

District Health Board	Response
Waitemata	<ul style="list-style-type: none"> • There has been no significant change to the delivery of alcohol and drug rehabilitation services provided by Waitemata Community Alcohol and Drug Service (CADS) in the last 12 months. One service locality (East Panmure) was closed and staff relocated to other CADS teams and a CADS clinic maintained at a local Community Health Centre. • The numbers of patients who sought treatment have significantly increased. This is mainly through larger volumes of referrals from the criminal justice sector. • Twenty-four additional residential treatment beds have been contracted by the Ministry of Health to reduce the harm from methamphetamine across metro-Auckland. Three additional social detox beds have also been contracted in this area for methamphetamine withdrawal.
Southland	<ul style="list-style-type: none"> • For over a year now the former SDHB Provider Arm Drug and Alcohol Specialist Services (DASS) has been delivering services to the Invercargill and Wakatipu areas by way of an integrated model of service delivery as one specialist team with staff located at Invercargill and Wakatipu. This has been supported by the development and implementation of a Service Provision Framework (SPF). • Future Directions Mental Health Network has supported linkages and networks between the various Alcohol and Drug service providers within the Southland area with the formation of the Southland Alcohol and Drug Managers Group (SADMG). • The Liaison On Alcohol and Drugs (LOAD) group and advocate service contract has ceased. Informal arrangements have been put in place to ensure service providers, advocates and consumers keep in touch.
Otago	<ul style="list-style-type: none"> • Over the last 12 months Community Alcohol and Drug Service (CADS) has developed an Intake Co-ordinator role. This has enabled one point of entry to the service including comprehensive AOD screening. Clients are then allocated to either Group Treatment or Face 2 Face counselling. The introduction of Group treatment in the last 12 months has meant the Wait List has been substantially reduced with clients having immediate access to group treatment which is now most often the case. Otago DHB has also commenced a Walk-in Clinic on Monday – Wednesday 1200 – 1400 for clients who want immediate referral. In conjunction with Group Treatment it is now possible for clients to be screened one week (Walk-in Clinic) and enter treatment the next week. • A Caseload Clinical Supervisor has been appointed from within existing staff (expanding the role of our Clinical Psychologist). The supervisor meets regularly with each AOD clinician to discuss their caseload, especially the appropriateness of on-going treatment, and other treatment options from both within and outside our service. • An NGO service Moana House was contracted by the Ministry of Health to provide 6 residential treatment beds to reduce the harm from methamphetamine.

South Canterbury	<ul style="list-style-type: none"> • There have been no significant changes to these services in the last 12 months as the models of care and changes have already been developed and implemented. The only change being an increase for adolescent services.
Canterbury	<ul style="list-style-type: none"> • An agreement was entered into with Salvation Army for a new range of regional AOD services, utilising resources that previously provided Vincentian Recovery Trust services. • The new services are a mix of residential and non-residential and can provide support to much greater numbers of people than the previous service. New services include: <ul style="list-style-type: none"> - Residential treatment for men with complex issues including offending - Residential treatment for women with children - Intensive non-residential programmes - Family support - Supported accommodation • Canterbury DHB supported a request from Odyssey House Christchurch to reconfigure 2 residential beds to resource an outreach worker. The reconfiguration has greatly improved services to the people in the community with the outreach worker providing much needed pre and post treatment support. • 3 additional FTEs were provided in community setting for assessment, referral and AOD counselling. • Following notification of closure from Youth Health Trust, Canterbury DHB negotiated continuation of AOD services from Waipuna Trust to ensure continuity of care. • A new housing facilitation and supported landlord service has been provided specifically for AOD consumers. • A new peer support service for families of people with AOD and Mental Health issues has been established. • Christchurch City Mission was contracted by the Ministry of Health to provide 1 social detox bed for methamphetamine withdrawal.
West Coast	<ul style="list-style-type: none"> • An Alcohol and Drug Treatment team has been established, that was previously part of the mental health service.
Nelson-Marlborough	<ul style="list-style-type: none"> • No change in model of care for the DHB • Te Kahui Hauora o Ngati Koata are conducting more addictions group work. • St Marks Society Inc are currently reviewing their model of care. Changes to treatment services (and as agreed in principle by the South Island Regional Mental Health Network) include flexibility in the length of stay to accommodate an extra months residential stay if required for high and complex need cases. • St Marks was contracted by the Ministry of Health to provide 1 social detox bed for methamphetamine withdrawal.
Wairarapa	<ul style="list-style-type: none"> • No changes
Capital & Coast	<ul style="list-style-type: none"> • Capital and Coast DHB share sub-regional contracts for some AOD services with Hutt Valley DHB. Please see Hutt Valley DHB below. • The Salvation Army was contracted by the Ministry of Health to provide 5 social detox beds for methamphetamine withdrawal.
Hutt	<ul style="list-style-type: none"> • A reduction of 1FTE agreed with the provider (Q-nique Ltd due to under utilisation of the subregional (Capital and Coast/Hutt Valley) Adult Community Support Worker positions. Planning and Funding and the provider monitored this closely for 6 months prior to

