and comprehensive understanding of the needs of Tangata Whaiora, Whanau and Families								
Objective	Actions	KPI	Responsibility	Completion Timeframe	Tools and Resources			
Documented client pathway that reflects services access – Primary through to Tertiary across the age range	Development of agreed integrated pathway that is inclusive of:  Provider arm NGOs Whanau Ora Recovery PHO	<ul> <li>Agreed policy and procedures signed off by TLAG</li> <li>CEP specialist roles are implemented</li> <li>PRIMHD data</li> </ul>	<ul> <li>P&amp;F, Service Managers and Leaders</li> </ul>	Dec 2011	<ul> <li>Service Delivery – Integrated Solutions</li> <li>Client Centred pg 14-17</li> <li>Tools for service development pg 22-23</li> <li>Appendix 2 pg 41-42 - Screening &amp; Assessment</li> </ul>			
	Develop Primary Mental Health demonstration that is CEP capable:  Moderate to severe enduring MH cohort  Enduring medical conditions and MH&A	<ul> <li>Pilot planned and integrated with MoH Primary demonstration expectations</li> <li>Screening Tools are agreed and implemented</li> </ul>	■ Te Pare/Rob	■ 2012-13	<ul> <li>Dual Diagnosis capability checklist http://dualdiagnosis.ning.com/</li> <li>The Seven Helpful Habits of Effective CAMHS and CAPA http://www.werrycentre.co.nz/</li> <li>Appendix 2 – Screening and Assessment Tools</li> </ul>			

Objective	Actions	KPI	Responsibility	Completion Timeframe	Tools and Resources
MH and Addiction Services are integrated to ensure that any door is the right door	Integration of MH and AOD services in Provider Arm	<ul> <li>Single comprehensive assessment that follows the service user</li> <li>Agreed policy and procedures signed off by TLAG</li> </ul>	<ul> <li>Manager MH         AOD Specialty         and Clinical         Leaders</li> </ul>	2011-12	Service Delivery – Integrated Solutions  Quadrants of Care pg 13 Continuum of service capability pg 19 Service level agreements pg 21
	Single point of entry for all MH and AOD service users across the provider arm inclusive of:  CAMHS MHSOP	<ul> <li>Triage function established with policies and procedures that include CEP expectations</li> <li>Screening tools are agreed and are implemented</li> </ul>	<ul> <li>Manager MH         AOD Specialty,         CAMHS         Manager and         Clinical Leaders</li> </ul>	■ Dec 2011	<ul> <li>Service training strategies pg 21</li> <li>Process mapping <a href="http://www.tepou.co.nz/">http://www.tepou.co.nz/</a></li> <li>Seven Helpful Habits and CAPA <a href="http://werrycentre.co.nz/">http://werrycentre.co.nz/</a></li> </ul>
	NGO integration with provider arm services to ensure CEP capability is build at the same time	<ul> <li>Increase in training opportunities</li> <li>Improved relationships and shared care</li> <li>Increase in access of clients to care</li> </ul>	<ul><li>P&amp;F, sector Managers and Leaders</li></ul>	<b>2</b> 012-13	<ul> <li>Information sharing pg 24</li> <li>Tips for MH&amp;A service managers and clinical leaders pg 29-30</li> <li>Appendix 1 &amp; 2</li> </ul>

Objective	Actions	KPI	Responsibility	Completion Timeframe	Tools and Resources
Collaborative approaches to integrated care that ensure clinical support and interagency working	Specialist CEP consults and liaison clinicians available to all MH, NGO, Addiction and Primary Mental Health Services	<ul> <li>Job Descriptions are reviewed to include CEP expectations</li> <li>Specialist roles implemented</li> <li>Increase of number of client identified as having CEP issues</li> </ul>	<ul> <li>Provider Arm, NGO, Primary, CAMHS and MHSOP Managers and Clinical Leaders</li> </ul>	<b>2</b> 011-12	Service Delivery – Integrated Solutions  Quadrants of Care por 13  Continuum of service capability pg 19
	MDT process specifically focused on CEP whaiora	<ul> <li>Robust MDT process developed and CEP reviews scheduled regularly between continuum</li> </ul>	<ul> <li>Manager MH AOD Specialty</li> </ul>	■ Dec 2011	<ul> <li>Service training strategies pg 21</li> </ul>
	Continuum of care model links effectively to community NGO services	<ul> <li>Integrated care is clearly defined and applied</li> <li>Capacity is built sector wide</li> <li>Opportunities for shared care, supervision, case management are developed</li> </ul>	■ P&F and TLAG	<b>2011-12</b>	<ul> <li>Information sharing pg 24</li> <li>Tips for MH&amp;A service managers and clinical leaders pg 29-30</li> <li>Appendix 1 &amp; 2</li> </ul>

Objective	Actions	KPI	Responsibility	Completion Timeframe	Tools and Resources
Services support training initiatives provided nationally, regionally and locally	Workforce plan developed for the continuum to build capacity and capability in CEP	<ul> <li>A local plan is developed that links to the regional and national imperatives</li> <li>Training programmes developed</li> <li>Two people sponsored to undertake Anamata Diploma in CEP annually</li> </ul>	P&F, TLAG & Midland WFC	• 2011 - ongoing	Service Delivery – Integrated Solutions  Workforce development pg 24-26  Staff professional development plans  Staff training budgets  Lets Get Real <a href="http://www.moh.govt.nz/">http://www.moh.govt.nz/</a> Dual diagnosis support <a href="http://dualdiagnosis.ning.com/">http://dualdiagnosis.ning.com/</a> Matua Raki, Te Pou, Werry Centre and Midland scholarships <a href="http://www.midlandmentalhealthnetwork.co.nz">www.midlandmentalhealthnetwork.co.nz</a>

