
South Island
Shared Service Agency Limited

Supporting the South Island District Health Boards

South Island Regional Mental Health Network

Review of Progress against the South Island Alcohol and Other Drug Services Review

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Executive Summary

At the direction of the South Island Regional Mental Health Network (SIRMHN), the South Island Shared Service Agency Limited (SISSAL) undertook a review (the Review) of the progress made by each of the South Island District Health Boards (DHBs) and across the South Island region in implementing the *Strategic Framework for Service Development (May 2004)* (the Framework). The Framework identified 21 Service Need areas and 106 Service Development Objectives (the Objectives). The aim of the Review was to identify progress made in implementing each of the Objectives. The Review was also to recommend to the SIRMHN a way forward with Objectives that had not been achieved over the 3.5 year implementation period.

SISSAL received feedback on each of the Objectives in the Framework from the South Island DHB Planning & Funding staff and Alcohol and Other Drug (AOD) service providers. From this feedback, it was identified that the South Island DHBs have made good progress in achieving, and continue to work towards, many of the Objectives in the Framework. These include:

- increased screening and brief intervention in primary settings
- improved access to assessment, referral and counselling services
- improved access to Medical Detoxification through reduction of waiting times
- improved integration and flexibility of service delivery

(See Section 5.1 for complete list).

Also identified were Objectives that had not been achieved and gaps, and issues, in AOD service provision within individual DHBs and across the South Island, including:

- issues regarding Medical Detoxification services
- issues regarding AOD residential care beds
- lack of mental health planned respite resources for people with co-existing disorders
- lack of aftercare/reintegration services

(See Section 5.2 for complete list).

Based on the findings from the Review, it is recommended that the SIRMHN:

- **Agree to close the remaining Objectives under the Service Need areas in Section 5.1; individual DHBs may choose to continue to progress these or not.**
- **Support communicating the findings of the Review to the South Island Mental Health and Addictions sector to:**
 - **celebrate achievements**
 - **inform the sector of the priorities that will be addressed in the second South Island Regional Mental Health and Addictions Strategic Plan.**
- **Support this communication through Alcohol and Drug Association New Zealand (ADANZ) Newsletter, Liaison Alcohol and Other Drug (LOAD) forums and other AOD forums, as agreed by the SIRMHN.**
- **Based on current SIRMHN strategic priorities (and, if necessary, other additional analysis), determine whether the Objectives within the areas identified in Section 5.2 need to be addressed in the second South Island Regional Mental Health and Addictions Strategic Plan.**

1 Background

The South Island Regional Mental Health Network asked SISSAL to undertake a review of progress made by each of the South Island DHBs and across the South Island region in implementing the *Strategic Framework for Service Development*, informed by the *South Island Alcohol and Other Drug (AOD) Services Review (May 2004)*¹.

The Framework identified Service Needs Service Development Objectives² within each Service Need. The Objectives are actions DHBs could take to address and in some cases achieve the Service Need. The Framework also identified the additional resources required to implement each Objective, recommended a means of resourcing the Objective and the DHB or other agency responsible for its implementation. The Framework was to be implemented over three years, ending 30 June 2007, within available resources.

The Objectives for the Review were to:

- understand the extent to which the South Island DHBs and the region as a whole have implemented the Framework
- recognise progress made within the South Island AOD Service sector.

2 Methodology

A feedback template was used to gather feedback from the DHBs on the implementation status of the Service Development Objectives. The original Strategic Framework for Service Development was amended to include two additional columns: Implementation Status and Comments.

The Template was sent electronically to DHB staff, AOD service providers and other relevant agencies, as identified by each DHB Key Contact. A background memorandum describing the project was also provided with the Template. Those contacted were asked to complete the Template and send it back to the Project Manager. Meetings were also held with some DHB staff and AOD service providers, at the direction of the Key Contacts. At these meetings, feedback was provided verbally; the Project Manager recorded the feedback during the meeting.

Feedback on the Template (received either electronically or via meetings) was received from:

- **Canterbury DHB (CDHB):** Mental Health Planning & Funding Portfolio Manager and Contract Manager, and CADMAG members
- **Otago DHB (ODHB):** Provider arm Mental Health staff, Planning & Funding Contract Managers and some Mental Health NGO staff

¹ This review was conducted to establish a plan for the development of specialist AOD treatment services in the South Island. It examined the inter-relationship and integration of services within the AOD treatment system, and with other sectors and sought to identify AOD service needs of specific population groups, including: Maori; Pacific; adolescents; women; people with co-existing disorders; older people; opioid users; offenders with alcohol and drug problems (health-funded services, primarily); and family/whanau of AOD dependent people.

² Objectives were based on what was considered feasible to achieve within the three year period May 2004 to 30 June 2007. It was acknowledged that some of the Objectives would require additional resources to implement. Ways to resource these objectives were discussed in the document. A draft timeline for implementing the Objectives was also included in the Framework.

- **Nelson Marlborough DHB (NMDHB):** Mental Health Planning & Funding Portfolio Manager, Provider arm Mental Health staff and some Mental Health NGO staff
- **South Canterbury DHB (SCDHB):** Planning & Funding General Manager, **Provider Arm MH Staff, and NGO Team Leaders**
- **Southland DHB (SDHB):** Mental Health Provider arm Alcohol and Drug Services Manager
- **West Coast DHB (WCDHB):** Manager, AOD Services
- **ADANZ:** Chief Executive
- **SISSAL:** Mental Health Team Leader and Audit Team Leader.

In consolidating the feedback, the Template was modified again; Implementation Status and Comments were combined into one column. Information in this column now included:

- a statement reflecting the overall implementation status of the objective
- achievements and successes
- identified issues, challenges and gaps.

The Appendix contains all feedback received consolidated into a single Template, noting the DHB or agency from which the feedback was received.³

3 Limitations of Findings

As discussed in the Methodology, feedback on the Feedback Template was received by DHB Planning & Funding staff, AOD service providers—both those located in the Provider Arm and NGO providers—and other relevant agencies.

However, the type and number of respondents that provided feedback varied by DHB. For some DHBs, feedback was provided only by a single DHB Planning & Funding staff member (although input from AOD service providers may have been obtained by the staff member and incorporated into their feedback). Other DHBs provided feedback from both their Planning & Funding staff and selected AOD service providers.

