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A L C O H O L A N D O T H E R D R U G
S E R V I C E S R E V I E W

SUMMARY OF FINDINGS

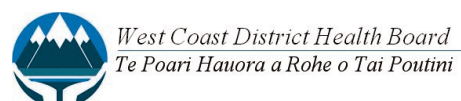
and

**STRATEGIC FRAMEWORK
FOR
SERVICE DEVELOPMENT**

May 2004

Canterbury

District Health Board
Te Poari Hauora o Waitaha



Prepared on behalf of the South Island District Health Boards

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1 SUMMARY OF FINDINGS

1.1 Background

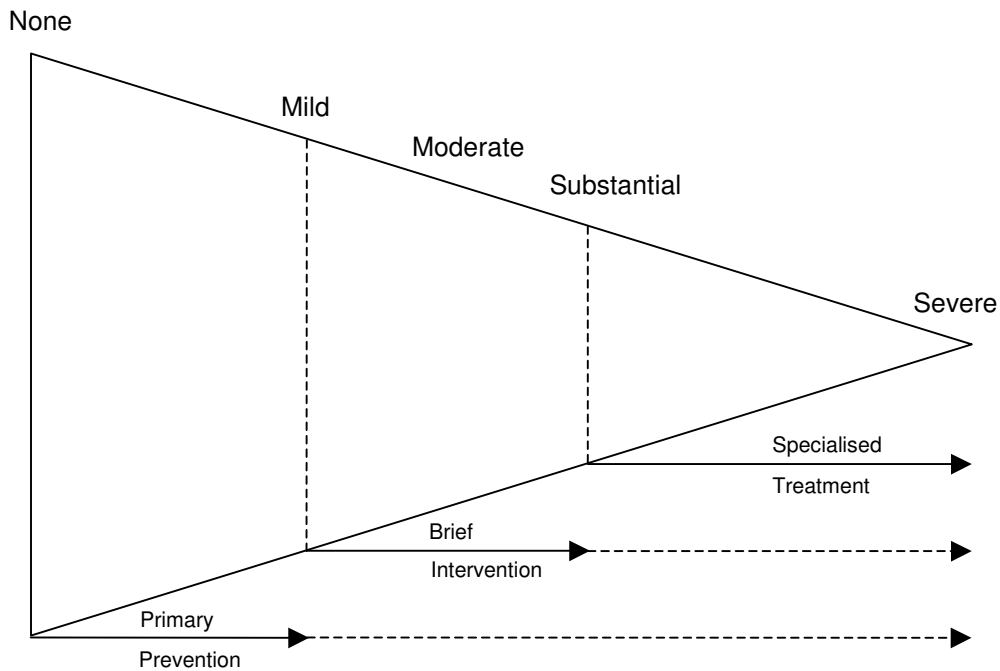
The South Island Alcohol and Other Drug Services Review has been carried out by the South Island Regional Mental Health Network with the assistance of the South Island Shared Service Agency (SISSAL) on behalf of the six District Health Boards in the South Island.

The purpose of the Review was to construct a plan within the available resources for the development of specialist alcohol and other drug (AOD) treatment services in the South Island over the three years ending 30 June 2007. Because many of the most intensive treatment services including residential treatment and inpatient detox are South Island wide in coverage, the Review takes a regional perspective that builds on district needs and services.

In practice a broad integrated strategic approach is needed to effectively reduce substance related harm. It is now recognised that there are many different degrees of alcohol and other drug problems along the continuum of use, that require a range of responses in a variety of settings that are appropriate to the severity of the problem (see Fig 1 below).

This includes health promotion and public health strategies to prevent people developing substance related problems, brief interventions for mild to moderate problems in primary settings such as general practices and social services, and specialist secondary and tertiary interventions for substantial to severe levels of problem.

Figure 1: The relationship between the severity of alcohol and other drug problems and the type of intervention needed.¹



¹ Source: Adapted from the Institute of Medicine. 1990. *Broadening the Base of Treatment for Alcohol Problems*. Washington DC; National Academy Press.

While the Review recognises the importance of a comprehensive strategy to address AOD problems the focus in the Review is primarily on intervention in the specialist AOD treatment sector for people who are substance dependent.

Intervention for tobacco dependency is excluded from the scope of the Review.

A Project Team was appointed by the SIRMH Network in October 2002 to manage the project and to formulate the final recommendations. A regional Project Reference Group consisting of provider arm and NGO clinicians, Maori and a consumer and family member was established as a formal advisory group to the project. The Reference Group's role was to provide expert advice on local needs and clinical best practice, and act as a small group planning forum for the project.

Two final report documents have been produced for the Review:

1. A summary of the findings plus the Strategic Framework For Service Development objectives (This report).
2. Discussion Document: Detailed analysis and discussion of the key issues along with the Strategic Framework For Service Development. Copies of this document are available from DHBs including their web sites or the South Island Shared Service Agency.

1.2 How Information was Obtained for the Review

Work commenced on the Review in November 2002 and included two significant consultation processes. Firstly, to enable the construction of service development objectives that accurately reflect the needs of the South Island population and reflect best practice guidelines, the Project Team gathered information from district information gathering forums, written submissions, key informant interviews with research experts and a service profile questionnaire, as well as utilising the expertise of the Project Reference Group.

Following the completion of the draft service development objectives, stakeholders were given the opportunity to provide feedback through DHB consultation forums, specific meetings with Maori and written submissions.

The Review also aimed to reflect the directions outlined in the National Strategic Framework for Alcohol and Drug Services (2002), and the national goal expressed in the NZ Health Strategy and National Drug policy, i.e. *'as far as possible and within available resources, to minimise harm caused by excessive alcohol and other drug use to individuals and the community.'*

1.3 Context Issues for the Review

1.3.1 Alcohol and other Drug Use in NZ

Significant sections of the New Zealand population regularly consume alcohol and tobacco, and use products containing caffeine. An increasing number are also using illegal drugs and misusing prescription medicines. The most commonly used drug is alcohol, followed by tobacco and cannabis. Other drugs such as opiates (heroin, morphine etc), stimulants (amphetamines, cocaine) and hallucinogens are used to a lesser degree.

While the majority of people use drugs such as alcohol and cannabis without significant harm, the misuse of alcohol and/or other drugs does come with considerable human and financial costs. These include physical and mental health problems, injury and death on the roads, drowning, violence, foetal abnormalities, absenteeism and impaired work performance and

criminal offending. As a consequence, untreated substance abuse and dependency has a significant flow-on impact on expenditure in the health and justice sectors in particular.