## 4.2 Lakes DHB Mental Health and Addictions Co-existing Problems Action Plan 2010 - 2015



Objective	ent and comprehensive understanding  Action	KPI	Responsibility	Completion	Resources required
Objective	Action	IXI I	responsibility	Timeframe	Nesources required
Service promote client-centred treatment and recovery	<ul> <li>Joint training / shared language / understanding is developed across the services</li> <li>Agreement and implementation of standardised screening tools across the district</li> </ul>	<ul> <li>Shared policy and procedures / assessment tool that is CEP sensitive</li> <li>Right skill mix: right people, right role</li> <li>Reduction of multiple access points – any door is the right door</li> <li>Agreed screening tools are identified and implemented</li> </ul>	<ul> <li>Workforce         Coordinator</li> <li>MoH</li> <li>Service         Managers</li> <li>Clinical         Managers</li> <li>MH &amp; AOD         Clinicians</li> <li>Consumer &amp;         Family Advisors</li> </ul>	<b>2</b> 013	<ul> <li>Training / staff / opportunities culturally appropriate</li> <li>Scholarships</li> <li>Integrated Solutions pg 22-23</li> <li>Appendix 2: Screening and Assessment Tools</li> </ul>
Documented client pathway that reflects service access	<ul> <li>Shared client pathway document documentation that is clinically and culturally appropriate</li> <li>Review of Continuum of Care to develop clear understandings of CEP principles and practices (uniform culture shift)</li> <li>Agreed pathways are developed across the age range</li> </ul>	<ul> <li>Shared client pathway and documentation is developed</li> </ul>	<ul> <li>Planning &amp; Funding</li> <li>Service Manager</li> <li>Clinical Director</li> </ul>	<b>•</b> 2011	

Goal 2: Service Development – services need to be responsive to CEP and to work towards being CEP capable							
Objective	Action	KPI	Responsibility	Completion Timeframe	Resources Required		
CEP prioritisation within service planning	<ul> <li>Managerial / leadership – buy in and support to the Lakes CEP Action Plan</li> <li>Training, developing staff and retention of staff is enhanced through national, regional and local cross sector training</li> </ul>	<ul> <li>Agreed CEP implementation goals are developed by the leadership group</li> <li>CEP capable services are developed across the continuum</li> </ul>	<ul> <li>P&amp;F</li> <li>MH &amp; AOD Leadership</li> <li>Consumer &amp; Family Advisors</li> <li>Workforce Coordinator</li> </ul>	<b>2</b> 011/12	<ul> <li>National and regional Workforce strategies</li> <li>Funding for facilitated Leadership forums</li> </ul>		
Review need for CEP Enhanced Practitioners resource	<ul> <li>Identify existing Dual Diagnosis funding and contracts</li> <li>Review existing contracts and align to CEP Enhanced Practitioner roles</li> <li>Workshops are undertaken to integrate CEP Specifications into roles and responsibilities</li> </ul>	<ul> <li>Existing funding is identified</li> <li>CEP Enhanced Practitioner roles are developed</li> <li>Improved access to specialist across the sector</li> <li>Expertise utilisation and sharing e.g. supervision &amp; case management</li> </ul>	P&F/MR Director	<b>2</b> 0111/12	<ul> <li>Integrated         Solutions pg         13, pgs 20 – 25</li> <li>Matua Raki         CEP         Practitioner         framework</li> </ul>		
Development of comprehensive local and regional plans and strategies to increase CEP responsiveness	<ul> <li>A regional plan is developed</li> <li>A Lakes plan is developed</li> </ul>	<ul> <li>Regional and Lakes plans are aligned</li> <li>Strategies for increasing CEP capable services are identified</li> </ul>	<ul> <li>Midland         Regional         Director</li> <li>Lakes LAG</li> <li>Lakes sector</li> </ul>	■ 2010	<ul><li>Integrated Solutions pgs 30 - 36</li><li>MoH Workshop information</li></ul>		

Goal 3. Integrated systems of care – systems are to acknowledge and incorporate CEP approaches									
Objective	Action	KPI	Responsibility	Completion Timeframe	Resources Required				
Service leaders collaborate	<ul> <li>A CEP Working Group is convened comprised of Leaders and Senior Clinicians to drive CEP integration and organisational culture shifts:         <ul> <li>Develop Terms of reference</li> <li>Develop Job Descriptions</li> <li>Implementation of Action Plan objectives are developed</li> </ul> </li> <li>Consumers and Family are consulted</li> </ul>		•	■ 2011 ongoing	Integrated Solutions pgs 23 - 24				

Goal 4: Workforce Development – a highly skilled workforce that is CEP responsive and effective							
Objective	Action	KPI	Responsibility	Completion Timeframe	Resources Required		
Develop a Lakes Workforce Plan 2011 - 2015	<ul> <li>A comprehensive Workforce         Development Plan is developed         that includes but is not limited to:</li></ul>	<ul> <li>Alignment to national workforce strategies from Matua Raki and Werry Centre</li> <li>Alignment to the Midland Regional Workforce Plan</li> </ul>	<ul> <li>Midland         Workforce         Coordinator</li> <li>P&amp;F</li> <li>Lakes LAG</li> </ul>	■ 2011 ongoing	<ul> <li>National workforce annual programme</li> <li>Regional workforce annual programme</li> </ul>		
Responsiveness to cultural diversity	<ul> <li>Core documentation, screening, treatment and discharge processes will be culturally appropriate</li> <li>Existing policies and procedures are reviewed to ensure inclusion of CEP and cultural competencies</li> <li>Workforce opportunities from Te Pou, Le Va and Te Rau Matatini are implemented e.g. Takarangi Framework</li> </ul>	Services and access for Maori, Pacific, Asian and refugees is enhanced		■ 2011 ongoing	National Workforce Centre Workplans		