It is important to note that the findings of this review could be limited by these variations in feedback received. While it is unlikely that the overall implementation status of the objectives would be substantially inaccurate, the identified issues/service gaps, discussed in Section 4.2, may not be completely reflective of the views of all of the relevant DHB Planning & Funding staff or the views of all AOD service providers in that DHB. **These potential limitations need to be considered when interpreting/applying the Key Findings, as well as the Recommendations, from this review.**

4 Discussion of Findings

The table in Section 3.1 provides a summary of the implementation status for each Objective. This information is provided by DHB. Symbols are used to indicate implementation status:

- **X** is achieved
- **** is partially achieved
- **=>** is working to achieve
- **O** is no change/not working to achieve
- **NR** is no response
- **NA** is not applicable.

³ Feedback was interpreted as best as possible. However some responses may not be interpreted as was intended. The original feedback received has been saved and can be made available upon request.

4.1 Feedback Table: Implementation Status of Objectives

Service Needs and Objectives	CDHB	ODHB	NMDHB	SCDHB	SDHB	WCDHB
Service Need 1: Increase the level of screening and brief interventions in primary settings						
a and b) Develop strategies for improving the level of interventions and build linkages with the primary sector by piloting assessment, referral and counselling outreach services	X	X	X	X	X	X
Service Need 2: Improve access to assessment/referral/counselling services						
a) Set a benchmark target of an initial contact made within 1 working day and full appointment within 5 working days of referral	\ =>	\ =>	\ =>	\ =>	\ =>	\ =>
b) Implement a screening, stepped assessment and triage model in each referral service to reduce waiting times	X	X	X	X	X	X
c) Undertake work to integrate cultural assessment fully into the comprehensive model	\ =>	\	\ =>	\ =>	\ =>	\
d) Negotiate regionally with the Department of Corrections payment for all pre-sentencing and parole reports undertaken by DHBs	=>	O	X	O	X	O
e) Negotiate regionally with LTSA a charge rate based on actual costs for Ministry of Transport drink driving assessment being undertaken by DHBs	X	X	X	X	X	X
f) Pilot the establishment of outreach services within primary and allied settings	=>	\	\	X	=>	=>
g) All major assessment and referral services offer an evening and/or Saturday service	\	\	\	O	\	O
h) Investigate options for providing child care facilities for period adults attend out pt services	\	\	\	\	\	\
i) Develop a kaupapa Maori AOD assessment/referral/counselling service in Christchurch for youth	=>					
j) Implement steps towards establishing a Maori Community AOD service in Dunedin		\				
k) Establish an authorised cultural and clinical assessment/referral service a within Pacific People's Agency in Christchurch	X					
l) Expand the capacity of assessment/referral/case management/ for counselling services for Pacific youth in Christchurch	X					
m) Increase the capacity of the CDHB's Community AOD Service to undertake assessment/referral/case management/consult liaison services	X					
n) Develop the role of CDHB's Community AOD Service primarily as a	\					

X is achieved; \ is partially achieved; => is working to achieve; O is no change/not working to achieve; NR is no response; NA is not applicable

Service Needs and Objectives	CDHB	ODHB	NMDHB	SCDHB	SDHB	WCDHB
specialist assessment and referral service	=>					
Service Need 3: Increase access to detoxification services						
a) Reduce waiting times for access to Kennedy by increasing capacity to an average of seven to eight beds	\ =>					
b) Continue to build a collaborative service model between Thorpe and Kennedy	O					
c) Formalise the Kennedy service consult/liason and training role for the southern region	X	X	X	X	X	X
d) Develop an inter-regional charging mechanism for patients referred to Kennedy	X	X	X	X	X	X
e) Improve access to medical detox wards in Nelson, Blenheim, Greymouth, Dunedin and Invercargill by formalising current ad hoc arrangements		O	O	=>	O	X
f) Establish a detox nurse position to back-up detox in the general medical ward and provide a home detox service in Invercargill					O	
g) Provide access to social detox by reconfiguring the current AOD supported accommodation service in Timaru				X		
Service Need 4: Provide a greater emphasis on intensive outpatient options for people with moderate to severe dependency who have lower level needs and less complex disorders						
a) Contract current standard medium term residential providers to deliver flexible service packages	X	\	\	\	X	O
b) Build in formative, process and outcome evaluation into proposed changes to service delivery	O	O	O	X	O	O
c) Free-up resources for intensive day treatment programmes in conjunction with residential by reducing number of standard medium term residential beds in Christchurch	\ =>					
d) Trial a regional contract for week day/end treatment retreats or wananga			X	X	O	
e) Treat people with mild to moderate dependency primary in outpatient settings	X	X	X	X	X	X
f) Develop additional intensive outpatient and/or day treatment programmes in Christchurch and Dunedin	X	X				
g) Develop Kaupapa Maori day treatment programme for adults in Christchurch	X					
h) Develop flexible, comprehensive community support packages in Timaru through reconfiguring the existing AOD support accommodation service				X		
Service Need 5: Increase the capacity of treatment services within current resources						
a) Implement a screening, stepped assessment and triage model in each authorised referral service				X		
b) Reduce the average length of all existing standard medium term intensive	O	O	O	X	O	O

X is achieved; \ is partially achieved; => is working to achieve; O is no change/not working to achieve; NR is no response; NA is not applicable