It is estimated that in any six month period, 6% of the population meet the DSMIV criteria for dependency on alcohol and/or other drugs and a further 12% for alcohol and/or other drug abuse.² Dependency rates for Maori are estimated at 8%³. Services in the scope of the Review primarily work with people in the dependant category, however in the absence of effective intervention in the primary sector, outpatient services also see a significant number who fall in the abuse category.

1.3.2 Changes Occurring in the Treatment Population

- Increased severity of disorder and complexity and level of need. Especially in terms of coexisting disorders, multiple drug use, criminal offending, Foetal Alcohol Syndrome and rehabilitation needs.
- Increased use of other drugs, especially cannabis. The use of methamphetamines is also beginning to have an impact on demand for AOD and mental health services.
- A growing number of Justice sector referrals. Accentuated by the high and growing prison population in the South Island and the increased use of home detention.
- Increased numbers of women, young people and Maori are being referred for treatment.
- Waiting lists exist for assessment, methadone and medium to long term residential treatment especially in the largest urban centres.

1.3.3 Best Practice Guidelines

In an environment of limited new funding the Review has also focused on qualitative improvements in service delivery that reflect best practice guidelines. In particular:

- The promotion of family/whanau inclusive models of treatment.
- The greater use of structured outpatient programmes, including intensive day programmes, for moderate to severe dependency with less complex needs.
- Shorter term residential treatment options in conjunction with intensive outpatient options.
- Socio-ecological treatment models which focus on the service user's interchange with key social systems while living in the community. The goal being to equip service users with the skills and environmental supports necessary to maintain recovery in the real world.
- The use of new pharmacotherapies for the treatment of AOD disorders.

1.3.4 Issues for Specific Population Groups

Maori

Maori make up a disproportionate number of the AOD treatment population with the most severe disorders, especially for Justice referrals.

Continued next page.

² Based on Oakley-Browne MA, Joyce PR, Wells JE, Bushnell JA and Hornblow AR. 1989. Christchurch Psychiatric Epidemiological Study. Part II: Six month and other period prevalences of specific psychiatric disorders. *Australian and NZ Journal of Psychiatry* 23(3): 327-40; and the Australian National Drug Strategy Household Survey.

³ *National Strategic Framework for Alcohol and Drug Services* (p3).

Improving the quantity and quality of service delivery for Maori in both mainstream and kaupapa Maori services is a priority in the Review. There are significant capacity and capability issues for the delivery of AOD services for Maori.

The Ministry of Health has announce funding for the development of a regional kaupapa Maori intensive day programme/accommodation service.

Pacific Peoples

The Pacific People's population in the South Island is relatively small (1.4%). This means that little further development of stand alone specialised AOD services for Pacific Peoples is feasible. The exception to this is the proposed development of an authorised Pacific Peoples assessment and referral service along with an expanded community resource for youth in Christchurch. Workforce development and improving the responsiveness of mainstream services are critical issues.

Co-existing Disorders

Significant numbers of clients in AOD services present with another co-existing mental health disorder (over 77%)⁴. Significant numbers of clients presenting to other mental health services also present with an AOD disorder (over 50%)⁵. Effective intervention for this population requires effective coordination between AOD and other mental health services. Due to the complexity and size of this issue a separate sub-project will comprehensively review strategies for this population group in 2004/05.

Youth

In 2003 the Associate Minister of Health, the Hon Jim Anderton announced funding from central government for South Island DHBs to establish an intensive youth day programme/accommodation service for 14 to 18 years, in response to needs highlighted by the piloting of the youth drug court in Christchurch. This service is expected to be operating by June 2004.

Women

There is increasing recognition of the need to improve both retention in treatment and outcomes for women by developing services and models of care that meet women's gender specific needs. This includes further development of women only intensive outpatient services and investigating options for childcare while undergoing treatment.

Criminal Offenders

The increasing demand from the Justice sector for AOD services is putting considerable pressure on the capacity of health funded AOD services. There is a need to work with Corrections to better integrate care between the two sectors and to negotiate funding boundaries.

Family/Whanau

The Review promotes the involvement of family members in the treatment process but also acknowledges the right of family members to receive education and support independent of the service user.

⁴ Adamson, S; (April 2003). *Naturalistic Treatment Outcome Project (NTOPI)*. Final Report to the Alcohol Advisory Council. Produced by the National Addiction Centre.

⁵ Todd, F. Sellman, JD and Robertson PJ. (1999). *The Assessment and Management of people with Co-existing Substance Use and Mental Health Disorders*. Wellington; Alcohol Advisory Council, Ministry of Health and Mental Health Commission.

1.3.5 Integration of the Treatment System

The Review examined how the different components of the treatment system could work together better to improve outcomes for the service user. This indicated the need for the development of stronger linkages and key partnerships between different service elements and the associated providers or sectors, along with the need to develop effective and practical case management systems in each district.

The Review has recommended the retention of a system of authorised assessment agencies for referral to residential treatment. However the authorised agencies should be independent of residential services and should be able to appoint their own designated clinicians based on agreed regional criteria.

1.3.6 Balance of Resources Across the Treatment Continuum

The Review assessed the degree to which the balance of resources across different components of the treatment continuum represented the optimum configuration. The following conclusions were reached.

- Waiting times need to be reduced for assessment and referral services.
- A more effective use needs to be made of existing detoxification resources.
- The capacity of outpatient services needs to be increased by finding more cost effective ways of working with people. Eg. More group work.
- Greater utilisation should be made of intensive outpatient programs for people with moderate to severe dependency and less complex disorders.
- There are insufficient short term residential treatment options available.
- A greater emphasis on aftercare would improve outcomes.
- The significant waiting times for methadone should be addressed primarily by the increased use of primary health care settings. This is the subject of a separate regional project in 2004/05.
- Service levels for long term residential treatment services need to be maintained because of the current levels of unmet demand for associated population groups.
- Due to population size and density, it is not viable for smaller DHBs to offer the full range of intensive outpatient and/or residential services available in larger districts. Small DHBs will therefore have a lower threshold for referral to residential services.

