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Christchurch at Harbour House, Lyttelton Minutes Thursday 22 February 2007

Apologies: Norm Withers, Simon Adamson, Georgina Jardine, Myra Barry, Jim Anderton, Carmen Hammond, Ruth Leveridge, Jackie Moore, Heather Carter

Karakia: Tuari Potiki

Welcome: Cate Kearney. Thanks to Harbour House, Care NZ, Tim Harding and Lynette Knox. Outline of agenda items.

Introductions

Tim Harding, CEO of CARE NZ; Lynette Knox, Manager of Harbour House; Bruce Brown, CARE NZ, Looking for a counsellor at present Bealey Ave. CNZ AOD Prison Service; first graduate at 3 – 4 weeks. Deidre Richardson, Course starting on Assessment treatment planning course begins late March. Motivational Interviewing and gambling later in year. Info available please contact, details on attendance list.; Jude Wastney, Emergency Shelter YWCA; Mandy Jarden, Emergency Shelter YWCA; Denise King, AOD Rep; Al Lawn, NZ Police; Tuari Potiki, ALAC; Perry Kingi, He Oranga Pounamu Youth Suicide; Gilbert Taurua, He Oranga Pounamu; Tina Lomax, Kingsley School. Children and youth at risk at Rolleston and Burwood. Also on Burwood Community Council; Karen Watson, Familial Trust busy post and trauma influx after Christmas; Whiu Carroll, Odyssey House Trust; Peter Ryder, Addiction Advocacy Service; Tania Schenkel, Addiction Advocacy Service; Tracey Potiki, He Oranga Pounamu Project Co-ordinator for ALAC contract – leadership network with Kaupapa Maori, AOD Mental Health Services - Te Whare Tukuku; Ray Johnstone SA Bridge 7 week Bridge Programme. Serenity Haven, Women's Service. Te Awhina aftercare; Jill Ramsey, Te Awhina Aftercare Service; Alistair Odgers, Youth Drug and Alcohol North Canterbury; Keith Cray, Lifelinks Needs Assessment; Bianca Anderson, Lifelinks Needs Assessment; Philip Murdoch, Odyssey Youth Service; Craig Cowie, SISSAL (Shared South Island Agency Limited); Craig Thompson, Youth Counsellor, Waipuna Trust; Claire Gilbert, Wahine Whaiora have extended the project extensively. Sign up for courses then working collaboratively with shared care. Courses start 5th March in set periods in line with the school term. Any woman who fits get. Info available please contact; Patsy Smith, Womens Coordinator with CADS and Circles of Change. Inundated with referrals from Christmas aftermath. Circles of Change lots of referrals which is great; Simon Mahoney, Case manager CADS.; Peter Comes, ADANZ Quality Manager; Ngaire Button, Shirley / Papanui Community Board; Alice Pilbrow, DARE Canterbury. Skill programme in Schools and Community; Marc Beecroft, New Consumer Advisor ADANZ; Sue Wikitane, Linwood College; Bronwyn Hancock, Linwood College; Blyda Mackey, Rata Counselling Centre; Annie Robertson, Rata Counselling Centre; Stuart Gray, SISSAL Coordination Mental Health and Addictions. Projects and leadership/management. Scholarships available within the sector. Provide training to increase tangata whaiora and whānau in services. Opportunity for Maori families. Contact info on attendance list for further information; Carol Penfold, Maori Womens Welfare League. Families in need. Working with He Waka Tapu; Peter Jamieson, ADA Helpline – Detox support; Carol Randal, ADA Helpline training coordinator. Also Brief Intervention Counsellor on phones; Jude Frazer, Caring for Carers; Toni Gutschlag, MH Portfolio Manager, Planning and Funding, CDHB; Jan Spence, Thorpe House. Social Detox, respite beds, AOD respite close to relapse don't require Detox; Virginia, Harbour House Counsellor / Educator; Sharmaine Dobson, Harbour House Counsellor / Educator; Phillipa Hay, Town Development Recreation Centre; Glenda, City Mission. Assessment referral relapse prevention; Peter Carey, Home Detox City Mission getting more referrals, starting to get going.

Presentations

HARBOUR HOUSE & CARE NZ, Tim Harding, CEO

Interested in the process of change in residential treatment. Many of the old facilities have closed. 3 out of 10 – 12 residential facilities closed in the last 12 – 15 years.

Involved in both private and funded services.

NSAD (National Society Alcohol and Drug Dependence) has been around since 1954. NSAD Care then became Care NZ.

NSAD still exists (as trustees name of board now, 100% owners of Care NZ) CNZ owner of Harbour House – the reason they are 3 separate entities is to keep public and private money separate ie Harbour House is a private facility.

Client numbers are low at present waiting for the Ministry to complete the process of certification then will expand to full capacity of 12.