Service Needs and Objectives	CDHB	ODHB	NMDHB	SCDHB	SDHB	WCDHB
residential services						
c) Review average treatment lengths within all intensive treatment modalities	O	O	O	X	O	O
d) Develop more structured group work options	O	O	X	\	\	O
Service Need 6: Increase the level of gender appropriate services for women						
a) Set a minimum regional access level for women that would equate to 30% overall for short to medium term residential and supported living services	NA	NA	NA	NA	NA	NA
b) Develop intensive day treatment programmes for women	X	X				
c) Investigate options for providing child care facilities for the period adults attend outpatient services	See Service Need 2, Objective H					
d) Consider the needs of women specifically in the implementation of all proposed service development objectives	\ =>	\ =>	\ =>	\ =>	\ =>	\ =>
e) Include responsiveness to the needs of women as a key focus in future AOD service audits	O	O	O	O	O	O
Service Need 7: Increase the emphasis on aftercare/reintegration services						
a) Establish community support worker and/or social work positions in major outpatient services in Christchurch	X					
b) Offer short term crisis respite services in all existing residential services and supported accommodation services				X		
c) Develop intensive short term follow-up aftercare reinforcement programmes either on an outpatient or weekend/day retreat model in Christchurch	O					
d) Enable greater access to mental health planned respite resources for people with co-existing disorders	\ =>	\ =>	\ =>	\ =>	\ =>	\ =>
e) Enable access to existing supported landlord mental health services in all districts	=>	\	O	X	X	\
f) Improve level of joint discharge planning between residential services and referral agencies offering aftercare	O	X	X	X	X	X
g) Provide a greater emphasis on vocational rehabilitation in aftercare/reintegration services	O	O	\	\	O	O
h) Establish supported AOD accommodation linked to the proposed residential Mental Health Rehabilitation Service in Greymouth						O
i) Provide aftercare respite and community support services as part of the reconfiguration of the existing AOD supported accommodation service in Timaru				X		
j) Investigate opportunities for providing self-funding AOD supporting living services in conjunction with current mental health community residential services in Dunedin and Invercargill		O			X	
Service Need 8: Increase the level of culturally appropriate services for Maori						
a) Increase participation of Maori in planning and development of Kaupapa	X	O	X	X	NR	O

X is achieved; \ is partially achieved; => is working to achieve; O is no change/not working to achieve; NR is no response; NA is not applicable

Service Needs and Objectives	CDHB	ODHB	NMDHB	SCDHB	SDHB	WCDHB
and Mainstream AOD services						
b) Develop strategies within health and with other sectors for the integration of a range of AOD, health and other services that meet holistic needs of Maori	\ =>	O	\ =>	X	\	O
c) Strengthen development and quality of Kaupapa Maori AOD services and outpatient services	\ =>	\ =>	\ =>	\ =>	\ =>	O
d) Include responsiveness to Maori as a key focus of future audits of AOD services	\ =>	\ =>	\ =>	\ =>	\ =>	O
e and f) Include specific cultural safety and cultural assessment criteria in all future audits of AOD services; develop audit tool for assessing the responsiveness to Maori for both mainstream and Kaupapa Maori AOD services	\ =>	\ =>	\ =>	X	\ =>	O
g) Undertake work to integrate cultural assessment fully into the comprehensive assessment model	See Service Need 2, Objective C					
h) Establish a regional Kaupapa Maori intensive day programme/accommodation treatment service in Christchurch	X					
i) Trial week day/end treatment wananga for Maori as a means of providing non-residential intensive outpatient treatment in smaller DHBs (if sufficient resources become available)			X	X	O	O
j) Include Rongoa in major treatment services	\	O	\	X	\	O
k) Appoint a dedicated Maori AOD health worker in NMDHB and WCDHB provider arm outpatient services			\			O
l) Develop a Kaupapa Maori AOD assessment/referral/outpatient counselling service for youth in Christchurch	O					
m) Develop Kaupapa Maori day treatment programme for adults in Christchurch	X					
n) Develop a Kaupapa Maori aftercare community support work service in Christchurch	X					
o) Increase the level of Kaupapa Maori outpatient assessment/referral/counselling in Christchurch	X					
p) Establish a Kaupapa Maori consult/liason service for mainstream AOD services in Christchurch	O					
Service Need 9: Provide residential treatment for youth in the South Island						
a) Develop a regional youth intensive day programme/accommodation treatment service in Christchurch	=>					
b) Actively include mana whenua and other Maori in the planning and delivery of the service model	X	O	O	X	\	O
Service Need 10: Reduce waiting lists for methadone treatment post-assessment to a maximum of four weeks in all DHBs						
a) Develop strategies for reducing waiting times within current resources	X	X	X	X	X	\

X is achieved; \ is partially achieved; => is working to achieve; O is no change/not working to achieve; NR is no response; NA is not applicable

Service Needs and Objectives	CDHB	ODHB	NMDHB	SCDHB	SDHB	WCDHB
b) Increase level of methadone clients being treated in the primary sector	X	X	X	\ =>	\ =>	O
c) Develop a system for clients on methadone programmes to transfer between districts	O	O	O	O	O	O
d) Provide access for methadone treatment clients to existing AOD day and residential treatment programmes	X	X	X	X	NR	\
Service Need 11: Improve access to treatment services for rural areas						
a) Trial a regional contract for week day/end treatment retreats/wananga as a means of providing intensive outpatient treatment	See Service Need 4, Objective D					
b) Investigate the potential use of computer and internet based treatment and support programmes	=>	\	O	X	O	O
c) Include the delivery of AOD services to rural areas in the work DHBs are undertaking to develop primary care services	\ =>	\ =>	=>	X	\ =>	\ =>
Service Need 12: Increase the level of Concerned Significant Other involvement in the treatment of all service users						
a) Include the encouragement of family/whanau participation in treatment as a key focus of future service audits	O	X	=>	X	\	\
b) Offer short course workforce development training courses on working with family/whanau participation treatment models	O	X	X	X	X	\
Service Need 13: Improve support to family/whanau members independent of the service user						
a) Ensure all major assessment/outpatient services are offering information and support to family members	\ =>	\ =>	\ =>	\ =>	\ =>	\ =>
b) Ensure all major treatment services are offering support for family members of service users	\ =>	O	\ =>	\ =>	\ =>	\ =>
Investigate how access for AOD family/whanau members to existing mental health family advocacy services can be improved	\ =>	O	O	X	\	\
c) Assist the establishment of family/whanau education and support outpatient services in Christchurch	X					
d) Provide education and support services for family/whanau members in Timaru				X		
Service Need 14: Improve outcomes for older recidivist substance dependants with significant rehabilitation needs						
a) Review models of care and clinical pathways for older recidivist substance dependants, particularly those under the A&D Act	O	O	\ =>	O	O	O
Service Need 15: Improve integration and flexibility of service delivery						
a) Develop a seamless treatment service by establishing service partnerships between individual service components to deliver more integrated and flexible service packages	\ =>	\ =>	\ =>	\ =>	NA	\ =>
b) Establish working protocols and MOUs between key services to facilitate effective service integration	X	X	X	X	X	X