1.3.7 Funding of Alcohol and Other Drug Services

Funding of new service developments for the delivery of alcohol and other drug treatment services in the short to medium term is restricted to the following sources:

1. New funding outside both the Blueprint benchmarks and population based funding from the Ministry of Health for targeted service developments. Specifically:
 - a) \$551,111 p.a. for the regional youth intensive day programme/accommodation AOD treatment service.
 - b) \$517,000 p.a. for a regional kaupapa Maori intensive day programme/accommodation AOD treatment service. Including initial development support costs.
2. \$815,000 p.a. devolved to the southern region following the termination of the Hanmer Clinic's contract. While this funding was already nominally allocated to individual DHBs in the South Island, for the purposes of the Review this funding has been placed in the pool of AOD funding available for regional reconfiguration.

3. A limited reconfiguration at both district and regional levels of existing DHB AOD resources.
4. A modest reconfiguration of other mental health resources to developments in the AOD sector. This is proposed in the West Coast, Otago and South Canterbury DHBs. Total amount is \$222,739.

Apart from the above sources no significant additional funding is likely to be available through District Health Boards for AOD services because of other mental health priorities.

Boards facing deficits under population based funding are unlikely to receive any of the annual South Island allocation of new mental health Blueprint funding. Of these DHBs, those who are close to full Blueprint for mental health expenditure are unable to accept significant additional mental health funds, including AOD, as it increases the size of their funding deficit overall.

In practice these two realities have impacted on the prioritisation process and constrain the type, quantity and location of AOD services that can be developed.

In allocating district and regional funding the Review used the following principles:

- Resources within district only services are retained within that district.
- Regional resources released by reconfiguration should be allocated on two criteria:
 - I. The need to ensure all DHBs have intensive outpatient alternatives to meet the demand created by the reduction of standard medium-term mainstream beds including the residential programme at Hanmer Springs.
 - II. The relative gap for each DHB against the priority Blueprint volume benchmark for AOD Community FTEs.
- If because of implications for expenditure an individual DHB is unable or is unwilling to accept new funding their allocation is returned to the regional pool to be redistributed to other DHBs.

In recommending reconfiguration within residential services the Review has been cognisant of the risk of partially reducing volume levels in any one service to the point the remaining volumes are no longer viable and of the need to maintain a distribution of residential services across districts in the South Island.

Increased flexibility and diversity of services within residential treatment modalities is a key feature of the Review recommendations. However current prices paid for similar residential services vary considerably between providers. In response to the Review DHBs have agreed that all AOD residential treatment and inpatient detox services are regional in nature. Therefore to help ensure all agencies have sufficient resources to develop their services as proposed, the Review recommends that the development of standard regional benchmark prices for the future purchasing of residential services in the South Island be explored.

It should be noted that the South Canterbury District Health Board has indicated that their current level of mental health funding is sufficient to meet their district based AOD service development needs. Therefore no funding from the regional pool has been allocated to SCDHB for district only initiatives.

Final decisions on the funding and planning of alcohol and other drug services remain the prerogative of each DHB both individually and collectively. Individual DHBs may choose to undertake further AOD service developments outside of the Review.

See Table One (p.9) for a summary of the impact of the Reviews recommendations on DHB expenditure and Table Two (p.10) for the Reviews impact on DHB service volumes.

1.4 Summary of Key Strategies to Improve Service Delivery

For full details of the strategies see the attached recommended Strategic Framework for Service Development objectives in Section 2 of this document.

Assessment and Referral

- Improve access to assessment/referral services by:
 - Implementing a stepped assessment approach in authorised agencies to use resources more efficiently.
 - Improving the level of interventions in primary and allied settings for mild to moderate AOD problems.
- Maintain a system of independent authorised assessment and referral agencies as the means for accessing residential services.

Detoxification Services

- Use existing detox resources more effectively through establishing protocols and stronger linkages between services.

Services for Maori

- Improve the responsiveness of mainstream services to Maori.
- Extend the range of kaupapa Maori services and programmes. Specifically a regional kaupapa Maori intensive day programme/accommodation treatment service and adult and youth community based services in Dunedin and Christchurch.

Outpatient Treatment

- Increase the level of intensive outpatient programmes in conjunction with short term residential programmes.
- Trial weekend or weekday intensive treatment retreats or wananga for rural localities and smaller DHB districts.
- Investigate the potential of computer and internet based treatment programmes and support.

Residential Services

- Reduce the volume of medium term beds in Christchurch by a small amount to help resource increased outpatient options.
- Develop short term options in standard medium term residential treatment services.
- Maintain the current level of long term treatment beds being utilised for adults.
- Develop regional residential services for youth and Maori consisting of supervised accommodation linked to day programmes.

Special Population Groups

- Increase family participation in treatment.
- Offer greater support for family members independent of the service user.
- Develop dedicated outpatient services for women.
- Develop an authorised assessment service and expanded youth service for Pacific Peoples in Christchurch and workforce development in general for Pacific workers.

Aftercare

- Increase emphasis on aftercare and reintegration, in particular using a community support work and/or social work model.

Improving the Treatment System Overall

- Increase the capacity of the treatment system to deliver flexible individualised treatment packages for consumers.
- Develop partnerships with other sectors and between different treatment components to integrate service delivery.
- Review models of care and clinical pathways for key groups including those with the most severe problems.
- Increase the capability of the workforce by offering intermediate level training for priority areas.
- Negotiate funding responsibilities and boundaries with Corrections.
- Strengthen the participation of consumers/tangata whai ora in service development planning and evaluation of services.

1.4.1 Recommended Priority Areas for Service Development

The Review has identified the following objectives as the priority areas for development:

- Development of intensive outpatient programmes.
- Increasing the capacity and capability of kaupapa Maori services.
- Family participation in treatment and increased support for family/whanau members.
- Increased aftercare/re-integration services.
- Provision of a regional youth residential treatment programme.
- Workforce development across the spectrum of health workers in the AOD treatment sector.
- Improved integration and flexibility of the treatment system.
- Reviews of models of care and clinical pathways for key population groups.
- Increasing the level of gender appropriate services for women, including women with dependent children.
- Establishing standard benchmark prices for residential services.

1.5 Conclusion

The South Island Alcohol and Other Drug Services Review represents the beginning of a new wave of development in the sector. The Review focuses on new intensive treatment developments, optimising the use of current resources, working better and smarter and improving the quality of service delivery through the implementation of best practice guidelines and reviews of models of care.

Implementing the service development objectives will require all stakeholders including DHBs, clinicians, providers, and Maori, with input from consumers and family members, to work together over the next three years to achieve the desired results.