## 4.3 Bay of Plenty DHB Mental Health and Addictions Co-existing Problems Action Plan 2010 – 2015

Goal 1: Client Centred – a coherent and comprehensive understanding of the needs of tangata whaiora, whanau and families							
Objective	Action	KPI	Responsibility	Completion Timeframe	Tools and Resources		
Policy & practice are CEP responsive	<ul> <li>Enable CEP responsive through, contracting &amp; monitoring</li> <li>Alignment of all policies &amp; procedures to reflect CEP objectives</li> <li>Any door is the right door</li> </ul>	<ul> <li>Provider contracts are aligned to CEP expectations</li> <li>Service policy is orientated to the clients journey</li> </ul>	<ul><li>P&amp;F</li><li>Service &amp; Quality Mgrs</li><li>Sector wide</li></ul>	<ul><li>2011</li><li>2012/2013</li></ul>	<ul> <li>National MH&amp;A Specifications Framework</li> <li>Service Delivery         <ul> <li>Integrated Solutions pg 14</li> <li>7 key principles</li> </ul> </li> </ul>		
Documented Pathway across the continuum	<ul> <li>Cross sector process mapping to develop a documented pathway</li> <li>Evaluate effectiveness</li> <li>Cross sector consumer family satisfaction service / survey is developed</li> <li>Consumer / family whanau participate in the development of a documented pathway</li> <li>Hub &amp; Spoke model is developed</li> </ul>	Client access is measured by:  Qualitative analysis  PRIMHD data  Case load reporting  In-house file audits  Contract audits  Consumer, Family whanau Survey	Director, Matua Raki, Werry Centre & P&F • P&F & Midland WFC	<ul><li>2011/2012</li><li>2015</li></ul>	<ul> <li>Service Delivery         <ul> <li>Integrated</li> <li>Solutions pg 22-23</li> </ul> </li> <li>Process mapping</li> </ul>		
Services promote client centred treatment and recovery	<ul> <li>Develop relationships with organisations around CEP across the sector to align with:         <ul> <li>Whanau Ora</li> <li>Peer-based advocacy services</li> </ul> </li> </ul>	All providers participate in the CEP development and ongoing monitoring	■ P&F	<ul> <li>Ongoing</li> </ul>	<ul><li>Whanau Ora Guidelines</li><li>Dual Diagnosis Capability Checklists</li></ul>		

Goal 2: Service Development – services need to be responsive to CEP and to work towards being CEP capable								
Objective	Action	KPI	Responsibility	Completion Timeframe	Resources Required			
Review of specialist FTE	<ul> <li>Review current FTE / need / reconfiguration</li> <li>Aligning CEP capable criteria to MRN qualifications project</li> <li>Develop a shared definition of CEP Enhanced Practitioners / CEP capable staff</li> <li>Explore expectations and scope of CEP Enhanced Practitioners role</li> </ul>	<ul> <li>CEP specialists are employed across the sector</li> <li>Capture of outputs</li> <li>Non-clinical staff are provided with training, skills, coaching and coworking</li> </ul>	<ul><li>P&amp;F</li><li>Service Mgrs and Midland WFC</li></ul>	<ul><li>2011</li><li>2012/1015</li></ul>	Service Delivery – Integrated Solutions  Quadrants of care Specialist CEP clinicians Nationwide Service Framework			
Developing of comprehensive local and regional plans & strategies to increase CEP awareness	<ul> <li>BOP plan is developed and implemented</li> <li>Midland Regional Plan developed and implemented</li> </ul>	<ul> <li>All providers are involved in the development and implementation of the plans</li> </ul>	<ul> <li>BOP focus group/stakehol ders</li> <li>Midland RN Director &amp; P&amp;F</li> </ul>	<ul><li>2011</li><li>2010</li></ul>				

Goal 3. Integrated systems of care –systems are to acknowledge and incorporate CEP approaches								
Objective	Action	KPI	Responsibility	Completion Timeframe	Resources Required			
Services are responsible for ensuring systems acknowledge & incorporate CEP	<ul> <li>Teams are CEP capable (supervision, professional development, MDT/Case Management)</li> </ul>	<ul> <li>CEP formulation is integrated</li> <li>PRIMHD CEP reporting informs the sector</li> <li>Supervisors are CEP skilled</li> <li>Individual Professional Development Plans reflect CEP objectives</li> </ul>	<ul><li>Managers &amp; Staff sector wide</li></ul>	■ Ongoing	Service Delivery – Integrated Solutions:  Information sharing Tips for MH&A managers and leaders			

Goal 3. Integrated systems of care –systems are to acknowledge and incorporate CEP approaches									
Objective	Action	KPI	Responsibility	Completion Timeframe	Resources Required				
Service leaders collaborate	Identify & review opportunities of using existing forums to integrate CEP good practice:  O Primary O MH O AoD O CAMHS O MHSOP O MHSOP O PA IWI PHO	<ul> <li>Improved responsiveness to client, family whanau</li> <li>Improved relationships between providers</li> </ul>	■ Forum leaders	<b>2</b> 011/2012	■ Destination: Recovery Te Unga ki Uta: Te Oranga 2008				