X is achieved; \ is partially achieved; => is working to achieve; O is no change/not working to achieve; NR is no response; NA is not applicable

Service Needs and Objectives	CDHB	ODHB	NMDHB	SCDHB	SDHB	WCDHB
c) Recognise service partnerships in provider agreements	X	NR	NR	X	X	X
d) Review case management models in any reviews of models of care and clinical pathways	O	NR	O	X	X	\
e) Encourage the development of multi-faceted service providers who offer intensive outpatient and residential treatment options	\ =>	X	O	X	NA	O
f) Collaborate with the Department of Corrections to review models of care and clinical pathways for criminal offenders with AOD problems	\ =>	NR	\ =>	NA	\	O
g) Negotiate with Corrections the development of integrated service models with residential treatment providers	O	X	O	NA	O	O
h) Develop strategies within health and with other sectors for the integration of a range of AOD, health and other services that meet the holistic needs of Maori	See Service Need 8, Objective B					
Service Need 16: Develop a model for ensuring quality referral to residential treatment						
a) Maintain the current model of assessment and referral to residential services by designated clinicians in authorised agencies	\ =>	X	O	X	O	O
Service Need 17: Strengthen the participation of consumers/tangata whaiora in the planning and evaluation of services						
a) Review the management and support structure for the regional AOD consumer advisor positions	X	NR	O	X	\	O
b) Review the role and function of regional AOD consumer advisors in relation to the role of local consumer advisors and AOD providers	X	NR	O	\ =>	NR	O
c) Develop local AOD specific consumer advisor positions in the DHB provider arm	O	X	=>	NA	\	X
d) Investigate ways of making existing advocacy services for health consumers more accessible to AOD service users	X	X	O	X	NR	X
Service Need 18: Increase the capability of the AOD service workforce						
a) Offer intermediate level AOD workforce development training	X	\ =>	X	X	\	\=>
b) Include the needs of the Pacific Peoples AOD workforce in the CDHB programme for Pacific workforce development.	O					
Service Need 19: Make new pharmacotherapies for AOD dependency available for treatment						
a) Advocate with PHARMAC for inclusion of a wider range of new pharmaceuticals for treating addiction on the subsidised Pharmacy Schedule.	O	O	O	X	X	X
Service Need 20: Improve access to and the quality of treatment for co-existing disorders						
a) Undertake a separate follow-up sub-project to develop strategies for improving service delivery for co-existing disorders.	O	NR	O	X	X	\
Service Need 21: Develop an integrated planning and funding process for South Island AOD treatment services						
a) Undertake reviews of models of care and clinical pathways for key groups in	\	\	\	=>	NR	\

X is achieved; \ is partially achieved; => is working to achieve; O is no change/not working to achieve; NR is no response; NA is not applicable

Service Needs and Objectives	CDHB	ODHB	NMDHB	SCDHB	SDHB	WCDHB
conjunction with key service developments.						
b) Establish AOD sector planning groups in each district to promote collaboration between services, develop service integration and to co-ordinate service reconfiguration and development objectives.	\	NR	\	\	\	\
c) Establish a regional service development support position to assist services in each district to collectively implement the review recommendations.	O	\	X	NA	X	X
d) Explore the establishment of standardised benchmark prices to assist DHBs in the future purchasing of residential AOD services.	X	NR	\	=>	NR	NR
e) Release resources for prioritised service developments by no longer purchasing services that will either be redundant because of the announced funding for new residential service developments or have very low utilisation rates.	O	NR	\	NR	NR	O
f) Advocate for devolution of all South Island AOD service contracts to South Island DHBs	\ =>	NR	\ =>	\ =>	NR	\ =>

4.2 Feedback Summaries

Provided below is a written description of the overall implementation status of each Objective. **Provided in italics are identified issues/service gaps.**

Service Need 1: Increase the level of screening and brief interventions in primary settings

The implementation of strategies to improve the level of interventions in primary services is happening at each DHB, though the extent to which varies. *Some felt these objectives need to be medically driven and more process be put in place to further increase the level of AOD screening/brief intervention, and patient access to assessment/referral/counselling services in the primary setting.*

Service Need 2: Improve access to assessment/referral/counselling services

(a) All DHBs are working towards meeting the benchmark target of initial contact within one working day. Most are unable to achieve the target of full appointment within five working days. Some providers reported that patients wait up to 4 weeks for a full appointment; for those in prison, this wait can be even longer.

(b) All DHBs and AOD providers have implemented a screening, stepped assessment and triage model to reduce waiting times, though the extent to which this has been implemented varies. *Lack of resources (e.g. computers) was identified as a reason for the tool had not being fully implemented by some NGO providers.*

(c) All DHBs and AOD providers recognise the importance of cultural assessment and are working towards increasing this in their practice; however there were conflicting views regarding the feasibility and desirability of integrating cultural assessment into the comprehensive assessment model. This was particularly expressed by some at ODHB, while those at NMDHB felt the clinical assessment IS a cultural assessment and that the two cannot be separated. *Lack of qualified staff (qualified to conduct a cultural assessment) was identified as an issue.*

(d and e) The degree to which DHBs had negotiated with the Department of Corrections for payment for pre-sentencing and parole assessment reports varied, as did the degree to which each had negotiated with the Land Transport and Safety Authority a charge rate for drink driving assessments.

(f) Most DHBs are in the process of piloting and/or are providing outreach services within primary/allied settings. Some noted this happening more on an ad hoc basis and via their providers of Whanau Ora services. It was noted that this Objective described a "gold standard" service and that the outreach approach could result in double handling of patients. It was also noted by SCDHB that few elderly were accessing the older persons outreach service. *Lack of resources was identified as a barrier to implementing/achieving the Objective at NMDHB, ODHB and WCDHB.*

(g) Few DHBs and AOD providers are providing evening/weekend appointments. Most agreed this would be beneficial, though safety was identified as an issue. SCDHB noted that there was a lack of interest in evening/weekend appointments by their consumers; however services are flexible to accommodate individual people's needs as required. *Lack of resources and low demand were identified as barriers for implementation.*

(h) Providing child care facilities was considered by each DHB and many AOD providers, though few formally provide facilities. Some DHBs/AOD providers said that children can come to appointments with their parents if they want to. It was noted that care can be arranged through Work and Income New Zealand.