1.6 Summary Report Tables

Table 1: Summary of Current and Proposed Expenditure on Alcohol and Other Drug Services in South Island DHBs

DHB	Estimated Total Funding to Achieve Blueprint for AOD	Current AOD Contracts Value	Value of Gap to Achieve Blueprint	Proposed Contract Value in Review	New Per Capita AOD Spend	Value of Proposed Gap	Impact of Review on Increases in AOD Expenditure	New Residential Funding Outside Blueprint & PBF
Nelson/Marlborough	\$3,142,160	\$2,634,547	\$507,614	\$2,670,175	\$19.2	\$471,985	\$35,628	
Canterbury	\$10,446,697	\$7,606,322	\$2,840,375	\$8,251,427	\$17.3	\$2,195,270	\$645,105	
West Coast	\$743,411	\$725,705	\$18,706	\$750,041	\$25.5	-\$6,630	\$25,336	
South Canterbury	\$1,206,641	\$997,104	\$209,537	\$1,052,088	\$20.3	\$154,553	\$54,985	
Otago	\$4,318,866	\$3,514,400	\$804,467	\$3,765,205	\$21.1	\$553,661	\$250,805	
Southland	\$2,487,516	\$1,824,545	\$662,971	\$1,185,024	\$17.5	\$637,092	\$25,879	
South Island Region	\$22,345,291	\$17,301,622	\$5,043,670	\$18,339,361	\$18.7	\$4,005,931	\$1,037,739	\$1,068,111

Table Notes:

- Costs are GST exclusive and represent calculations for May 2004.
- Figures assume the regionalisation of all residential treatment and inpatient detox services.
- 'Current AOD Contracts Value' does not include the funding devolved from the closure of the Hanmer Clinics or the temporary contract with CDHB for services previously provided by the Christchurch Hanmer Outpatient Clinic.
- 'Impact of Review on AOD Expenditure' includes the allocation of the devolved Hanmer funding.
- 'Current' and 'Proposed' 'AOD Contracts Values' contain AOD expenditure that does not map to AOD Blueprint categories (\$390,020 and \$397,204 respectively).
- 'Proposed Contract Value in Review' does not include the MOH funding for the intensive youth and kaupapa Maori day/accommodation programmes which are outside the Blueprint and population based funding.

Table 2: Summary of the Impact of Service Reconfiguration on DHB Performance Against the Blueprint Volume Benchmarks For AOD Services

	Canterbury	Nels/Marl	West Coast	South Cant	Otago	Southland	Total
Community FTEs							
Benchmark Volume	79.6	23.5	5.1	8.8	30.7	18.1	165.8
Actual Contract Volume	52.4	21.0	5.7	6.1	25.3	15.2	125.7
Volume Gap	27.2	2.5	-0.6	2.7	5.4	2.9	40.0
Gap as %	34%	10%	-13%	31%	18%	16%	24%
Reconfigured Actual Volume	62.4	21.8	5.9	7.4	29.1	15.9	142.5
New Volume Gap	17.2	1.7	-0.8	1.4	1.6	2.2	23.2
New Volume Gap as %	22%	7%	-17%	16%	5%	12%	14%
In-patient Detox Beds							
Benchmark Volume	14.6	4.3	0.9	1.6	5.6	3.3	30.3
Actual Contract Volume	5.9	1.7	0.5	0.6	2.2	1.3	12.2
Reconfigured Actual Volume	6.9	2.0	0.4	1.1	2.6	1.5	14.5
New Volume Gap	7.7	2.3	0.5	0.5	3.0	1.8	15.8
New Volume Gap as %	53%	53%	54%	34%	54%	54%	52%
Residential Treatment Beds							
Benchmark Volume	48.7	14.3	3.1	5.4	18.7	10.9	101.0
Actual Contract Volume	54.4	15.9	3.3	9.9	20.8	12.9	117.2
Reconfigured Actual Volume	50.3	14.7	5.1	7.4	19.2	12.0	108.7
Additional Non-Blueprint Beds	10.7	3.1	0.7	1.2	4.0	2.4	22.0
New Actual Volume All Beds	61.0	17.8	5.8	8.6	23.2	14.4	130.7
New Volume Gap All Beds	-12.3	-3.6	-2.7	-3.2	-4.5	-3.5	-29.8
New Volume Gap as %	-25%	-25%	-89%	-61%	-24%	-32%	-30%
Methadone Places							
Benchmark Volume	730.4	213.6	45.6	80.2	280.7	163.2	1513.6
Actual Contract Volume	694.2	187.0	41.0	90.0	275.0	65.0	1352.2
Reconfigured Actual Volume	694.2	187.0	41.0	90.0	275.0	65.0	1352.2
New Volume Gap	36.2	26.6	4.6	-9.8	5.7	98.2	161.4
New Volume Gap as %	5%	12%	10%	-12%	2%	60%	11%

Table Notes: (see next page)

- Figures for actual contract volumes are accurate as at May 2004.
- Figures based on regionalised residential service model and maximum feasible volumes proposed in service development objectives.
- Volumes include nominal volumes for the new youth and kaupapa Maori day programme/accommodation services. These services are outside both Blueprint and Population Based Funding.

2 RECOMMENDED STRATEGIC FRAMEWORK FOR SERVICE DEVELOPMENT

2.1 Proposed Service Development Objectives for the Three Years Ending 30 June 2007

Please Note:

- a) The objectives are ordered from regional to district under each service need.
- b) Objectives refer to Alcohol and Other Drug (AOD) Services only unless otherwise specified.
- c) Service development objectives are based on what is considered feasible in the next three years within the resourcing restraints and the final outcomes regarding service configuration. As there are many factors which could influence the eventual configuration of resources, in some cases a range of additional volumes are specified from minimum to maximum feasible levels.
- d) Final decisions regarding the implementation of the recommendations are the prerogative of each District Health Board both individually and collectively. DHBs may also choose to undertake AOD service developments outside those recommended in the Review.