	<p>implementation.</p> <ul style="list-style-type: none"> • 2.0 additional FTE's into the regional Youth AOD Multi Systemic Therapies services, which provides intensive support to youth with AOD problems, their whanau. • 1.5 additional FTE's into the subregional WellTrust service providing counselling support to youth with AOD problems.
MidCentral	<ul style="list-style-type: none"> • The DHB has shifted the focus from medical detox services within the hospital setting to early intervention withdrawal services. • Additional funding to support the regional Youth AOD Multi Systemic Therapy service, which provides intensive support to youth with AOD problems, their whanau.
Whanganui	<ul style="list-style-type: none"> • No changes
Hawkes Bay	<ul style="list-style-type: none"> • Two additional Alcohol & Other Drug Counselors have been employed by Hawke's Bay District Health Board • Springhill Regional Residential Services have been reviewed. This has resulted in additional management support during 2010, renewing policies and procedures and a reduction in the programme length to eight weeks with greater emphasis on pre and post programme support from other central region DHBs. • Hawkes Bay DHB is working with Springhill Trust to upgrade the building, to future proof the service.
Taranaki	<ul style="list-style-type: none"> • AOD has started a Family members therapy group and a Family members support group - a total of 7 groups a week .There is also a group programme running once a week in Hawera . • AOD has now streamlined intake and waitlist processes and as a result of this the waitlists have greatly reduced. • There has been a significant reduction in the waiting lists for methadone clients. • Buprenorphine is also being trialled as an alternative choice /option for clients withdrawing off methadone (in some instances). As this is not pharmac funded, this is funded by the client. • As a quality improvement mechanism AOD has started a text system of reminding clients of their appointments. This has resulted in a decline of client Did Not Attend (DNA)s. • AOD has taken part in the Knowing the People Planning (KPP) programme to better understand the complex needs of frequent service users.
Tairāwhiti	<ul style="list-style-type: none"> • Tairāwhiti DHB has exited out of a regional residential youth AOD service and now refers youth to another service provider
Bay of Plenty	<ul style="list-style-type: none"> • Change of existing contract from Kaupapa Maori Mental Health Services to Kaupapa Maori Mental Health Service Dual Diagnosis Alcohol & Drug problems to target youth from 10 years to 25 years to better reflect the current needs in the community. • Reconfiguration of Service from Mauri Ora Adult Mental Health Post Residential Community Based Support to a Kaupapa Maori Alcohol and Drug Outpatient Intensive Service. The reconfiguration enables the provider to work more intensively with clients who have moderate to severe addiction disorders by taking a multidimensional approach to treatment and recovery. The service maintains the core elements of AOD services including screening, assessment, treatment planning, 24 hour call centre service, toxicology screening and programme outcome evaluation • These changes have been made to better reflect the service provision needed within the community. There have been no

	changes to mainstream services.
Lakes	<ul style="list-style-type: none"> • An agreement with its regional partners for youth residential AOD treatment (Rongo Atea) ended and was not renewed by Lakes DHB effective July 1, 2009. Lakes DHB has recontracted for youth residential AOD with Central Health Ltd (Te Waireka). • Service reconfiguration of a local mental health residential provider (Bainbridge House Charitable Trust) has resulted in the formal creation of AOD pre and post treatment service for adults. The service delivers supported accommodation for up to 6 individuals and a community support worker who provides home based follow up care. • The Mental Health Needs Assessment and Service Co ordination service is under review and will be operating differently from 1 July 2010. The interim service ensures that people from AOD services are entitled to needs assessment (not previously possible) where necessary and all NGO services over the last 12 months have expanded entry criteria to include referrals from AOD services. • A Youth Counselling contract (for young people aged 10-24 with mild to moderate mental health issues) has been opened to referral from AOD services (previously GP referral only). • No change to contract, however the DHB negotiated secondment of a Registered Nurse from the secondary mental health service to support the Midland Regional Kaupapa AOD residential service (Te Oranga Ngakau) and its delivery of clinical services to people presenting with mental health issues/co existing disorder.
Waikato	<ul style="list-style-type: none"> • The implementation of the review of child and youth mental health and addiction services. The intent of the review was to improve access to services and integration between service providers. • As part of the review a number of child and youth alcohol and other drug services became part of geographic 'clusters' within Waikato DHB. Although clusters have only been operating for a year the approach has enabled one point of entry to cluster services, new clinical governance structure across cluster services and improved process around transfer of care.
Counties-Manukau	<ul style="list-style-type: none"> • Additional staff, approximately 5 FTE, have been re-located at the Community Alcohol & Drug Service (CADS) South Office in Manukau, from the CADS East Office. • Tupu (Pacific AOD Community Service) has co-located with Faleola (Counties Manukau Pacific Community Mental Health Service). This involved the moving of some FTE from Auckland to Counties Manukau. • An additional 2 FTE to work with Pacific families where there are Alcohol and Other Drugs (AOD) issues. (Awarded to Tupu - result of a Request for Proposal (RFP) issued in October 2009). • An additional 2 FTE to work within a school-based AOD Programme (Stand Up!) – (Awarded to Youthline - result of RFP issued in November 2009). • RFP for AOD Peer Support Specialist service issued in March 2010. (Contract negotiations underway with preferred provider).
Auckland	<ul style="list-style-type: none"> • Auckland DHB has undertaken a regional review of AOD services. No changes have yet been made as a result of that review and most changes proposed are adjustments to improve service delivery and equity of access. • A minor change was made with the relocation of one Community Alcohol and Drug Service (CADS) office from ADHB area to CMDHB area (this was led by Waitemata DHB as the lead DHB for CADS). This adjustment has not led to any reduced service delivery for ADHB clients as a new weekly clinic was established at a nearby

	<p>ADHB CMHC office to compensate if necessary.</p> <ul style="list-style-type: none"> • This service change is being evaluated and further adjustments could be made if they are required.
Northland	<ul style="list-style-type: none"> • In January 2010 Northland DHB opened a Northland region 3 bed detox unit at Dargaville Hospital. The unit -Timatanga Hou or New Beginnings - provides 24-hour care, counselling and treatment programmes.