(i) CDHB has developed a kaupapa Maori AOD assessment, referral and outpatient counselling service for youth in Christchurch. *Lack of this service in rural areas was identified as a barrier.*

(j) ODHB has only partially implemented Step 1 of 3 to establish a culturally appropriate Maori Community AOD service in Dunedin for adults and youth. *The absence of a suitable Maori service provider was identified as a barrier to full implementation of this Objective.*

(k) CDHB has established an authorised cultural and clinical assessment, and referral service within a Pacific People's agency in Christchurch at Pacific Trust. *Coverage in Ashburton, with the high number of Pacific People living/moving there, was suggested.*

(l) CDHB has expanded the capacity of assessment, referral, case management and counselling services for Pacific youth in Christchurch through Pacific Trust.

(m) CDHB has increased the capacity of their Community AOD service to undertake assessment, referral, case management and consult liaison services.

(n) CDHB has allocated resource to develop the role of the CDHB Community AOD service primarily as a specialist assessment and referral service offering consult liaison, training and supervision to NGO treatment services.

Service Need 3: Increase access to detoxification services

(a) DHBs differed in their views on the success of reducing waiting times for access to Kennedy Medical Inpatient Detox service through increasing its capacity to an average of seven to eight beds. *CDHB found feedback to be positive regarding access to Kennedy and NMDHB noted that access has increased significantly since 2003, while SCDHB found challenges with waiting times.*

Note that other issues outside of wait times were identified with the regional Kennedy service: transporting patients to the service arranging residential care once the patient was discharged from Kennedy (getting the service lined up, with there being a lack of residential care beds across the South Island), and lack of supports for the patient once they returned to their home DHB. ODHB questioned the number of people being referred to/treated by Kennedy that could possibly be treated locally through community/social/home detox.

(b) CDHB reported "no change" to their continuing to build a collaborative service model between Thorpe House Social Detox service and Kennedy Medical Detox service in Christchurch.

(c) All DHBs reported that they had formalised the Kennedy Medical Inpatient Detox service consult/liaison and training role for the southern region.

(d) All DHBs agreed that the inter-regional charging mechanism for patients referred to Kennedy from outside the South Island had been developed.

(e) None of the DHBs, besides CDHB, reported having improved access to medical detox in general medical wards in their DHBs through formalising current ad hoc arrangements. NMDHB mentioned their having a great home detox service. SCDHB said they prefer to utilise Kennedy. *All DHBs agree the need for a mandate for the ward to provide the service.*

(f) SDHB did not establish a detox nurse position.

(g) SCDHB now provides access to social detox through re-configuring their current AOD supported accommodation service in Timaru and reported good outcomes for those who access the service.

Service Need 4: Provide a greater emphasis on intensive outpatient options for people with moderate to severe dependency who have lower level needs and less complex disorders

(a) All DHBs except WCDHB reported contracting current standard medium term residential providers to deliver comprehensive and integrated flexible service packages that include short to medium term residential treatment, day programmes, crisis respite and outpatient aftercare services. *All DHBs identified issues around implementing this Objective, including that there is a lack of residential beds for youth. To fully implement this objective, more resource is required. Residential programmes continue to raise difficulties regarding access due to rigid entry criteria and that there are long waiting lists for short-term residential beds.*

(b) SCDHB was the only DHB to achieve building in formative, process and outcome evaluation into proposed changes to service delivery (particularly the use of short-term residential treatment in conjunction with day treatment). *DHBs noted: "no leadership, no resource;" best if done as a one-off task and suggested an RFP for an outcomes evaluation in conjunction with the MoH; and better to have an outside group conduct an evaluation.*

(c) CDHB has partially freed up resources for intensive day treatment programmes in conjunction with residential providers by reducing the number of standard medium term residential beds located in Christchurch. *However, feedback from AOD services is that there is a shortage of residential treatment in CDHB and, therefore, they support no reduction in residential beds.*

(d) NMDHB and SCDHB have trialled a regional contract for weekday and weekend treatment retreats or wananga. SDHB and WCDHB have not. *Lack of outcome measures/research to support these activities and that some patients had multiple issues that could not be resolved in the short period of time were noted as issues.*

(e) DHBs agreed that more people with mild to moderate dependency were being treated primarily in an out-patient setting. It was noted that Blueprint funding does not cover this client group.

(f) CDHB and ODHB have implemented additional intensive outpatient and/or day treatment programmes in Christchurch and Dunedin. ODHB noted that its Salvation Army Bridge women's programme needs more resources.

(g) CDHB has developed a kaupapa Maori day treatment programme for both men and women in Christchurch.

(h) SCDHB has developed flexible, comprehensive community support packages in Timaru through reconfiguring the existing AOD supported accommodation service.

Service Need 5: Increase the capacity of treatment services within current resources

(a) SCDHB has implemented a screening, stepped assessment and triage model in each authorised referral service to reduce waiting times.

(b) SCDHB was the only DHB to report "Achieved" for this Objective. DHBs did not necessarily view "reducing the average length of all existing standard medium term intensive residential services by also incorporating shorter flexible term treatment options within the current services offered" as a priority. *Some questioned the feasibility and desirability of this Objective, and questioned the evidence supporting this as an objective, that 1 – 4 weeks of time may not be adequate for those in need and that clients need to be referred to a service that is of appropriate duration. It was noted that the problem is the waiting list, not the length of the programme.*

(c) SCDHB was the only DHB to review average treatment lengths within all intensive treatment modalities as part of the reviews of models of care and clinical pathways.

(d) Some of the DHBs reported developing more structured group work options in outpatient services (to reduce emphasis on individual counselling). *The need for more structured group work and better trained facilitators was highlighted.* However, some DHBs also said that the demand for this service is low.

Service Need 6: Increase the level of gender appropriate services for women

(a) Few DHBs provide services specifically for women; most highlighted the need for more services for women.

(b) CDHB and ODHB have developed intensive day treatment programmes for women. ODHB expressed its need for more resources as its programme is expanding.

