

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

Hauora Tairāwhiti District Health Board: Planning Document



Final: November 2017

Prepared By – Steve Neale, Midland Workforce Planning Lead

Table of Contents:

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

1. Introduction:

The Midland Regional Mental Health and Addictions (MRMH&A) Team agreed to assist the District Health Board (DHB) areas across the Midland Region to implement the Substance Addiction Compulsory Assessment and Treatment (SACAT) legislative requirements. The assistance will enable the DHB areas to deliver services that comply with SACAT, when it commences from 21 February 2018.

For the purpose of this report, Hauora Tairāwhiti is inclusive of all health services in the primary, secondary, NGO and tertiary service continuums.

SACAT provides treatment services with the opportunity to examine not just the SACAT pathway, but Addictions treatment as a whole. The legislation specifies that referrals to SACAT must be treated as humanely as possible, that their Mana will be of paramount importance and that they and their whānau, wherever possible, will be supported towards the best possible outcomes. All of which we should aspire to deliver in treatment of all variations. SACAT therefore requires us to consider pathways into, through and out of treatment;

- Peer and Whānau support and involvement mechanisms
- Assessment (both of severity of addiction and capacity/cognition) and,
- Ensuring that broader support services are in place.

The MRMH&A designed a series of workshops, aimed at increasing participant knowledge about SACAT and to share practice, in order to encourage service providers to work together as cohesively as possible. Additional to this, it created an opportunity for the local sector to have input into planning and implementation. The workshops aimed to:

- a) Ensure that as many local stakeholders as possible understood the aims, criteria and delivery of the SACAT
- b) Develop local knowledge about SACAT and other related treatment issues
- c) Discuss the locality's readiness and challenges with SACAT implementation
- d) Ensure that stakeholders had input into shaping provision within their local area

Two workshops were held at Hauora Tairāwhiti on the 19 October, 2017. An additional 90-minute video-workshop was provided to an NGO provider on 27 October 2017. The workshops provided advance notification that the commencement of SACAT is imminent, drawing participant's attention to issues that the Act will bring. The workshops were attended by a total of 30 participants from Kaupapa Māori Services (16), the DHB (10) and Other/NGO (4). Further details regarding participation are recorded in [Appendix 1](#).

The following report summarises the commentary from the workshops and recommends actions that will support the implementation of SACAT in Hauora Tairāwhiti. Comments collated from the workshop evaluations have also been incorporated where appropriate. Full commentary from the workshops is recorded in [Appendix 2](#).

2. Key Findings:

(Strengths, Areas for Improvement & Opportunities Analysis)

Overall Hauora Tairāwhiti has a strong and knowledgeable, energetic MH&A workforce. The continuum of care is robustly supported by Kaupapa Māori provision. There was a sense of concern at the perceived workload that SACAT might bring and challenges with under-resourcing.

2.1 Strengths:

- Hauora Tairāwhiti MH&A have strong Māori leadership and an innovative community based workforce that provides and supports structured treatment to whānau and whaiora in the area
- All of the practitioners displayed enthusiasm for working with whānau with MH&A challenges
- There is an overall enthusiasm for learning opportunities in the sector.

2.2 Areas for Improvement:

- The SACAT steering group needs formalisation and to provide strong leadership towards implementing the Act
- The Provider Arm may wish to develop stronger relationships with the community sector in order to support more cohesive cross-sector working
- It was unfortunate that service user involvement was not represented in the main workshops however this was made up for in the additional workshop and plans are in place to improve the interface over time.

2.3 Opportunities:

- With the emergence of Te Kuwatawata, there are opportunities for greater levels of inter-agency collaboration and community/whaiora/whānau referenced care
- There is a willingness for further workforce development to occur.

3. Recommendations:

3.1 SACAT Steering Group:

1. The SACAT steering group needs formalisation and to position itself to provide strong leadership towards implementing the Act
2. Service user/consumer and whānau involvement should be incorporated into the steering group
3. A clear work-plan needs to be developed, with clear time-lines and delegated (named) actions.