Service Development Objectives	Additional Resources Required	Means of Resourcing and Implementation Issues
Service Need 1 Increase the level of screening and brief interventions in primary settings		
a) Develop strategies for improving the level of interventions in primary services for people with mild to moderate alcohol and other drug problems.	-	Include as an objective in DHBs' development of primary health care.
b) Build linkages with the primary sector by piloting where viable, the establishment of assessment, referral and counselling outreach services in primary agencies in conjunction with primary care initiatives.	-	Utilise existing service resources and link to new primary funding initiatives.
Service Need 2 Improve access to assessment/ referral /counselling services		
a) Set a benchmark target of an initial contact being made with individuals seeking assessment within one working day of referral to the assessment service and a full appointment within five working days.	-	Benchmark acts as a measure of progress. Would require additional resources to achieve in full.
b) Implement a screening, stepped assessment and triage model in each authorised referral service to reduce waiting times.	-	Improves access by better allocation of resources.
c) Undertake work to integrate cultural assessment fully into the comprehensive assessment model.	-	Assessment agencies in conjunction with workforce development initiatives.
d) Negotiate regionally with the Department of Corrections payment for all pre-sentencing and parole assessment reports being undertaken by DHB funded AOD services. <ul style="list-style-type: none"> • Incorporate in a wider discussion regarding inter-sectoral collaboration in meeting the needs of criminal offenders with AOD problems. 	-	Increases funding available to services. (Some services are already receiving payment)
e) Negotiate regionally with LTSA a charge rate based on actual costs for Ministry of Transport drink driving assessments being undertaken by DHB funded AOD services.	-	Increases funding available to services.

Service Development Objectives	Additional Resources Required	Means of Resourcing and Implementation Issues
f) Pilot where viable the establishment of outreach services within primary and allied settings by operating regular community alcohol and other drug clinics in facilities such as medical practices, Maori health services, Corrections offices, etc. <ul style="list-style-type: none"> • Including settings for older persons and professional and other groups who traditionally resist attendance at AOD clinics. • In partnership with primary care providers. 	-	Utilise existing service resources and link to new primary funding initiatives. Neutral impact on funding
g) All major assessment and referral services offer an evening and/or Saturday morning service.	-	Provide within existing resources as viable. Limit to early evening if necessary to avoid extra staff costs.
h) Investigate options for providing child care facilities for the period women or men attend outpatient services.	-	DHB/SISSAL planning resources with assistance from regional support position.
i) Develop a kaupapa Maori AOD assessment, referral and outpatient counselling service in Christchurch for youth.	1 FTE	Reconfigured CDHB district AOD resources.
j) Implement steps towards establishing a culturally appropriate Maori Community AOD service in Dunedin for adults and youth. <p><i>Step 1:</i> Continue the provision by the Community Alcohol and Drug Service and Te Oranga Tonu Tanga of targeted services to Maori and extend the consult/liaison role with the Maori NGO sector.</p> <p><i>Step 2:</i> With additional resources expand the service.</p> <p><i>Step 3:</i> In the longer term devolve the service to a Maori provider when their capacity and capability are sufficient to maintain the service.</p>	1 adult FTE and 1 youth FTE	Utilise and eventually reconfigure existing CADS/TOTT personnel/resources (2 FTE) as part of the proposed total of 3 adult FTE. Expansion by one adult and one 1 youth FTE made available through the strategic recommendations in the 'Review of Mental Health Service Provision in Otago'. Step 3 may occur outside the three year time frame.
k) Establish an authorised cultural and clinical assessment and referral service within a Pacific People's Agency in Christchurch.	1.1 FTE	Review existing Pacific Peoples AOD resources to reconfigure funding.

Service Development Objectives	Additional Resources Required	Means of Resourcing and Implementation Issues
l) Expand the capacity of assessment, referral, case management and counselling services for Pacific youth in Christchurch. <ul style="list-style-type: none"> • Upgrade FTE to an authorised assessment and referral position. • Include consult/liaison role for mainstream services. 	0.5 FTE	Expands existing 0.5 FTE resource to full FTE position.
m) Increase the capacity of the Christchurch DHB Community Alcohol and Drug Service to undertake assessment, referral/ case management and consult/liaison services.	1 - 2 FTE	Re-establish disestablished position already in volumes. Plus one position from reconfigured district funding if final resource re-configuration permits.
n) Develop the role of the Christchurch DHB Community Alcohol and Drug Service primarily as a specialist assessment and referral service offering consult/liaison, training and supervision to NGO treatment services. <ul style="list-style-type: none"> ▪ Key role for high and complex needs including co-existing disorders. ▪ Retain NGO assessment services. ▪ Develop the case management/ treatment role of NGO treatment services in parallel. ▪ Maintain the current role for methadone clients. 	-	Increases assessment capacity within CADS.
Service Need 3 Improve access to detoxification services		
a) Reduce waiting times for access to the regional Kennedy Medical Inpatient Detox Service by increasing capacity to an average of seven to eight beds.	1-2 beds	Utilise existing spare capacity associated with minimum staffing requirements. These beds are currently being used for overflow from the acute inpatient unit.

Service Development Objectives	Additional Resources Required	Means of Resourcing and Implementation Issues
<p>b) Continue to build a collaborative service model between Thorpe House Social Detox Service and Kennedy Medical Detox Service in Christchurch.</p> <ul style="list-style-type: none"> • Develop a more seamless integrated approach between all detox services. • Enable suitable clients to access the social detox service while on medication through medical supervision from CADS. • Investigate the benefit of centralising assessment for access to all detox services. 	-	Utilise existing service resources.
<p>c) Formalise the Kennedy Medical Inpatient Detox Service consult/liaison and training role for the southern region.</p>	-	No additional resources required. Already completed through Regional Mental Health Access Project.
<p>d) Develop an inter-regional charging mechanism for patients referred to Kennedy medical detox from outside the South Island.</p>	-	Increases funding available to service.
<p>e) Improve access to medical detox in general medical wards in Nelson, Blenheim, Greymouth, Dunedin and Invercargill by formalising current ad hoc arrangements.</p> <p>Specifically by developing protocols with the wards regarding:</p> <ul style="list-style-type: none"> • Guaranteed minimum access. • Detoxification for drugs other than alcohol. • Provision of suitable facilities. • Co-ordination of care with community alcohol and drug service. • Ensuring trained medical staff are available to supervise medical detoxification. 	-	Utilise existing medical ward and CADS resources. Neutral impact on funding.
<p>f) Establish a detox nurse position to backup detox in the general medical ward and provide a home detox service in Invercargill.</p>	0.5 FTE	Reconfigure from existing CADS resources when staff vacancy occurs.
<p>g) Provide access to social detox by reconfiguring the current AOD supported accommodation service in Timaru.</p> <ul style="list-style-type: none"> • Clinical and medical support provided by Provider Arm A&D Service. 	130 days per annum (Estimate only)	Reconfigure existing contract. Final number of days determined by need.