(c) As mentioned under Service Need 2, providing child care facilities has been considered by all DHBs.

(d) *DHBs recognised that there are significant barriers for women accessing AOD services due to their having and needing to care for children, and the current limited access to beds (it was noted that women could fill up to three times the amount currently available at Odyssey). The need for a more intensive methadone programme for new mothers and services for women with little/no family support was highlighted.*

(e) SISSAL has not included responsiveness to the needs of women as a key focus of their AOD service audits, as they were unaware of specific instruction to do so.

Service Need 7: Increase the emphasis on aftercare/reintegration services

(a) CDHB has established a community support worker and/or social worker positions in major outpatient services in Christchurch. *It was noted that more aftercare/reintegration services are needed.*

(b) SCDHB now offers short term crisis respite services in all existing residential services and supported accommodation services to assist people in recovery who are at significant risk of immediate relapse.

(c) CDHB has not developed intensive short-term follow-up aftercare reinforcement programmes either on an outpatient or weekend/day retreat models in Christchurch.

(d) All DHBs are working towards enabling greater access to mental health planned respite resources for people with co-existing disorders. *ODHB noted barriers to access remain due to entry criteria. NMDHB highlighted their need to further develop this service in Nelson.*

(e) Some DHBs have enabled access to existing supported landlord mental health services in their districts by stable AOD clients. *Lack of funding/resources was identified as an issue for some DHBs (CDHB noted that additional funding has been identified in the 2008/09 Blueprint proposal to the MoH).*

(f) Most DHBs have and continue to improve the level of joint discharge planning between residential services and referral agencies offering aftercare service, *though CDHB said this has not worked well and NMDHB said they could do better.*

(g) DHBs are providing a greater emphasis on vocational rehabilitation in aftercare/reintegration services, though the level to which varies. *WCDHB noted that the employment service on the West Coast has closed and that they have no formal arrangements with any employers.*

(h) The WCDHB has not yet established a supported AOD accommodation linked to the proposed residential Mental Health Rehabilitation Service in Greymouth.

(i) SCDHB provides aftercare respite and community support services as part of the reconfiguration of the existing AOD Supported accommodation service in Timaru.

(j) ODHB has not investigate opportunities for providing self-funding AOD supported living services (half way houses) in conjunction with current mental health community residential services in Dunedin. SDHB has had a supported living service but this was unsuccessful and is not currently being provided in Invercargill. *Both DHBs identified the need for more funding to implement this Objective.*

Service Need 8: Increase the level of culturally appropriate services for Maori

(a) All DHBs are working to increase the participation of Maori in the planning and development of both kaupapa and mainstream services through forums like the South Island Maori Mental Health Network and district structures, such as the Canterbury Maori Mental Health Provider Network. *Issues/barriers to further increasing participation with identified: ODHB noted no movement or discussion with The Maori Mental Health Service and NMDHB needs to develop workforce for kaupapa Maori. It was also noted that there is no specific funding for Maori within AOD.*

(b) Few DHBs had developed strategies within health and with other sectors for the integration of a range of AOD, health and other services (to meet the holistic needs of Maori). *ODHB again noted no movement/discussion with The Maori Mental Health Service and that with the Maori Health Advisor's leaving eight months ago, no one was driving this work. NMDHB noted that most Maori providers hold these contracts.*

(c) All DHBs are working towards strengthening the development and kaupapa Maori AOD services, and outpatient services in particular. *WCDHB noted that there is no Maori Mental Health/AOD service on the West Coast.*

(d) All DHBs are working towards including responsiveness to Maori as a key focus of future audits of AOD services. *SISSAL noted that the audit tool does, though it is "a bit light."*

(e and f) All DHBs are working to include specific cultural safety and assessment criteria in all future audits of AOD services, and to develop an audit tool for addressing the responsiveness to Maori for both mainstream and kaupapa Maori AOD services (as part of a broader tool for all mental health services).

(g) As discussed under Service Need 2, all DHBs and AOD providers recognise the importance of cultural assessment and are working towards increasing their ability to undertake these assessments. *There are conflicting views regarding feasibility/desirability of this Objective. Lack of qualified staff (to undertake assessments) identified as an issue/barrier.*

(h) CDHB has established a regional kaupapa Maori intensive day programme/accommodation treatment service in Christchurch.

(i) As discussed under Service Need 4, NMDHB and SCDHB have trialled week day/end treatment for Maori as a means of providing non-residential intensive outpatient treatment in smaller DHBs. SDHB has not trialled such programmes.

(j) Four DHBs provide access to Rongoa (Maori healing practices).

(k) NMDHB appointed a dedicated Maori AOD health worker in their provider-arm outpatient services, however, the position is now vacant. *Filling this position is a priority.*

(l) CDHB has not developed a kaupapa Maori AOD assessment, referral and outpatient counselling service in Christchurch for youth.

(m) CDHB has developed a kaupapa Maori day treatment programme for both men and women in Christchurch.

(n) CDHB has developed a kaupapa Maori aftercare community support work service in Christchurch.

(o) CDHB has increased the level of kaupapa Maori outpatient assessment, referral and counselling in Christchurch.

(p) CDHB has not established a kaupapa Maori AOD consult liaison service for mainstream AOD services in Christchurch.

Service Need 9: Provide residential treatment for youth in the South Island

(a) CDHB is current developing a regional youth intensive day programme/accommodation treatment service in Christchurch for youth age 14 – 18 years in collaboration with Child, Youth and Family.

(b) Most DHBs actively include mana whenua and other Maori in the planning and delivering of AOD service models. *It was noted that there are no Maori staff at Odyssey, that consulting with Maori is different than consulting with mana whenua and that this Objective actually does require some additional resources to implement.*

Service Need 10: Reduce waiting times for methadone treatment post-assessment to a maximum of four weeks in all DHBs

(a) Most DHBs have developed strategies for reducing waiting times for methadone treatment post-assessment. NMDHB and SCDHB report no waiting lists.

(b) All DHBs except WCDHB are working towards increasing the level of methadone clients being treated in primary care. *Lack of GPs/GP availability was identified as a barrier.*

(c) *A system for clients on methadone programmes to transfer between districts has not been implemented and cannot be until waiting lists have come down.*

(d) Some DHBs provide access for methadone treatment clients to existing AOD day and residential treatment programmes.