3.2 Workforce:

Hauora Tairāwhiti DHB area would benefit by responding to the following issues in a workforce plan:

1. An over-arching determination to more closely integrate work between the provider arm and community providers
2. Service user involvement/peer support providers could have a more active input both into planning and delivery. Te Pou o Whakaaro Nui are currently developing a Peer Support Workforce work-stream 'Fast Track'¹ that may assist in this area
3. There will be a series of SACAT specific regional trainings to follow the Planning and Implementation sessions:
 - a) Mana Enhancing Practice (November 2017 – now completed), provided by Te Rau Matatini, supported by MRMH&A. MRMH&A will also consider further Mana Enhancing Practice workshops in 2018, should they be required
 - b) Assessment (focussing on Cognition and Capacity), provided by Matua Rāki, supported by MRMH&A – to be confirmed
 - c) Whānau support and Involvement. There are two significant strands that are rolling out nationally – the single session interventions (Werry Workforce Whāraurau) and the 5-Step Model. Hauora Tairāwhiti DHB may also wish to review its Supporting Parents Healthy Children status alongside of this
 - d) Matua Rāki and the Ministry of Health (MoH) are continuing to provide Authorised Officer, Approved Specialist and Responsible Clinician Trainings, as well as further Regional Forums.

3.3 SACAT Provision:

1. Statutory role descriptions, capacity and location need to be developed and to go live as a matter of priority
2. Communication Plans for accessing the statutory SACAT roles need to be developed and implemented – there are now 'key messages' and other related SACAT documents² available on the Ministry of Health website, which is frequently refreshed and updated

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

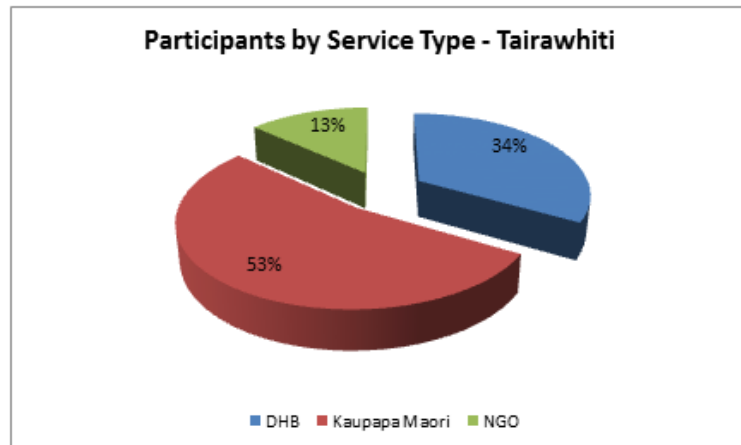
² <http://www.health.govt.nz/our-work/mental-health-and-addictions/preparing-commencement-substance-addiction-compulsory-assessment-and-treatment-act-2017/substance-addiction-compulsory-assessment-and-treatment-act-2017-resources>

3. There is a need for planning around capacity/cognition assessment, including what constitutes capacity, where the assessors will be, their availability and how to book assessments with them
4. Review and work towards achieving a coordinated, interagency Model of Care for local delivery of Mental Health and Addictions Services
5. Equally Well³ is an initiative developed by Platform and Te Pou o Whakaaro Nui, aimed at improving health outcomes for people with MH&A issues. Hauora Tairāwhiti MH&A have undertaken work in this area. Ensuring that SACAT is included in the work undertaken to date would add value to the continuum of care
6. Memorandums of Understanding (MoUs) with local Medical Wards, Emergency Department, Police, District Court, NASCs etc. need reviewing, updating and formalising. Commence with a list of desired supporting services and commence negotiations to complete by February 2018.