Care NZ is a National Service has clinics from Auckland to Christchurch

Now have some extensive prison based programmes.

Also have opened intensive outpatients programmes in Lower Hutt, Wellington.

Also do some work in forensic and crisis units and have training and school programmes.

Q: There has been a lot of new services start in a short amount of time. How does the workforce cope?

A: There is no easy answer, just have to do the best you can. Some staff have come from other services and some from overseas. A lot of new people have been employed from placement during training. Have a strong relationship with Weltec and take a lot of placements. It is difficult to find quality staff. Workforce development managers need to be aware of this issue.

Q: Cost for Harbour House treatment?

A: \$12,000 + GST for the month. Can stay longer. Information is available on the website, www.harbourhouse.co.nz. No Government funding.

Q: What if a prospective client couldn't afford the fee?

A: Have talked to banks who would be likely to lend the cost as a normal loan. However, we would always let people know about public services and explain the choices.

There are people who want to pay for the convenience of a private service.

Do not provide medical Detox but do provide end stage Detox only.

HARBOUR HOUSE, Lynette Knox, Manager

From Wellington. Introduced herself and her team.

Now has a wonderful team. 3 clinicians with 2 on at night and one security. The first group graduated in November. Harbour House then closed for Christmas and reopened in January.

Harbour House is a therapeutic community, it runs with the support of the residents

The difference is it's a smaller service and privately funded so are able to personalise treatment.

Full range of services available: dietician, personal trainer, would like to acknowledge the support of the Lyttelton Health Centre.

Assessment and treatment planning for the day ie link in with He Waka Tapu for Māori.

Looking at supporting Lyttelton Community, community supporting Harbour House.

CULTURAL AUDIT, Gilbert Taurua, He Oranga Pounamu

What does it mean – Cultural Audit?

Background

HOP has a large / wide focus – has a mandate from Aoraki Summit to oversee the health and social services.

Māori for M services in the past had struggled and closed but now Māori Organisations over recent years have grown significantly. Thinking back to the Aoraki Summit and how Ngai Tahu provided oversight, the Cultural Audit may be a mechanism to guide the development and improved responsiveness of Maori participating in services.

Building capacity - Addictions part of that. Many local services overlap.

The Takewa is most of the South Island. HOP involved many of the AOD addictions development: Youth residential Odyssey House; Taha Māori programme at Hanmer; SI AOD review in collaboration with ADANZ gambling coordination service and AOD consumer.

Why Culture?

How do organisations and how as individuals working within organisations do you develop culture? Challenge – sometimes we adopt process as norms need to look at these closely re correctness. Must consider other sub groups as well.

Substantial Māori Client base e.g. at least 1 in 5; Māori live less years, die 8 years earlier

It's likely that more Māori will present to your service where the predominant culture is not theirs - how does that impact on the clinical decision making? Cultural audit useful at this stage

Audits similar to a financial audit.

Contract compliance, cultural audits are actually a requirement.

Why do it? Reduce the possibility of culture clash

Rationale: Reduce the opportunity for conflict

Look for strengths

If not into changing culture this will be a challenge

Achieving organisational transformation

e.g. The opening celebration of this service being in Lyttelton with Rapaki just down the road; being Māori it would be expected that the service would have a relationship with the Mana Whanua and they would be involved in the welcoming of the opening of the new service – a new dawn.

As part of an audit, has this happened?

Objectives

Cultural alignment has an impact on what is happening on the ground.

- What do you have in place
- Management level, governance and throughout organisation

Highlights what?

Policy development out of Government, for example (Māori outcome measurement tool) stipulates that if working with 1 member should be involving whole whānau / family

Some of the expectations are overwhelming but some come into contracts that have to comply

This new service (Harbour House) having a nurse / dietician on staff (or gambling counsellor) good because of health states of many Māori.

Also having an idea of the place of person in whānau and their responsibilities, being aware of this.

Cultural stuff often not picked up on properly

Cultural Audit components are all included in the standards publications: NZ58157:2003 AOD and others.

Frameworks and outcomes are not outlined in stone.

Suggested assessment framework

Competence; Wellbeing Framework; Competence and Safety; Family Functioning; Cultural and Spiritual Identity; Permanence and Stability; Client Satisfaction.

Responsiveness; Māori Development; Māori Advancement; Māori Workforce Capacity Building; Preferred Providers.

Consumer Satisfaction; Access; Information; Informed choice; Trust and Respect; Participation;

Q: Where do you go if you want a cultural audit?

A: The challenge is for DHB Funding and Planning to work out where and how this fits with service.

So look at all levels of the organisation

Governance, management and operational.

Difficulty with Treaty based relationships, care about who you develop relationships

Important to communicate with mana whenua

Working more responsively with Māori

For copy of overheads contact details on attendance list.