Goal 4: Workforce Development – a Objective	Action	KPI	Responsibility	Completion Timeframe	Resources Required
Service support training initiatives provided nationally, regionally & locally	<ul> <li>Implement national initiatives</li> <li>Implement regional initiatives</li> <li>Identify additional workforce initiatives</li> <li>Take advantage of Scholarships:         <ul> <li>Diploma CEP</li> <li>Workforce Centres scholarships</li> <li>Henry Bennett post graduate scholarships</li> <li>Midland Regional Network scholarships</li> </ul> </li> </ul>	<ul> <li>Increase in number of staff trained</li> <li>Postgraduate training increased</li> <li>Increased uptake in relevant training</li> <li>Evaluation of training effectiveness is undertaken</li> </ul>	<ul> <li>P&amp;F</li> <li>Matua Raki</li> <li>WF Centre</li> <li>Midland WFC</li> <li>Sector</li> </ul>	<ul> <li>Ongoing</li> </ul>	<ul> <li>Service         Delivery         Integration         Solutions</li> <li>Workforce         development         Lets Get Real:         <a href="http://www.mo">http://www.mo</a>         h.govt.nz/         Dual diagnosis         Support         Victoria:         http://dualdiag         nosis.ning.com         /</li> </ul>



# 4.4 Taranaki DHB Mental Health and Addictions Co-existing Problems Action Plan 2010 - 2015

Goal 1: Client Centred - a coher	Goal 1: Client Centred – a coherent and comprehensive understanding of the needs of tangata whaiora, whanau and families							
Objective	Action	KPI	Responsibility	Completion Timeframe	Resources required			
Documented Client Pathway from primary through to tertiary which is reflective of Whanau Ora is client centred and has a recovery focus.	<ul> <li>Development of agreed integrated pathway &amp; policies and procedures.</li> <li>Development of Evaluation framework including: qualitative analysis; PRIMHD data, case-load reporting and audits.</li> </ul>	<ul> <li>Linkages to existing and future projects e.g. MH&amp;A Adult Continuum Project; CAHMS and Maternal Phase III Implementation; Provider Arm Acute Services review; Whanau Ora</li> <li>Service Development and pathways completed</li> <li>Agreed policies and procedures signed off by TLAG.</li> </ul>	<ul> <li>Planning &amp; Funding, Service Leaders and Managers.</li> </ul>	■ 2011-12	<ul> <li>Service Delivery – Integrated Solutions</li> <li>Client centred care pg 14-17</li> <li>Tools for service development pg 22-23</li> <li>Dual Diagnosis Checklist <a href="http://www.dualdiagnosis.ning.com/">http://www.dualdiagnosis.ning.com/</a></li> </ul>			

Goal 2: Service Development – services need to be responsive to CEP and to work towards being CEP capable					
Objective	Action	KPI	Responsibility	Completion	Resources Required
				Timeframe	
Integration of Mental Health and Addictions Services and any door is the right door.		diagnosis.	<ul> <li>P&amp;F, Service Leaders and Managers</li> </ul>	• 2011-2012	<ul> <li>Service Delivery – Integrated Solutions</li> <li>Quadrants of care pg 13</li> <li>Continuum of service capability pg 19</li> <li>Service level</li> </ul>
	u diriirig.	resources are in place.			agreements pg 21
Review of Specialist Dual	Review current roles	■ Enhanced Practitioner	■ P&F	<b>2</b> 011	<ul> <li>Specialist CEP</li> </ul>
Diagnosis FTE's   resources are in place.   clinicians pg 20				clinicians pg 20-25	

Goal 3. Integrated Systems of care –systems are to acknowledge and incorporate CEP approaches					
Objective	Action	KPI	Responsibility	Completion Timeframe	Resources Required
Services Collaborate	<ul> <li>Commitment at leadership and clinical governance level to lead collaboration.</li> <li>Review effectiveness of 'other' established and successful collaborations. Transferrable learning's.</li> </ul>	Effectiveness of leadership in other sector initiatives / projects /service development work in focusing on CEP.	<ul> <li>P&amp;F, Service Leaders and Managers</li> </ul>	■ 2011 ongoing	<ul> <li>Service Delivery – Integrated Solutions</li> <li>Tips for MH&amp;A managers and leaders pg 29-30</li> <li>Integrated systems of care pg 23-24</li> </ul>

Goal 4: Workforce Development – a highly skilled workforce that is CEP responsive and effective					
Objective	Action	KPI	Responsibility	Completion Timeframe	Resources Required
Staff across the sector are trained & supported to be CEP capable.	<ul> <li>Stock-take of current workforce skills base.</li> <li>Identify the training resources, nationally regionally and locally.</li> <li>Sharing of knowledge across the sector e.g. supervision and casemanagement.</li> <li>Long-term workforce development plan for up-skilling and training of</li> </ul>	<ul> <li>Identify champions in each part of the sector.</li> <li>By 2015 75% of staff are CEP capable.</li> <li>Access to training is inclusive of the whole sector.</li> </ul>	<ul> <li>P&amp;F, Service         Leaders and         Managers</li> <li>Midland WFC</li> </ul>	■ Ongoing	<ul> <li>Service Delivery –         Integrated         Solutions</li> <li>Specialist CEP         clinicians pg 20-25</li> <li>Workforce         development pg         24-26</li> </ul>
	staff.  Identify future opportunities for CEP roll-out and training.				<ul> <li>Tools and resources national, regional and local</li> </ul>

# **Appendix 2 – Midland Region CEP Competency Framework**

# **Coexisting Problems Competencies for Mental Health and Addictions Staff**

	Essential (Understanding) (All staff)	Capable (Application) (Snr Support Workers Reg HP and DAPAANZ Level 2-3)	Enhanced (Demonstration) (Reg HP and DAPAANZ Level 3)	
COMPETENCIES	Essential	Capable	Specialist	
Screening for substance use disorders & mental health disorders i.e. mood disorders, psychosis, PTSD, anxiety, bipolar disorder, schizophrenia	Understanding and administration of common screening tools Needs to be more specific and prescriptive re use of a standardised tool across sector	Administration & interpretation of common screening tools and ability to take the next steps	,	
Mental health & substance use disorder comprehensive assessment.	Understanding of DSM-IV for mental health & substance use disorders(including substance-induced states)     Initial brief assessment of recent & lifetime mental health symptoms/problems     Initial brief assessment of recent & lifetime drug use (patterns of use and previous treatment)	Comprehensive assessment of mental health & drug use history in the context of psychological functioning, symptomatology & withdrawal history	IV criteria for mental health & substance use disorders (including	
Substance testing/collection	Knowledge of common alcohol/drug testing procedures	Coordinating laboratory testing and being able to interpreted results as appropriate.	Knowledge & interpretation of common alcohol/drug testing procedures and laboratory investigations	
Mental state examination	Understanding of mental status examination	Understanding and application of mental status examination for non- complex clients	<ul> <li>Demonstration of mental status examination for complex clients</li> <li>Provides mentoring, training and supervision to other staff</li> </ul>	