³ <https://www.tepou.co.nz/initiatives/equally-well-physical-health/37>

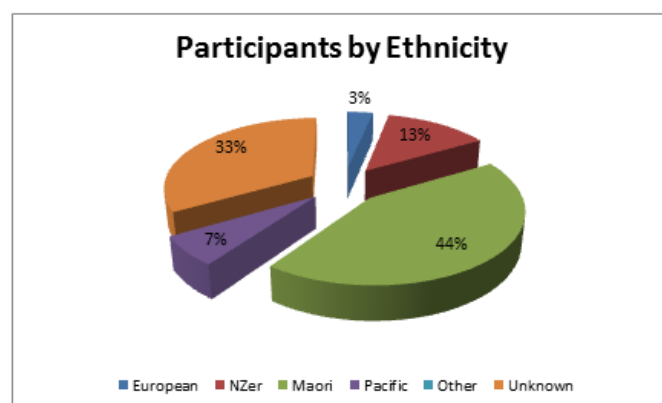
Appendix 1: Midland SACAT Planning and Implementation Workshop Attendance (Hauora Tairāwhiti)

The workshops were attended by a total of 30 individuals from a range of providers, including Hauora Tairāwhiti, Te Kupenga Net Trust, Te Hiringa Matua, Emerge Aotearoa and Oranga Tamariki.



Service Type		
D	DHB	10
K	Kaupapa Maori	16
N	NGO	4

There was a good spread of ethnicities represented, reflecting the make up of the area. Local Kaupapa Māori services were particularly well represented.



Ethnicity		
E	European	1
NZ	NZer	4
M	Maori	13
P	Pacific	2
O	Other	1
UN	Unknown	10

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

Table 1: Aggregated Responses:

Total Participants / Evaluations											
Scale	0.5										
Max to show	5										
		<div> <div></div> Not good, staff unhappy <div></div> OK but keep an eye on this <div></div> Good replies - keep it up </div>									
Content of Training Session	1	1.5	2	2.5	3	3.5	4	4.5	5	Avg	Aggregated Data
Overall rating	0	0	1	0	4	0	9	0	4	3.89	<div></div>
Content was what I expected	0	0	0	0	6	0	8	0	3	3.82	<div></div>
Is directly applicable to my job	0	0	3	0	6	0	5	0	3	3.47	<div></div>
I found value in the resource materials	0	0	0	0	3	0	9	0	4	4.06	<div></div>
Facilitator	1	1.5	2	2.5	3	3.5	4	4.5	5		
Overall Rating	0	0	0	0	3	0	7	0	7	4.24	<div></div>
Demonstrated knowledge of content	0	0	0	0	1	0	8	0	8	4.41	<div></div>
Generated my interest in the content	0	0	1	0	1	0	5	0	10	4.41	<div></div>
Instructors interest in participant	0	0	0	0	1	0	6	0	10	4.53	<div></div>
Process / Environment	1	1.5	2	2.5	3	3.5	4	4.5	5		
Registration process was easy	0	0	0	0	3	0	4	0	9	4.38	<div></div>
Location	5	0	2	0	1	0	4	0	5	3.12	<div></div>
Facility where forum / meeting delivered	3	0	3	0	2	0	3	0	6	3.35	<div></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	0	0	3	0	5	0	9	4.35	<div></div>
My co-participants were actively involved	1	0	1	0	1	0	10	0	4	4.19	<div></div>
I feel confident to be able to feedback to others	1	0	1	0	1	0	10	0	4	3.86	<div></div>

Table 2: All comments from evaluation questions:

What did you find most interesting?		What would you like more info on?	Any further comments	Would you recommend to others?
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 information 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, education	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 implementation 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	

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

(AM Session ---- PM Session: video-workshop session notes at rear)

1) Does your service have processes in place to manage applications from February 2018?

- CMH + A's does it – is setting this up now
- Te Hiringa Matua doesn't

- Not that we know: we have a manager steering group

2) Is your workforce knowledgeable and skilled about engaging with family and whānau?

- Absolutely

- Yes

3) Is your workforce able to provide mana-enhancing care?

- What is Mana?
 - Allowing people to be themselves
 - Are we keeping a person's dignity in tact & promoting the respect of their values and culture
 - Are you keeping the whānau safe (Respecting their thoughts and values)
 - How do I meet and engage with someone
 - Engaging fully with the understanding of self first
 - Allowing people to make choices to reach goals

- Depends on the level of understanding about what this is

4) Does your service have workers trained and able to carry out comprehensive assessments?