Service Development Objectives	Additional Resources Required	Means of Resourcing and Implementation Issues
f) Develop additional intensive outpatient and/or day treatment programmes in Christchurch and Dunedin. <ul style="list-style-type: none"> • Include a programme for women specifically in Dunedin and expand capacity for women in Christchurch. • Investigate the need for and feasibility of a therapeutic community day programme in Christchurch for women with severe AOD disorders and significant criminal offending history. • Includes day programmes developed in association with existing medium term residential programmes. 	6 - 6.9 FTE CHCH 1.8 FTE Dunedin	Resources available from reconfiguration of regional resources. Including reduction in standard medium term beds in Christchurch. Plus utilisation of CADS staff in Dunedin to assist the development of a women's day programme.
g) Develop kaupapa Maori day treatment programme for both men and women in Christchurch in association with a Kaupapa Maori residential accommodation service.	1.5 – 2.0 FTE	Utilise government funding for new intensive kaupapa Maori day programme/accommodation service. Funding outside Blueprint and PBFF.
h) Develop flexible, comprehensive community support packages in Timaru through reconfiguring the existing AOD supported accommodation service. Including: <ul style="list-style-type: none"> • Home based day support. • Day support programmes at service. • Clinical support provided by Provider Arm AOD service. • Linked to development of respite care, social detox and short to medium term supported accommodation. 	1.0 FTE (equivalent care packages)	Reconfiguration of existing resources plus additional mental health funding for the expanded service.
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 to reduce waiting times.	-	Repeat of service development objective 2(b).

Service Development Objectives	Additional Resources Required	Means of Resourcing and Implementation Issues
b) Reduce 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. <ul style="list-style-type: none"> • Improve identification of clients for whom short term options (1-4 weeks) would be sufficient to achieve their treatment goals. • Treatment length determined by clinical need. 		Increases capacity of services.
c) Review average treatment lengths within all intensive treatment modalities as part of the reviews of models of care and clinical pathways. <ul style="list-style-type: none"> • Review and set average and maximum treatment lengths for medium term services as a priority. 		DHB/SSSAL planning resources with assistance from regional support position.
d) Develop more structured group work options in outpatient services. <ul style="list-style-type: none"> • Reduce emphasis on individual counselling. 	-	Increases capacity of services.
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 services and supported living services. <ul style="list-style-type: none"> • Investigate opportunities for individual providers to develop a greater focus on women within the overall target. 	-	SSSAL/DHB planning and contract management resources in conjunction with providers.
b) Develop intensive day treatment programmes for women. <ul style="list-style-type: none"> • Including a dedicated day programme for women in Dunedin. • Investigate the need for and feasibility of a therapeutic community day programme in Christchurch for women with severe AOD disorders and significant criminal offending history. • Expand capacity of day programmes for women with moderate to severe disorders in Christchurch. 		Volumes incorporated in service development objective 4(f).
c) Investigate options for providing child care facilities for the period women or men attend outpatient services.	-	Repeat of service development objective 2(h).

Service Development Objectives	Additional Resources Required	Means of Resourcing and Implementation Issues
d) Consider the needs of women specifically in the implementation of all proposed service development objectives including reviews of models of care and clinical pathways.	-	Utilise regional service development support position in conjunction with sector planning groups and DHB/SSSAL planning resources.
e) Include responsiveness to the needs of women as a key focus in future AOD service audits.	-	DHB/SSSAL audit programme.
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. <ul style="list-style-type: none"> • Focusing on community based aftercare and relapse prevention support. • Include a kaupapa Maori position in CHCH. 	1 - 3 FTE (CDHB)	Resources available from reconfiguration of district services in Christchurch and reconfiguration of regional resources.
b) Offer short term (1 week max) 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. <ul style="list-style-type: none"> • Include residential respite in re-configuration of existing AOD supported accommodation service in Timaru. 	Up to 5% of bed days in any one service.	Incorporate in existing bed day volumes for residential services. Neutral impact on funding. Number of bed days in Timaru to be determined by need.
c) Develop intensive short term follow-up aftercare reinforcement programmes either on an outpatient or weekend/day retreat model in Christchurch.	0.8 – 1.0 FTE	Utilise reconfigured regional funding. Enables shorter intensive treatment lengths.
d) Enable greater access to mental health planned respite resources for people with co-existing disorders.	-	Utilise existing mental health resources.
e) Enable access to existing supported landlord mental health services in all districts by stable AOD clients.	-	Enable access to existing mental health services.

Service Development Objectives	Additional Resources Required	Means of Resourcing and Implementation Issues
f) Improve the level of joint discharge planning between residential services and referral agencies offering the aftercare service.	-	No additional resources required.
g) Provide a greater emphasis on vocational rehabilitation in aftercare/reintegration services.	-	Link clients with suitable mental health and community training and employment services.
h) Establish supported AOD accommodation linked to the proposed residential Mental Health Rehabilitation Service in Greymouth.	2 beds	Utilises spare capacity in proposed rehabilitation service with some AOD district funding.
i) Provide aftercare respite and community support services as part of the reconfiguration of the existing AOD Supported accommodation service in Timaru.		Incorporated in objective 4(h).
j) Investigate opportunities for providing self-funding AOD supported living services (half way houses) in conjunction with current mental health community residential services in Dunedin and Invercargill. <ul style="list-style-type: none"> • Including supported accommodation for women and children in treatment in Dunedin. 	-	DHB planning resources in conjunction with providers.
Service Need 8 Increase the level of culturally appropriate services for Maori		
a) Increase the participation of Maori in the planning and development of both kaupapa and mainstream AOD services in DHBs through forums such as the South Island Maori Mental Health Network and district structures such as the Canterbury Maori Mental Health Provider Network.	-	Utilise local DHB consultation/participation mechanisms and existing planning resources and structures.
b) 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.	-	Utilise existing planning resources and structures within health and other sectors. Incorporate objective in other relevant district and regional planning projects.