The Midland Region acknowledges the work undertaken by Capital and Coast DHB

Assessment of relationship between substance use disorders and other mental health disorders	Understanding of interactions between substance use and mental health symptoms/ disorders	<ul> <li>Knowledge and synthesis of interaction between substance use and mental health symptoms/disorders</li> <li>Demonstrates ability to formulate (i.e. apply grid) non-complex clients</li> </ul>	<ul> <li>Demonstrates knowledge and synthesis in reports for complex whaiora</li> <li>Demonstrates ability to formulate complex whaiora</li> <li>Provides mentoring, training and supervision to other staff</li> </ul>
Brief Interventions	<ul> <li>Knowledge and training of brief interventions</li> <li>Able to apply simple brief intervention strategies</li> </ul>	Application of brief interventions	<ul> <li>Demonstrates skills in utilising brief interventions e.g. motivational Interviewing, CBT.</li> <li>Provides mentoring, training and supervision to other staff</li> </ul>
Evaluation of stages of change models in relation to substance use, and its application to treatment planning	<ul> <li>Appraisal of whaiora stage of change and goals in relation to substance use</li> <li>Matching intervention to whaiora stage of change</li> <li>Able to identify areas required fro change in supervision</li> </ul>	<ul> <li>Demonstrate skills in utilising stage of change theory in non-complex whaiora</li> <li>Application of matching interventions to whaiora stage of change</li> </ul>	<ul> <li>Demonstrates skills utilising stage of change theory in complex whaiora</li> <li>Provides mentoring, training and supervision to other staff</li> </ul>
Management of whaiora intoxicated states	Understanding of symptomatology of substance intoxication across common substances of misuse/dependence	<ul> <li>Assessment and management of substance intoxication for common substances</li> <li>Knowledge of the symptomatology of a wider array of substances</li> </ul>	wide array of substances of misuse/dependence
Management of whaiora acute and protracted withdrawal states	<ul> <li>Understanding of symptoms and assessment of acute substance withdrawal and outpatient intoxification and detoxification</li> <li>Understanding of who and when to contact for acute intervention</li> </ul>	<ul> <li>Assessment and management of acute substance intoxification and withdrawal and outpatient detoxification</li> <li>Demonstrate use of detoxification protocols</li> <li>Works in consultation with specialist Detox Service</li> </ul>	management of complex inpatient and outpatient detoxification specific to scope of practice and in consultation with the specialist Detox Service

Harm reduction strategies	<ul> <li>Understanding of common harm reduction interventions for individuals and family whanau</li> <li>Theoretical base of harm reduction strategies</li> </ul>	Application of harm reduction interventions for individuals and family whanau	<ul> <li>A comprehensive knowledge and ability to apply a range of harm reduction strategies as they relate to the individual whaiora</li> <li>Applied knowledge of relevant public health approaches e.g. HIV, Hep C</li> <li>Implementation of harm reduction service delivery pathways</li> <li>Provides mentoring, training and supervision to other staff</li> </ul>
Opioid substitution treatments	<ul> <li>Understanding of paradigm of opioid substitution treatment</li> <li>Understanding of who and where to access treatment for opioid substitution</li> </ul>	patients for suitability for opioid substitution.	<ul> <li>NB - This area relates more to the specialist Opioid or Methadone staff:</li> <li>Demonstrates awareness of initiation and maintenance of opioid substitution pharmacotherapies</li> <li>Demonstrates awareness of the assessment and management of prescription opioid abuse</li> <li>Provides mentoring, training and supervision to other staff</li> </ul>
Relapse prevention treatments. Pharmacological interventions to prevent relapse	<ul> <li>Awareness of common relapse prevention interventions in coexisting disorders</li> <li>Awareness of pharmacotherapeutic interventions for addiction treatment &amp; mental health problems</li> </ul>	<ul> <li>Application of available relapse prevention interventions with regards to early warning signs and triggers</li> <li>Application of advocacy and support around pharmacotherapeutic interventions</li> </ul>	<ul> <li>Management of relapse prevention interventions for complex clients</li> <li>Demonstrate ability to refer for, advocate for, and monitor supportive pharmacotherapies</li> <li>Provides mentoring, training and supervision to other staff</li> </ul>
Psychological treatments including, but not limited to motivational interviewing, CBT,DBT, group, systemic therapies, family therapies and talking therapies	Awareness of individual and systemic therapies used in addiction & mental health treatment	therapies used in mental health & addiction treatment  Demonstration of individual & systemic therapies for non-complex whaiora	systemic therapies for complex whaiora  • Provides mentoring, training and supervision to other staff
Pharmacological treatments	<ul> <li>Awareness of pharmacological</li> </ul>	Awareness of the interactions of	<ul> <li>Demonstrates the ability to give</li> </ul>