- Yes (who are they? Refer #4)

- Yes

5) Does your service have workers trained and able to assess 'capacity'?

- What is Capacity Assessment? – is this the medical assessment / whānau assessment – What is an assessment Law vs Lore
- Mata Ora Views / Observations + value / assessment team Whānau. Long Term GP – Kaumatua – Tamariki
- GP + Clinical Specialist

- Linda and Gen: AO Training / No engage

6) Does your service have agreements in place with services that have workers/specialists trained and able to assess capacity?

- Refer #5

- Not that we know

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

- Mahi Atua – networks
- Referrals – Active Peer + Community Support
- Cilla Allen – Primary Options

- Cup of Tea policy
- Other services walk alongside whānau

- Clear pathways

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

- Withdrawal Facility
 - Community Mental Health & Addictions
 - Therapies, Arts; Poetry; Music; Mirimiri; Purakau

- 1 inpatient detox bed in Ward 5
- No community detox

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

- Build and continue to build networks
-
- Community detox and treatment service / rehab service

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

- Community Mental Health Service
-
- Yes: Nadine

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

-
-

- Drina

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

-
-

- Drina

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

- Aren't any locally
 - Have two AOs for comprehensive assessments
 - Need approval by Patrick RC
-
- No
 - Yes: for rehab treatment

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

- Expectation DHB will cover
 - No funding for transport
 - Voluntary and involuntary Ox
 - Send with Driver and one other
-
- Yes: for rehab treatment

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

- Yes

- No formal MOU – work in collaboration with services

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

- a) Director Area Addiction Services
 -
 - No
- b) Authorised Officers
 - Danny Ryan / Julia Wanoa - Te Hiringa (Pregnancy Service)
 - In training
- c) Approved Specialists
 - Linda G + Jan
 - Mike for Te Hiringa
 - Assessments: yes
 - AOD clinicians
 - DAPAANZ members
- d) Responsible Clinicians
 - Patrick McHugh
 - Dr Patrick McHugh
- Need to be based at Te Kuwatawata

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

- Have 3 Social Workers (EC): one could – Rotorua for 2-year training Te Taketake Addictions Diploma. Trained by Moana House, Dunedin
- J + L = Wellington
- Cilla & L Legal Wellington
- Need has been identified
- Extra work – what are the resources?

18) Have you read the statutory role guidelines?

- 1: yes
- 3: no
- No!

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

- Regional + National JDs – will be included in existing JDs
- Don't know!

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

- No
- Or block out a few hours / wk

- No

21) Is all of the workforce, including administrators and workers in related statutory roles (e.g. DAOs, DAMHS), aware of:

- The implications of the Act
 - Use online training
 - Can do internal workshops by LG
- How to engage with and inform applicants about how to use the Act
 - As above
- Pathways for care following comprehensive assessment and capacity testing?
 - LG: Much ignorance + stigma blocks access to detox beds
 - Wants to detox in own region
 - Can't be in Ward 11 as no IV access here + medical ward for seizure Mx

- No

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

- No

- Matua Raki

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

- LG: yes
- Te Hiringa: no

- Treatment Pathways: Yes

24) Does your service have a model of care for people with severe substance addiction who do not meet the criteria for the Act or who regain capacity?

-

- Treatment Pathways: Yes

25) Is your service and workforce able to inform 'partners' involved in enforcing the Act (e.g. GPs, Mental Health services, Police, Courts, District Inspectors etc.) of the intent and application of the Act?

- LG + Jen + Cilla – near burn-out, can't do it
- Would need to be freed up, but already have caseloads of 40

- Minority: Yes
- Majority: No
- SACAT Champion?
- More training
- Transparency / communication

To Do List:

1) Establish a SA(CAT)L Steering Group (???)