Service Development Objectives	Additional Resources Required	Means of Resourcing and Implementation Issues
c) Strengthen the development and quality of Kaupapa Maori AOD services, and outpatient services in particular, through: <ul style="list-style-type: none"> • Collaboration between kaupapa Maori organisations. • Partnerships with mainstream AOD services. 	-	Utilise existing resources.
d) Include responsiveness to Maori as a key focus of future audits of alcohol and drug services.	-	Incorporate in existing audit programme.
e) Include specific cultural safety and cultural assessment criteria in all future audits of AOD services.	-	Incorporate in existing audit programme.
f) Develop an audit tool for assessing the responsiveness to Maori for both mainstream and kaupapa Maori AOD services as part of a broader tool for all mental health services.	-	Develop within DHB audit programme.
g) Undertake work to integrate cultural assessment fully into the comprehensive assessment model.	-	Assessment agencies in conjunction with workforce development initiatives.
h) Establish a regional kaupapa Maori intensive day programme/accommodation treatment service located in Otautahi/Christchurch. <ul style="list-style-type: none"> • Day programme linked to supervised accommodation model enables clients who live in the locality choice of outpatient or residential treatment or combinations of both. • Specific elements to meet the needs of Maori women. • Include Marae based components. 	9 - 10 beds	Utilise announced new government funding of \$517,000 for service. Funding outside Blueprint and PBF.
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.		Incorporated in volumes for service development objective 4(d).
j) Include Rongoa (Maori healing practices) in major treatment services especially detox and residential treatment. <ul style="list-style-type: none"> • Extent limited by capacity of resource. 	-	Utilise existing Ministry of Health contracts for delivery of Rongoa services.

Service Development Objectives	Additional Resources Required	Means of Resourcing and Implementation Issues
k) Appoint a dedicated Maori AOD health worker in Nelson/Marlborough and West Coast DHB Provider Arm outpatient services. <ul style="list-style-type: none"> • Ensure worker is linked to other Maori personnel (MH/AOD) to avoid isolation and ensure safety. 	-	Reconfigure existing resources as staff vacancies occur.
l) Develop a kaupapa Maori AOD assessment, referral and outpatient counselling service in Christchurch for youth.	1 FTE	Repeat of service development objective 2(i).
m) Develop kaupapa Maori day treatment programme for both men and women in Christchurch in association with the proposed Kaupapa Maori residential accommodation service.	1.5 – 2 FTE	Repeat of service development objective 4(g).
n) Develop a kaupapa Maori aftercare community support work service in Christchurch.	0 - 1 FTE	Repeat of service development objective 7(a).
o) Increase the level of kaupapa Maori outpatient assessment/referral and counselling in Christchurch.	1 FTE	Reconfigure within current contract from current mainstream funding in existing Maori AOD agency. Neutral impact on AOD funding.
p) Establish a kaupapa Maori AOD consult/liaison service for mainstream AOD services in Christchurch	0 - 0.5 FTE	Utilise reconfigured regional resources.
q) Implement steps towards establishing a culturally appropriate Maori Community AOD service in Dunedin for adults and youth. <p><i>Step 1:</i> Continue the provision by the Community Alcohol and Drug Service and Te Oranga Tonu Tanga of targeted services to Maori and extend the consult/liaison role with the Maori NGO sector.</p> <p><i>Step 2:</i> With additional resources expand the service.</p> <p><i>Step 3:</i> In the longer term devolve the service to a Maori provider when their capacity and capability are sufficient to maintain the service.</p>	1 adult FTE and 1 youth FTE	Repeat of service development objective 2(j).

Service Development Objectives	Additional Resources Required	Means of Resourcing and Implementation Issues
Service Need 9 Provide residential treatment for youth in the South Island		
a) Develop a regional youth intensive day programme/accommodation treatment service located in Christchurch for 14 to 18 year olds in collaboration with Child, Youth & Family. <ul style="list-style-type: none"> • Day programme linked to supervised accommodation. This model enables clients who live in the locality choice of outpatient or residential treatment or combinations of both. • Male and female. 	10 beds	Central Govt funding from 2002/03 budget announcement (\$551,111). Implementation project underway with Odyssey House as provider. Possible additional funding from Child, Youth & Family.
b) Actively include mana whenua and other Maori in the planning and delivery of the service model.	-	No additional resources required.
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.	-	Develop as deliverable in South Island Methadone Service Development Project.
b) Increase the level of methadone clients being treated in the primary care sector.	-	Primary health funding (User fees and general medical subsidy).
c) Develop a system for clients on methadone programmes to transfer between districts.	-	Resource from existing methadone funding. Develop as objective of S.I. Methadone Service Development Project.
d) Provide access for methadone treatment clients to existing AOD day and residential treatment programmes.	-	Allow access to existing services within current resources.

Service Development Objectives	Additional Resources Required	Means of Resourcing and Implementation Issues
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.		Repeat of service objective 4(d).
b) Investigate the potential use of computer and internet based treatment and support programmes for rural consumers.		DHB planning resources.
c) Include the delivery of AOD services to rural areas in the work DHBs are undertaking to develop primary health care services.	-	DHB planning resources.
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.	-	Incorporate in existing audit programme.
b) Offer short course workforce development training courses on working with family/whanau participation treatment models.	Unknown	See service development objective 18(a).
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.	-	Utilise existing service resources.
b) Ensure all major treatment services are offering support for family members of service users. <ul style="list-style-type: none"> • Support groups as a minimum. 		Utilise existing service resources.
Investigate how access for AOD family/whanau members to existing mental health family advocacy services can be improved.		Utilise existing DHB planning and contract management resources.

Service Development Objectives	Additional Resources Required	Means of Resourcing and Implementation Issues
c) Assist the establishment of family/whanau education and support outpatient services in Christchurch.	1 FTE	Utilise reconfigured regional resources.
d) Provide education and support services for family/whanau members as part of the reconfiguration of the existing AOD supported accommodation service in Timaru.		Volumes incorporated in objective 4(h).
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. <ul style="list-style-type: none"> • In collaboration with Disability Support Services. • Including length of residential care, reintegration services and community support. 	-	Utilise regional service development support position in conjunction with DHB planning resources.
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. Particularly between: <ul style="list-style-type: none"> • Detox services and intensive treatment services. • Residential services and intensive outpatient services. • Residential services and aftercare services. • Medical, social and home detox services. • Authorised assessment and referral services in the same city. • Provider Arm and NGO services. • Mainstream and Kaupapa Maori services. • Specialist AOD services and primary health care. • Health and other sectors. 	-	Utilise existing provider resources.
b) Establish working protocols and memorandums of understanding between key services to facilitate effective service integration.	-	No additional resources required.