	treatments used in the treatment of whaiora with mental health disorders	pharmacological treatments and substance use disorders relevant to individual scope of practice	simple advice to the whaiora of the interactions of pharmacological interventions and knows when to refer to the relevant medical practitioner  Provides mentoring, training and supervision to other staff
Physical and alternative treatments that might interact on the overall health	Awareness of the physical and alternative interventions used in the treatment of whaiora with mental health disorders	Applies knowledge & understanding of the physical and alternative treatment options	<ul> <li>Demonstrates knowledge and awareness for when whaiora would fit the criteria for physical and alternative treatment interventions and can direct referrals onto the appropriate agencies</li> <li>Provides mentoring, training and supervision to other staff</li> </ul>
Mutual-help approaches e.g AA, Peer Support, Counselling Groups, ALAC	Knowledge and understanding of mutual-help sector and local recovery programs	<ul> <li>Introduce whaiora to mutual-help principles and options</li> <li>Support to implement and reinforce the principles of mutual-help and recovery programs</li> </ul>	with local mutual-help and recovery programs
Management of coexisting problems	<ul> <li>Understanding of integrated, parallel and sequential models of treatment</li> <li>Understanding of why integrated treatment is best practice</li> <li>Understanding of multidisciplinary work</li> </ul>	Application of appropriate management of non-complex whaiora with coexisting problems including working within the multidisciplinary team and interagency collaboration	<ul> <li>Demonstration of appropriate management of complex whaiora with co-existing problems including working within the multidisciplinary team and interagency collaboration</li> <li>Knowledge of the interactions of coexisting disorders on addiction &amp; mental health</li> <li>Awareness of interactions between drugs of abuse and psychotropic medications</li> </ul>

			Provides mentoring, training and supervision to other staff
Risk management	Understanding and application of risk indicators, assessment and management principles	Application of risk assessment and management principles in non-acute settings	<ul> <li>Demonstration of risk assessment and management principles in non-acute/acute settings</li> <li>Demonstration of risk/benefit analysis to manage complex situations</li> <li>Provides mentoring, training and supervision to other staff</li> </ul>
Pregnancy	Basic understanding of interaction between substances of misuse, mental health problems & pregnancy     Awareness of FASD and promotes no drinking during pregnancy	<ul> <li>Application of principles of assessment and management of substance use disorders &amp; mental health problems during pregnancy &amp; pueperium</li> <li>Application of use of the high risk pregnancy team and resources available</li> <li>Applied knowledge of available resources</li> </ul>	Active coordination and facilitation to provide treatment (including detoxification) for whaiora with substance use disorders & mental health problems in pregnancy & pueperium
Substance use & mental health disorders across the lifespan	Understanding of varying presentations of substance use and mental health disorders in young people and older people	<ul> <li>Application of principles of assessment and management of substance use and mental health disorders in young people and in old age</li> <li>Applied knowledge of available resources</li> </ul>	<ul> <li>Active coordination and facilitation to provide treatment for substance use and mental health disorders in young people and in older people</li> <li>Provides mentoring, training and supervision to other staff</li> </ul>
Co-morbid physical wellbeing	<ul> <li>Understanding of basic physical complications secondary to mental health and substance use disorders</li> <li>Understanding of mental health &amp; substance use disorders developing secondary to a compromised physical wellbeing</li> <li>Understanding of blood-borne viruses and applications of universal</li> </ul>	<ul> <li>Application of principles of assessment and management of mental health &amp; substance use disorders in the physically compromised</li> <li>Applied knowledge of available resources</li> </ul>	<ul> <li>Demonstrates the principles of assessment and management of mental health &amp; substance use disorders in the physically compromised</li> <li>Application and coordination of advanced therapies for blood born viruses</li> <li>Provides mentoring, training and</li> </ul>

	precautions		supervision to other staff
Tobacco dependence (as per contractual agreements)	Screening, assessment and give brief advice on tobacco dependence in all service settings	Management of tobacco dependence including pharmacotherapeutic and psychosocial interventions	<ul> <li>Demonstration of how to implement tobacco policies within mental health and addiction settings</li> <li>Comprehension of public health approaches to smoking</li> </ul>
Pathological gambling (as per contractual agreements)	Screening and identification of problem and pathological gambling	Application of appropriate treatment interventions, services and referral pathways	<ul> <li>Linkages with local gambling services</li> <li>Application of pharmacotherapeutic and psychosocial approaches for gambling disorder</li> </ul>
Legislative requirements	<ul> <li>Understanding of Mental Health Act implications for involuntary treatment of people with substance use disorders</li> <li>Understanding of the Alcohol and Drug Act</li> <li>Understanding of local mandatory requirements that may affect people with substance use and mental health disorders e.g. NZTA Act</li> </ul>	Application of how to initiate Mental Health and Alcohol and Drug Act     Demonstrates support of family/whanau through the process of the Mental Health and Alcohol and Drug Act	<ul> <li>Demonstrates support and advocacy around the implementation and impact of the Mental Health and Alcohol and Drug Act for clients, family/whanau</li> <li>Able to apply the Mental Health and Alcohol and Drug Act</li> <li>Provides mentoring, training and supervision to other staff</li> </ul>
Quality assurance and improvement initiatives	Understanding of the difference between quality assurance and quality improvement	Application of basic principles of the audit and quality improvement cycle	<ul> <li>Complete quality improvement projects</li> <li>Leads quality initiatives</li> <li>Provides mentoring, training and supervision to other staff</li> </ul>
Public Health, mental health & substance use	Understanding of public health components of mental health & substance use disorders such as risk of infection with blood-borne viruses	<ul> <li>Application of public health strategies relevant to mental health &amp; substance use disorders</li> <li>Identification of public health issues of relevance in multiple settings</li> </ul>	Actively participates in raising public awareness of these issues relevant to mental health and addictions
Cultural Competencies	Takarangi Competencies Level 1 – 3 Non-Maori and Level 4 – 7 Maori	Takarangi Competencies Level 1 – 3     Non-Maori and Level 4 – 7 Maori	<ul> <li>Takarangi Competencies Level 1 – 3         Non-Maori and Level 4 – 7 Maori     </li> <li>Provides mentoring, training and supervision to other staff</li> </ul>