- Iwi / Kaumatua
- Mahi A Atua
- Te Kuwatawata / Te Hiringa Matua – flow on
- NGP – NPH, TH, Hauiti Hauora, Ka Paikati
- DHB Rep
- CMH Reps
- Te Puna Wairoa
- Consumer Representation
- Police / VIP / OT/ VWG
- Governance Group: OPS AO, AS, RC
- Clinical Rep
- NGO/Iwi rep
- Whānau

- Identify who needs to be at the table
- Stakeholders
- There's discussion about it
 - Portfolio Managers
 - Nurse from Ward 5
 - Service Managers

2) Refine and make explicit, care pathways

- GP
- Te Kuwatawata – Matataki - Wananga

- It's a work in progress
- There's fear about it from different services – what does it mean for us?
- Lots of uncertainty – Care Centres, travel to care centres, whose role
- Managing tensions – i.e. which doctor
- What needs to happen? Someone needs to make a decision
- Unknown
- How do we make this clear for the eservice user?
- Resource - capacity

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

- AO: 2 staff have been trained – asked for expression of interest
- Pretty sure the instruction has come down
- Nobody in team initially keen – a few are now
 - Lack of time – carrying big caseloads
 - Lack of staff
- Think it will sit within current AODE Team
- Think the RC will be a psychiatrist

4) Explore Governance / Legal Issues

-

- Like what?
- Breaching Treatment
- Where does the margin sit – meeting vs not meeting criteria
- Who protects the people / staff in the statutory roles

- Consumer rights vs Whānau / family inclusive approach

5) Identify Training Issues

- Evaluation – Hongihongi Te Wheiawheia
 - Communication – Referrals – Health Literacy
 - AOD Assessment Tools – access also
 - Wider Mahi A Atua – WINZ; GP; FVI; SU
 - Data specialists
-
- The Act – Statutory Roles
 - Pathways
 - Operation of the role i.e, AO, AS, RC, DA
 - Locums
 - Need to have training here
 - Confidentiality / Information sharing

6) Ensure SUI, Whānau / Family involvement is robust

-
-
- How do we capture; record; evidence this?
 - What does robust mean?
 - Practitioners do a great job – system does not allow for this information to be captured..... i.e. PHRIMED
 - Different levels – practitioners; service; organisation
 - Who?
 - Addiction doesn't just affect the service user

7) Communication to the field and throughout your DHB area

- Kanohi ki te kanohi
 - Kanohi kitea – whānau delivering korero whānau/iwi/hapu
-
- Language a barrier
 - The delivery style
 - GPs, sexual health, Promote it, flyers etc
 - Haven't communicated to service users & whānau in certain services
 - It's out there..... staff
 - Its around out there but don't know how much – it's available....
 - Has been on the agenda / item – discussion at Whānau Consult Group

8) Engage the network

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

-
- Discussions have happened earlier

9) Test case scenarios to test treatment system issues

-
-

- **Other Comments:**

(Commentary from Te Kupenga Video-Conference Workshop, held 10:00 – 11:30 27 October, 2017)

Team Discussion

Steve explained the context of developing a robust workforce that identifies the right people, skills, number of members, appropriate positioning, attitude, doing the right work, with the right cost at the right time and place, with the right outcomes.

Staff identified this as not just an individualistic approach, but as a collective- inclusive of all stakeholders ie whānau, peer and whānau inclusive. Consideration to socio+environmental impacts and our role in supporting/navigating through these.

In terms of kaupapa

‘Expect recovery and work in ways that will support it’

How we do this is key. As peer support, this sits at the centre of our practice as we tautoko whānau to explore and identify their recovery as a platform/goal to developing the pathway.

What is the current TKNT pathway for whanau who do not fit the criteria of the Act?

In discussion with the whānau we may refer them to

- AOD (community mental health)
- Narcotics Anonymous
- Te Kuwatawata/ Te Hiringa Matua

What ways can we develop this?

- Create a service directory that includes all community services, not just, mental health services.
- Develop a ‘navigator’ role that has knowledge of:
 - all the services in the community
 - how to access them
 - liaises between the different services as to how to collaborate in the best interest of our whānau in need. Eg. Two services may have contrasting ways to access each other so navigator may liaise between them as to how to collaborate together.

Education

A need identified to increase the knowledge of the Act both within our service and within the community. Expressed that whilst we have an in-depth knowledge of the Mental Health Act the same could not be said about SACAT. Included with this is an awareness within the community especially where and how to access available services.