MENTAL HEALTH PORTFOLIO MANAGER, PLANNING & FUNDING, Toni Gutschlag

3 in team. Portfolio team leader and 2 project managers: Dave Gardner and Fiona Penman. Have a ring fenced budget of around \$10 million.

0 to 3% associated with Blue Print. It is an 'Assessment Target'.

The people who access Specialist MH services over 6 months.

For people most severely affected not limited to diagnosis.

Q: How much of the 3% are getting access to services

A: Now 2.5% are getting to services. This is high compared to other areas.

We are funded for 75% the Blue Print.

Effective MH services would meet full 3% but are actually only meeting 75%. Canterbury population has grown a lot more than anticipated.

Blue print works against 300,000 now population based. Funding can't cover this. \$ has to be taken from somewhere else if more is to go to MH.

77 NGO contracts for all the services range from big services e.g Richmond to lots of small NGO providers. Compliance and sustainability a huge cost.

Economy of scales etc working through how this can be done, bigger issue for general MH.

Most with hospital and government rest in NGO. Extra funding – can't apply it to existing services. Can't have to meet it by FFTS (similar to cost living adjustments but not).

Providers would like cost of living adjustments but DHB can't do this.

Last year looking at purchasing units – looking at AOD purchase units at present.

Looking at parity with general mental health.

Q: Wellington have higher NGO rates for clinical FTE. What is the HPCA definition around AOD.

A: Can't change the definitions.

Discussion around this.

When we contract services have to use service specifications found in individual service contracts – they are old, 15 year old need to change requirements of new MH Plan.

Didn't have the growth or range of the primary health services in community NGO sector 15 years ago.

Step outside of square to demonstrate services required.

There is a process to go through to manage that.

e.g. AOD respite bed (AOD usually excluded from respite services) and advocates service.

Additional service for women and care support for families.

\$150,000 tagged from new money this year for AOD going towards:

- New psychiatrists
- Some money for methadone

Audits

SISSAL contracted to provide audit service for DHBs. MH get certain number of audits per year. 77 providers and get around 10 spaces a year.

Around compliance qualitative / quantitative focus

e.g. Responsiveness to Māori

look at structure of procedures but not the quality e.g. treatment plans – everyone should have one but nothing about how good they are. Looking for tools to produce a good audit.

New funding

Follow process in Treasury guidelines.

Everyone can put their hand up. Transparent process.

Need to advertise Tender Process for RFPs not able to give funding to existing services.

e.g. of good sample especially sub groups.

Provider puts forward a paper with good support from the entire sector that service is needed. This is more efficient.

Need to formalise this process as it is not as expensive as RFP process.

Often asked why funding this or that service

What are the needs of the community and sector then plan accordingly – challenging.

Workforce Development

Matua Raki and Werry Centre

Student placement programme child and youth MH sector.

Whanauora demonstration service.

Cate acknowledges the amount of work Toni and her team have done over only 15 months.

NZ POLICE, AL Lawn

Amazing what we can accomplish if we don't care who gets the credit!

Thank you for your passion for working in the AOD sector. Aim to bring relationship and passion back into the Police Team. 2 years ago 70% of people didn't think the inner city was safe.

Liquor licensing has to consider the suitability of licenses of the bars in the city. Aim to keep those in industry honest. Those who want the privilege of selling liquor have an obligation to do it safely. This had not been happening and the whole industry needs to deal with this.

What to do

Used to take people to court and remove liquor licence but legislation is hard to get and easy to lose (licence) but not the case now.

Work with ALAC to get it right, to get willing compliance rather than big stick.

Interagency team, compliance team looked at Alcohol accords through relationships to change the inner city culture

Wanted to get licensee's buy in, drew attention to section 174 – closure up to a number of days – applied it, this got attention..

Along with health, CDHB and CCC; ALAC started training for licencees. Started an Alcohol Accord now have huge number who have joined.

First in NZ to get the 1 Way Door Policy once out can't get back in after 4.00 am. no one else can come in.

The change is exciting - 1600 detox people through police cells cost is too much; this may work to change the binge culture; Alco pops a scourge; change accelerating with alcohol; host responsibility certificates; next looking at up selling e.g. getting people to eat while drinking.

ADDICTION ADVOCACY SERVICE - Peter Ryder, Tania Schenkel and Niki Smith.

Thanks to those who have helped set up the team. Advocacy and Peer Advocacy has been needed for a long time.

At cutting edge of this type of service; first of its kind in New Zealand. Contact phone number: 943 5584.

Attendance: 52

Meeting closed : 12.30 pm

Karakia Tuari Potiki

Next Meeting: 3rd May 2007.

Further information and agendas available on www.adanz.org.nz.

Suggestions for agenda to Char Macpherson

Please note: These minutes are a summary of opinions expressed by meeting attendees. If anyone would like further information please contact Cate Kearney at cate.kearney@adanz.org.nz.

Attendance List

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