- 1. The levels of competency have been defined against academic and professional criteria and can be utilised to:
  - Enhance non-clinical staff capability
  - Identify expectations for all staff to achieve Essential or Capable competencies
  - Identify specialist roles and responsibilities
- 2. It is viewed by the region that the Coexisting Problems Competencies are an enhancement to existing professional body competencies and will allow individual clinicians to develop a specialist portfolio in Coexisting Problems once the professional body competencies have been met
- 3. The mechanism for measuring attainment against the levels of competency will the annual Performance Appraisal process which is managed at a local level.
- 4. Workforce development opportunities will be aligned to Matua Raki (adults) and Werry Centre (child and youth)
- 5. Enhanced Practitioner is a Registered Health Professional with a post graduate qualification in Addiction for mental health workers or a Level 3 DAPAANZ clinician with mental health endorsements.

# **Appendix 3 – Midland Region CEP Specialist Implementation Plan**



## Midland Region Mental Health & Addictions

**Co-existing Specialist Practitioner Workforce Development** 

## **IMPLEMENTATION PLAN**



August 2012





## Sign Off

Name	Role	Signed
Mary Smith	Lead GM P&F, Lakes DHB	
Eseta Nonu-Reid	Director Midland Regional Director MH&A Service Development Project Sponsor	
Professor Graeme Mellsop	Midland Clinical Governance Chairman	

#### Confidentiality

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#### **Document Enquiries**

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Email Address: Joleen.Turnbull@lakesdhb.govt.nz





#### Introduction

Co-existing substance use and mental health problems (CEP) are common in those presenting to both mental health and addictions services within New Zealand. The expectation is that mental health and addictions services need to be CEP developed to ensure that the clients needs are met in a coordinated and complimentary manner. (Te Ariari o te Oranga 2010)

The Midland Region is comprised of five District Health Boards (DHBs), these all experience geographical challenges at different severities. This leads the Midland Region to work collaboratively when focusing on workforce development to ensure that adequate cover and access is available to all those services within these catchment areas.

Taking a regional approach to the CEP Specialist Advanced Practitioner training ensures that DHBs as well as Non Government Organisations within the sector have equal exposure to the training on offer. This will then establish small networks of CEP Specialist Advanced Practitioners that will then be expected to take their knowledge and skills back into local services. There will be an expectation that these specialist will then facilitate and run basic assessment and skills based workshops locally to support systemic change. The Specialist Advanced Practitioners will also support ongoing mentorship / supervision to ensure the ongoing development and sustainability of Co-existing Problems solutions at a local level.

#### Background

In 2010 the Ministry of Health (MoH) released two documents to guide DHBs to develop a comprehensive framework to ensure services become CEP capable:

- 1. Service Delivery for People with Co-existing Mental Health and Addictions Problems Integrated Solutions.
- 2. Te Ariari o te Oranga The assessment of Management of people with Co-existing Mental Health and Substance use Problems.

Treatment for CEP clients whaiora and family whānau is dependant on the integration occurring along a continuum, and involves integration between multiple services. Integration can occur at a number of points in the clinical pathway. All services are expected to aim for integrated screening and assessment, most services should aim for full integration.

In October 2010, Matua Raki hosted the CEP: Case Formulation workshop in Wellington. The workshop is developed from Te Ariari o te Oranga. The aim of training in CEP case formulation is to enhance the ability of practitioners to integrate mental health and addiction assessments into a CEP case formulation. It informs suitable treatment and management strategies and collaborative processes that assist tangata whaiora (and their whānau) in their quest for wellbeing (Matua Raki flyer, 2010).

Since the 2008 MoH regional workshop the Midland Regional Network has supported the following CEP activities:

- June / July 2009 Midland Regional forums MoH update on CEP progress
- May 2010 Midland DHB and P&F CEP meeting re next steps
- July August 2010 Midland DHB specific Next Steps workshops with MoH
- October November 2010 Midland DHB CEP Strategic Plan development (excluding Waikato)
- November 2010 National and regional rollout of Case Formulation Workshops
- March 2011 Midland CEP Competency Framework development (excluding Waikato)
- 2011 Midland wide Case formulation workshops.

Throughout 2010/2011 Matua Raki have provided a number of workshops focusing on the use of the formulation grid in the assessment of co-existing problems (CEP). Thirty-four CEP workshops have been run throughout the country with eleven of these occurring in the Midlands Region supported by the Midland Regional Network with 144 participants completed @ \$95.00 per person.





It is envisaged that the Midland Regional Network will continue to work closely with the individual DHBs (excluding Waikato) to ensure support and alignment with the Matua Raki, Werry Centre and MoH expectations.

#### **Objective**

The Midland Region will enhance the capability of the CEP Specialist Practitioners identified within local districts to ensure that local districts are sustainable and capable to propel their own local CEP service delivery and development.

#### **Recommendations Following 2011 Roll Out**

- 1. Phase 2 focus on Assessment and Treatment
- 2. Train the Trainer For CEP Specialist Practitioners
- 3. Mentor and Supervision training

#### **Key Project Linkage**

- Ministry of Health
- Matua Raki
- Midland Mental Health and Addiction sector

#### Midland Regional Roll Out Plan - Champions Training October 2012

In collaboration with the Ministry of Health, Matua Raki the Midland Regional Team will pilot a two day workshop to be held in Hamilton.