Service Need 11: Improve access to treatment services for rural areas

(a) Some DHBs/AOD providers have trialled a regional contract for weekday / weekend treatment retreats/wananga as a means of providing intensive outpatient treatment. This was discussed in Service Need 4.

(b) Some DHBs are investigating/using computer and internet-based treatment and support programmes for rural consumers. *ODHB noted that privacy can be an issue. WCDHB said that most of their clients do not have computers.*

(c) Some DHBs include the delivery of AOD services to rural areas in the work they are undertaking to develop primary care services. *NMDHB has found limited access to rooms a barrier in their providing services to rural areas.*

Service Need 12: Increase the level of Concerned Significant Other involvement in the treatment of all service users

(a) Some DHBs have included the encouragement of family/whanau participation in treatment as a key focus of future service audits.

(b) Some DHBs offer short course workforce development training courses on working with family/whanau participation treatment models. *WCDHB identified this as an area that needs development.*

Service Need 13: Improve support to family/whanau members independent of the service user

(a) Some DHBs can ensure all major assessment/outpatient services are offering information and support to family members, though not many AOD service providers have made this shift from the one person to the whole family. *It was recommended that this be addressed at a contractual level. ODHB and WCDHB identified the need for more resources for residential providers to better enable their offering this.*

(b) Some DHBs can ensure all major treatment services are offering support for family members of service users. DHBs identified that there is a need for more skilled facilitation and recommended that this Objective be addressed at a contractual level.

Only CDHB has a dedicated family advocate to improve access for AOD family/whanau members to existing mental health family advocacy services. NMDHB identified a need for a family advocate. It was again recommended that this Objective be addressed at a contractual level.

(c) CDHB assisted in the establishment of family/whanau education and support outpatient services in Christchurch.

(d) SCDHB provides education and support services for family/whanau members (as part of the reconfiguration of the existing AOD supported accommodation service in Timaru).

Service Need 14: Improve outcomes for older recidivist substance dependants with significant rehabilitation needs

(a) ADANZ completed a review of models of care and clinical pathways for older recidivist substance dependants. This review was accepted by SIRMHN but not published. *It was noted by DHBs and by ADANZ that the AOD Act is currently under review by MoH. ODHB noted that it needs more beds at NOVA Trust. SCDHB recommended that more work be done on reviewing these models of care/clinical pathways.*

Service Need 15: Improve integration and flexibility of service delivery

(a) DHBs and ADANZ have established service partnerships between individual service components to deliver more integrated and flexible service packages. Specific work of ADANZ is provided in detail in the Appendix. *SCDHB identified access to residential services as an issue due to waiting lists and that programmes often discharge patients on a Friday and the patient can be put into an unsupportive environment. SCDHB also identified lack of aftercare services an issue.*

(b) All DHBs have established working protocols and memorandums of understanding between key services to facilitate effective service integration.

(c) Some DHBs recognise partnerships in provider agreements (Note: not all DHBs provided a response to this Objective).

(d) Not all DHBs have reviewed case management models in any reviews of models of care and clinical pathways. *Such reviews were supported if funding provided.* (Note: not all DHBs provided a response to this Objective).

(e) Not all DHBs reported encouraging the development of multi-faceted service providers who offer both intensive outpatient and residential treatment options. *Lack of staff and rigid entry criteria were identified as barriers.*

(f) Not all DHBs have collaborated with the Department of Corrections to review models of care and clinical pathways for criminal offenders with AOD problems. DHBs identified the need for more collaboration and negotiation, and that more could be done for those recently paroled. SCDHB does not support this process.

(g) Only ODHB has negotiated with the Department of Corrections the development of integrated service models with residential providers.

(h) Not all DHBs have developed strategies within health and with other sectors for the integration of a range of AOD, health and other services that meet the holistic needs of Maori. This was also discussed under Service Need 8).

Service Need 16: Develop a model for ensuring quality referral to residential treatment

(a) Some DHBs have maintained the current model of assessment and referral to residential services by designated clinicians in authorised agencies. *NMDHB reported that this does not happen now. SCDHB does not intend to change current practice at this stage.*

Service Need 17: Strengthen the participation of consumers/tangata whaiora in the planning and evaluation of services

(a) Not all DHBs have reviewed the management support structure for the regional AOD consumer advisor positions. *NMDHB and WCDHB noted that this needs developing.*

(b) Not all DHBs have reviewed the role and function of regional AOD consumer advisors in relation to the role of local consumer advisors and AOD providers. ADANZ noted that Consumer Advisors have been instrumental in on-going development of this service and in championing the case for consumer representatives in all DHBs.

(c) Not all DHBs have developed local AOD specific consumer advisor positions in DHB provider arm services. *NMDHB has requested through a recent audit that this be implemented. SCDHB noted this was impractical in a small DHB.*

(d) Most DHBs are investigating ways of making existing services for health consumers more accessible to AOD service users (Note: not all DHBs provided a response to this Objective).

Service Need 18: Increase the capability of the alcohol and other drug service workforce

(a) Most DHBs offer intermediate level AOD workforce development training. It was suggested that some of the training be generic for all Mental Health service staff, not just the AOD sector. *Skilled trainers are needed to make the training credible and interesting. SCDHB's whanau service requested additional funding for training.*

(b) CDHB has not included the needs of the Pacific People's AOD workforce in the CDHB programme for Pacific workforce development.

Service Need 19: Make new pharmacotherapies for AOD dependency available for treatment

(a) Some DHBs advocated with PHARMAC for inclusion of a wider range of new pharmaceuticals for treating addiction. *NMDHB highlighted that DHBs need Subxone to be on the subsidised pharmacy schedule* (Note: not all DHBs provided a response to this Objective).

Service Need 20: Improve access to and the quality of treatment for co-existing disorders

(a) Not all DHBs have undertaken a separate follow-up sub-project to develop strategies for improving service delivery for co-existing disorders. *NMDHB would like to pilot a co-existing disorders service* (Note: not all DHBs provided a response to this Objective).

Service Need 21: Develop an integrated planning and funding process for South Island AOD treatment services

(a) DHBs indicated that reviews of models of care and clinical pathways for key groups in conjunction with key service developments have taken place but further reviews of AOD service areas/programmes are needed.