Service Development Objectives	Additional Resources Required	Means of Resourcing and Implementation Issues
c) Recognise service partnerships in provider agreements.	-	No additional resources required.
d) Review case management models in any reviews of models of care and clinical pathways.		See service development objective 21(a).
e) Encourage the development of multi-faceted service providers who offer both intensive outpatient and residential treatment options.	-	See service development objective 4(a).
f) Collaborate with the Department of Corrections to review models of care and clinical pathways for criminal offenders with alcohol and drug problems.		See service development objective 21(a).
g) Negotiate with Corrections the development of integrated service models with residential treatment providers. Specifically between initial engagement pre-programme work in prison before entering long term therapeutic communities.	Unknown	Dept of Corrections fund prison treatment component. Community services maintained as present. Neutral impact on DHB funding.
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.	-	Repeat of service development objective 8(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. <ul style="list-style-type: none"> • Restrict authorised referral agencies to those independent of residential treatment agencies. • Enable authorised agencies to approve their own designated clinicians. • Establish minimum qualifications and skill levels for designated clinicians and incorporate in service agreements. • Audit agencies compliance against new policy. 	-	Policy developed by SISSAL/DHBs in consultation with clinicians. No additional resources required. Incorporate compliance monitoring as part of routine service audits.

Service Development Objectives	Additional Resources Required	Means of Resourcing and Implementation Issues
Service Need 17 Strengthen the participation of consumers/tangata whai ora in the planning and evaluation of services		
a) Review the management support structure for the regional AOD consumer advisor positions.	-	CDHB contract management with provider.
b) Review the role and function of regional AOD consumer advisors in relation to the role of local consumer advisors and AOD providers.	-	DHB/SISSAL planning and contract management resources in conjunction with consumer networks and providers.
c) Develop local AOD specific consumer advisor positions in DHB provider arm services.	To be determined by each DHB.	Where practical, as vacancies occur, dedicate a portion of the mental health consumer advisor FTE resource to a specific AOD position.
d) Investigate ways of making existing advocacy services for health consumers more accessible to AOD service users.	-	DHB/SISSAL planning and contract management resources.

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Service Development Objectives	Additional Resources Required	Means of Resourcing and Implementation Issues
Service Need 18 Increase the capability of the alcohol and other drug service workforce		
a) Offer intermediate level AOD workforce development training on the following subjects in order of priority: <ul style="list-style-type: none"> • Treatment of co-existing disorders. • Family/whanau inclusive treatment approaches including family therapy. • Kaupapa Maori models and practice. • Intensive structured outpatient treatment including group work. • Use of new pharmacotherapies. • Cultural assessment and safety practices. • Treatment of cannabis problems. • Treatment of methamphetamine addiction. • Intensive treatment for youth. • Consumer participation in service audits, planning and evaluation. • Motivational interviewing. • Programme evaluation. 	Unknown	District, regional and national workforce development funding. Inter-agency collaboration for in-house training Actual range and number of training subjects offered will depend on future workforce development funding levels. Some subjects could be incorporated in generic mental health training.
b) Include the needs of the Pacific Peoples AOD workforce in the CDHB programme for Pacific workforce development.	-	CDHB planning resources.
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. <ul style="list-style-type: none"> ▪ Naltrexone already approved. 	-	No additional resources required.
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.	-	SISSAL/DHB planning resources.

Service Development Objectives	Additional Resources Required	Means of Resourcing and Implementation Issues
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 conjunction with key service developments. Particularly for: <ul style="list-style-type: none"> • Recidivist substance dependents under the A&D Act. • Moderate to severe dependency with lower level needs and less complex disorders as part of re-configuration. • Criminal offenders (In collaboration with Dept of Corrections). • Co-existing disorders (Sub project deliverable). 		Utilise regional service development support position in conjunction with sector planning groups and DHB/SISSAL planning resources. Disability Support Services involvement in A&D Act clients with brain damage. Support from Dept of Corrections for criminal offenders review. Potential for inter-regional collaboration.
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. <ul style="list-style-type: none"> • Include Maori, consumer and family participation. • Work closely with DHB planners and funders. • Link to existing planning structures where practical. • Groups task focused and time limited. 	-	DHB/SISSAL planning resources with assistance from regional support position as required.
c) Establish a regional service development support position to assist services in each district to collectively implement the review recommendations. In particular: <ul style="list-style-type: none"> • Reviews of models of care and clinical pathways. • Reconfiguration of services and development of shared service models. 	0.6 FTE	Reconfigure the current regional ADANZ information/liaison/ policy advice contract plus some additional resources from regional funding.
d) Explore the establishment of standardised benchmark prices to assist DHBs in the future purchasing of residential AOD services.	-	DHB planning and funding resources. Increases in price limited to FFT funding and demographic adjustment funding available.

Service Development Objectives	Additional Resources Required	Means of Resourcing and Implementation Issues
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. Including: <ul style="list-style-type: none"> • Youth beds located in Auckland. • Parent and child bed in Auckland. • One long term therapeutic community bed in Christchurch. • Existing youth day programme in Christchurch (Final level of reduction yet to be determined). 	-	Releases resources for higher priorities.
f) Advocate for devolution of all South Island AOD service contracts to South Island DHBs.	-	Provides DHBs with greater flexibility and control over the use of South Island resources for service development objectives. Specifically Salvation Army Bridge Programme contract.

3 APPENDIX

3.1 Project Personnel

Project Team

Jane Cartwright (Project Sponsor)	Planning Manager, CDHB
Paul Rout (Project Manager)	Project Manager, Mental Health, SISSAL
Terry Huriwai	Project Manager, Alcohol and Drug, Ministry of Health
Tony MacDonald	Financial Analyst, SISSAL

Project Reference Group

<i>Name</i>	<i>Role in AOD Sector</i>	<i>Stakeholder Links</i>
Eileen Varley	Manager AOD Service, NMDHB	Clinical, Provider Arm
Roger Morgan	Psychiatrist, CADS, CDHB	Psychiatrist, Provider Arm
Sandy McLean	Manager (former), Odyssey House, CDHB	Clinical, NGO
Karen Watson	Co-ordinator, Familial Trust, CHCH	Family, NGO
Lesley Donaghy	Manager AOD Service, SCDHB	Clinical, Provider Arm
Roger Berwick	Manager AOD Service WCDHB	Clinical, Provider Arm
John Caygill	Manager AOD Service ODHB	Clinical, Provider Arm
Anila Paul	Team Leader, Rhanna Clinic, SDHB	Clinical, Provider Arm
Gail Payne	Southern Regional Manager, ALAC	Alcohol Advisory Council of NZ
Lynn Iiti	Regional AOD Consumer Adviser (former), ADANZ	Consumer
Takarangi Metekingi	Cultural Therapist, Moana House, Dunedin	Clinical, Maori, NGO,
Gilbert Taurua	Business Development Manager He Oranga Pounamu	Maori, NGO