TA	SK	wно	DATE	STATUS
1.	Implementation plan to be completed and approved by Midland MH&A Clinical Governance Network / GMs Planning and Funding	MR Workforce Coordinator	4 <sup>th</sup> October 2012	On track
2.	CEP Specialist Practitioners that meet the criteria will be invited to register for the two day training	Midland Regional Team	1st October 2012	On track
3.	Matua Raki to finalise training content and agenda. Advise the Midland Regional team of equipment needs	MoH and Te Pou	11th October 2012	
4.	Registrations close and pre-reading sent out	Midland Regional Team	16th October 2012	
5.	Confirmation of Registration to participants on	Midland Regional Team	17 <sup>th</sup> October 2012	
6.	Two day training will be held in Hamilton	Midland Regional Team	24 <sup>th</sup> & 25 <sup>th</sup> October	
7.	Evaluation process	Midland Regional Team	Post workshop	
8.	Summative report of evaluations to be sent to Matua Raki presenters	Midland Regional Team	November	
9.	Process of Evaluating the quality of CEP assessments – 2 months/six months post workshop	Midland Regional Team	December/April	





## Costs

Meeting Estimate			
Estimated Total Cost Analysis			
Venue	400.00		
Catering	1600.00		
Printed materials	0.00		
Technical Assistance	0.00		
Accommodation (18 people X \$125.00 per night) X2	4500.00		
Flights/Shuttle	1400.00		
Taxi	0.00		
Car Rental	150.00		
Koha	0.00		
Total excusive GST	\$8,900.00		
10% contingency	890.00		
Subtotal	8900.00		
GST	0.00		
Total exclusive GST	\$9,790.00		





## List of Identified Midland CEP Specialist Practitioners (following canvass in September 2012)

#	Area	Profession	Email	NGO or DHB
	Waikato			
1.	Terry Taumaa	CEP	terry@terunanga.org.nz	Te Rungnga o Kirikiriroa NGO
2.	Taipu Moana	CEP Practitioner	Taipu.moana@hauorawaikato.org.nz	Hauora Waikato NGO
3.	Deepa Mahindra	CEP Practitioner	Deepa.mahindra@hauorawaikato.org.nz	Hauora Waikato NGO
4.	Nick Walker	CEP Practitioner	Nick.walker@hauorawaikato.org.nz	Hauora Waikato NGO
5.	Louise Leonard	Nurse Practitioner – Addictions	Louise.leonard@waikatodhb.health.nz	Waikato DHB
	Lakes			
6.	Lewis Neera	Counsellor	lewis@arctpo.co.nz	ARC Taupo NTO
7.	Debby McKeon	Counsellor	Debby@arctpo.co.nz	ARC Taupo NGO
8.	Irene McMahon	Social Worker - CEP Clinician	Irene.mcmahon@lakesdhb.govt.nz	Lakes DHB
9.	Wilhelm Van Rooyen	Psychologist – CEP Clinician	Wilhelm.vanrooyen@lakesdhb.govt.nz	Lakes DHB
10.	Sarah Barclay	Nurse	Sarah.barclay@lakesdhb.govt.nz	Lakes DHB
	Tairawhiti			
11.	Una Tuhura	Addictions Clinician	Una.tuhura@nph.org.nz	Ngati Porou Hauora NGO
12.	Suman Te Puni	Addiction Clinician	Suman.tepuni@nph.org.nz	Ngati Porou Hauora NGO
13.	Daniel James	Peer Support	Daniel@tekupenga.co.nz	Te Kupenga Net NGO
14.	Kahurangi Tibble	Addiction Clinician	Kahurangi.tibble@tdh.org.nz	TDH
15.	Hoani Watene	Clinical Specialist – CAMHS	Hoani.watene@tdh.org.nz	TDH
	Bay of Plenty			
16.	Te Rangimaria Warbrick	CEP Clinician	terangimariaw@tuhoehauora.org.nz	Tuhoe Hauora NGO
17.	Catherine Siely	Counsellor / DAPAANZ Practitioner	Cat.siely@gmail.com	Poutiri Trust NGO
18.	Orini Maar	AOD Counsellor	Orini.Marr@nash.org.nz	Ngati Awa NGO
19.	Tammy Burgess	Nurse / DAPAANZ Practitioner	tburgess@poutiri.com	Poutiri Trust NGO
20.	Janelle McCallum	Nurse / DAPAANZ Practitioner	jmccallum@poutiri.com	Poutiri Trust NGO
21.	Sue Geddes-Cooke	CEP Case Manager	sueg@tepunahauorabop.co.nz	Te Puna Hauora NGO
22.	Wol Hansen	AOD Counsellor	w.hansen@temanutoroa.org.nz	Te Manu Toroa NGO
23.	Jane Clark	Addiction Clinician	FionaJane.clark@bopdhb.govt.nz	BOP DHB
24.	Judith Bidlake	Addiction Clinician	Judith.bidlake@bopdhb.govt.nz	BOP DHB





#	Area	Profession	Email	NGO or DHB	
	Taranaki				
25.	Andrew French	AOD Therapist - CAMHS	Andrew.french@tdhb.org.nz	Taranaki DHB	
26.	Tracey Ryan	Specialty Clinical Nurse – CEP Acute	Tracey.ryan@tdhb.org.nz	Taranaki DHB	
27.	Rose Taylor	AOD RN Acting Team Leader	Rose.taylor@tdhb.org.nz	Taranaki DHB	
28.	Denise Whittle	RN Acute	Denise.whittle@tdhb.org.nz	Taranaki DHB	
29.	Karin Spannag	Specialty Clinical Nurse – Detox	Karin.spannagl@tdhb.org.nz	Taranaki DHB	
30.	Anna-Dora Schwank	RN - MHSOP	Anna-dora.schwank@tdhb.org.nz	Taranaki DHB	
31.	Pene Te Puni	Nurse – AOD and CEP	Pene.tepuni@tuiora.co.nz	Tui Ora NGO	
32.	Toi Hamahona	CEP Clinician	Toiwhenua.hamahona@tuiora.co.nz	Tui Ora NGO	