(b) Some DHBs have established AOD sector planning groups in each district to promote collaboration between services, develop service integration and coordinate service reconfiguration and development objectives. *SDHB indicated that they would like to have a forum of local leaders.*

(c) ADANZ had established a regional service development support position to assist services in each district to collectively implement the review recommendations but this position was disestablished.

(d) Not all DHBs have explored the establishment of standardised benchmark prices to assist in future purchasing of residential AOD services.

(e) Not all DHBs have released resources for prioritised service developments by no longer purchasing services that will either be redundant because of the announced funding for new residential service developments or have very low utilisation rates. *CDHB queried which services have been identified as redundant. The reduction in availability of residential services for youth was identified as an issue* (Note: not all DHBs provided a response to this Objective).

(f) Only some DHBs have advocated for devolution of all Regional South Island AOD service contracts to individual South Island DHBs.

5 Key Findings from Review

The South Island DHBs have made good progress in achieving many of the Service Development Objectives in the Framework.⁴ They also continue to work towards achieving those that have been partially achieved and those that are outstanding.

5.1 Achievements and Successes

Through achieving/partially achieving and working to achieve the Objectives, DHBs have made some progress in several of the Service Need areas. Overall, DHBs have:

- **Increased screening and brief intervention in primary settings**

⁴ The Key Findings from this Review are based only upon the feedback received in response to the Objectives in the Feedback Form.

- **Improved access to assessment, referral and counselling services**
- **Improved access to Medical Detox through reduction of waiting times**
- **Improved integration and flexibility of service delivery**
- **Provided greater emphasis on intensive outpatient options for those with moderate to severe dependency**
- **Reduced or have no waiting times for methadone treatment post-assessment**
- **Greater delivery of flexible service packages**
- **Established AOD sector planning groups in each district**
- **Increased service partnerships between individual service components to deliver flexible service packages**
- **Made some increases in the level of culturally appropriate AOD services for Maori**
- **Made some improvement in access to AOD services for those living in rural areas**
- **Made some increase in Concerned Significant Other involvement in treatment**
- **Made some improvement in support to family/whanau members independent of the service user**
- **Made some increase in the capability of the AOD service workforce through enhanced training**

5.2 Service Issues and Gaps

Service issues and gaps within the AOD service sector were identified through feedback on the status of the Objectives. While DHBs have made progress in many of the Service Need areas, the following issues and gaps were highlighted as needing greater service provision. The issues/gaps in bold are regional themes; the bullet points below them may be DHB-specific, though supporting the regional theme.

- **Issues with Medical Detox services**
 - Challenges with “lining-up” service with post-treatment residential care programmes
 - Lack of support upon discharge
 - Differing views on length of wait to access service
 - No improvement to access of local medical detox; need for mandated, local bed for each DHB
- **Issues with AOD residential care beds**
 - Rigid entry criteria
 - Long waiting lists for short-term beds
 - Shortage of beds in CDHB
- **Lack of mental health planned respite resources for people with co-existing disorders**

- **Lack of aftercare/reintegration services** (*further emphasised by DHB Staff and AOD providers verbally, outside of Feedback Form*)
- **Need for system for methadone patients to transfer between districts**
- **Need for improved access to/quality of treatment for co-existing disorders**
- **Lack of Maori-specific AOD services/funding for AOD services**
 - Lack of strategy development around AOD to meet needs of Maori
 - General lack of Maori Mental Health/AOD leadership in Dunedin
- **Lack of Pacific-specific AOD services/mention in Review** (*further emphasised by DHB Staff and AOD providers verbally, outside of Feedback Form*)
- **Lack of gender-appropriate AOD services for women** (*further emphasised by DHB Staff and AOD providers verbally, outside of Feedback Form*)
 - Need for a methadone programme for new mothers
- **Lack of youth AOD services** (*further emphasised by DHB Staff and AOD providers verbally, outside of Feedback Form*)
 - Lack of residential care beds for youth
- **Need for more participation of consumers/tangata whaiora in the planning and evaluation of AOD services**
- **Need for more review of AOD service outcomes evaluation, and reviews of models of care and clinical pathways from a Planning and Funding perspective**

5.3 Other Findings

Other issues were identified throughout the Review.

- **Need for on-going monitoring and review for successful implementation of strategic frameworks.** Several of those who provided feedback expressed concern regarding the lack of monitoring and review of the implementation of the Framework. While many Objectives had been achieved and/or are being worked towards achieving, some of the information under “Additional Resources Required” and “Means of Resources” had become irrelevant.⁵ There was no opportunity to review the relevance of the Objectives or Service Need areas over the 3.5 year implementation period.
- **Need for measureable objectives/outcomes for meaningful evaluation of strategic frameworks.** Many of the Objectives were difficult to quantify and, therefore, difficult to assess if achieved or not—by both the DHBs and AOD Service Providers, and in the evaluation/analysis of the feedback. The evaluation/analysis is only as true as the data from which it is based.
- **Varying perspective of DHB P&F staff and AOD Service regarding implementation of Objectives.** The feedback received from P&F staff often varied from that received by service providers. In some cases, P&F staff reported an Objective as achieved while the service providers reported it as not achieved, and vice versa.

⁵ Some people did question whether these objectives would have been met anyway, without the specificity of the Framework, over the 3-year period.

6 Recommendations

Based on the findings from the Review, it is recommended that the SIRMHN:

- **Agree to close the remaining Objectives under the Service Need areas in Section 5.1; individual DHBs may choose to continue to progress these or not.**
- **Support communicating the findings of the Review to the South Island Mental Health and Addictions sector to:**
 - **celebrate achievements**
 - **inform the sector of the priorities that will be addressed in the second South Island Regional Mental Health and Addictions Strategic Plan.**
- **Support this communication through ADANZ Newsletter, LOAD forums and other AOD forums, as agreed by the SIRMHN.**
- **Based on current SIRMHN strategic priorities (and, if necessary, other additional analysis), determine whether the Objectives within the areas identified in Section 5.2 need to be addressed in the second South Island Regional Mental Health and Addictions Strategic Plan.**

Appendix: Amalgamated Feedback Form