

**Thursday 13<sup>th</sup> September**  
**Stream D**  
**2.00pm – 3.00pm**

**“Opening the Silo’s – Connection through collaboration”**

A quantitative evaluation of Christchurch Central Service

Warner Milne, Lead Peer Support Worker, Christchurch Central Service  
Melissa Douglas, Associate Team Leader, Christchurch Central Service

Christchurch Central Service (CCS) is a collaboration of all AOD services and is managed by Odyssey House Trust Christchurch across the North Canterbury region. It originates from AOD Central Service established in 2012. In 2016 Christchurch Central Service (CCS) was formed to build a whole systems approach. Greater connection through collaboration was gained in early 2016 seeing clinicians from different services working together at different times under the umbrella of CCS. Along with the introduction of dedicated peer support and locating services/programs a sharing of resources had begun.

Two years down the track how has working together and the sharing of resources enhanced connection and aided in opening the silo’s? CCS has seen an improvement in connection of services that has made for easy access for Tangata Whaiora. Clinical staff and peer support working together in collaboration creates an ease of access to a range of support groups and treatment options. Reduction in waiting times, easy access to one central point of contact and services working in collaboration with each other, the silos are opening.

**Presenter biography**

Warner Milne is Lead Peer Support Worker at Christchurch Central Service with lived experience of problematic drug and alcohol use. He has been working as a peer support worker for the past ten years.

When Warner commenced his position with Christchurch Central Service he was responsible for helping to get peer support established within the center and developing how peer support would grow with the service.

When not working, Warner can be found exploring the South Islands beautiful coastline and lakes in his sea kayak with his partner Nancy, and spending time on the sideline watching his grandchildren playing rugby.

Melissa has worked as a Salvation Army Officer (Minister) for 9 years before being appointed to work within their Bridge Programme. She was encouraged to complete 1 paper to gain an understanding of mental health issues. This led to her completing a Bachelor in Addiction Studies. She has used this knowledge in her following roles as a case work in their residential programme, intake worker before leaving the Salvation Army. She has more recently worked as an advocate with high risk family violence offenders and victims before returning to the AOD sector as AOD clinician and now associate team leader at Christchurch Central Service.

## Connecting with the community in an Emergency Department

Michelle Petricevich, ED SBIRT, Northland DHB

Bronwen Wood, Northland DHB

Mandi Cross, Northland DHB

Have you ever considered making connections in the Emergency Department (ED)? This is our mahi, connecting people to their whanau, their community and to their aspirations for better health and wellbeing outcomes.

We use intuitive ipad based software called Rataora to engage ED patients in discussions about their substance use. Patients decide whether they'd like their whanau/friends involved. This develops a powerful pro-social connection in owning and acknowledging substance use for patients and their whanau. We raise awareness of the results and discuss the impacts and their vision for the future.

Patients and whanau are offered connection with a range of support services, facilitated through a secure interactive platform. If patients are not open to a straight referral they are offered a supportive call from our psychologist and information on community support groups.

Connecting services has supported our journey to improve outcomes for our patients, reduced wait-times and enhanced service delivery and communication.

Our referral team includes: NDHB AOD, Salvation Army, the Meth Help team, Whangarei Youth Space, Alcohol Drug Helpline, Rubicon youth and the Smokefree team.

Fifth year medical students have joined our team screening patients in the weekends and providing extended reach and connection with patients: "Being a part of this project holds value as I feel it is the beginning of a service which will help a lot of people in the future".

In our first four months we screened over 1400 people, connecting 90 to support services. Please join us on our journey of connections.

### Presenter biographies

My name is Michelle Petricevich and I am from Northland. I bring lived and learned experience to provide support, information and hope to Northland communities. The treatment pathways offer individuals assistance of their own choosing. Supporting people toward better outcomes is a passion not a job. I believe if the first connection is not one which enhances, then the journey cannot begin. I am the front person of a project I very much believe in. Screening, Brief Intervention and Referral to Treatment is more than just box ticking. It is an opportunity to respond to unmet need in Northland communities.

Ko Bronwen Wood toku ingoa

No Whangarei ahau

Ko Psychologist taku turanga

I have been working in the addictions field in New Zealand for the past 14 years. I have a client centred approach and believe that everyone has their own journey. Sometimes people need some non-judgmental support to find their way. I have a strong knowledge base of Acceptance and Commitment Therapy and in conjunction with CBT feel that I can support clients in their

recovery. RataOra (ED screening) provides me opportunity to connect people with services or people that can lead them to living the life they want.

## **Connection through Connectors – *Are you a connector?***

Adrienne Fruean, Manager (Service and Clinical), Consultancy Advocacy and Research Trust (CART)

Consultancy Advocacy and Research Trust (CART) is an NGO provider with over 30 years of service. Servicing Ngā Mokai (NM) a term coined by the founder describing a population of displaced whānau disconnected from mainstream community. Following the inappropriate access to treatment for methamphetamine withdrawal management of a 'Māori patched gang member', NM approached the Ministry of Health to address this issue faced by displaced communities. From this discussion came the inception of the Wakatika Ora Service (WO). WO is designed to work with displaced communities wanting to address their methamphetamine and other substance use.

We will highlight the values of CART which underpin the Tikanga/philosophy of the WO, that is, *connecting with those who are not connected*. The uniqueness of the WO is NM the displaced communities. The WO model embraces the 'lived experience' of NM as the 'connector' for their peers walking alongside them towards connection within the wider community. The WO works from the premise of non-judgement, supporting whānau to chart their water's no matter what the challenge, to reach their goals and aspirations. *Social identity theory* states, "individuals derive their sense of self through membership of the social groups they value, & these social identities provide a critical source of support" (Best, 2017).

Methamphetamine like addiction is '*everybody's business*'. Wakatika Ora Service will work across systems and services, 'out of the box' service delivery, to address addiction related problems. Service providers and clinicians can make connections with "evidenced-models of recovery" daily (Best, 2017). Because as Dr Evans inspiringly stated, '*Change is Possible*' especially in displaced communities (Arthur, C. Evans, Jr. PhD, CE 2017).

### Presenter biography

Tēnā Koutou Katoa/Talofa Lava,

My name is Adrienne Rangimokai Fruean of Samoan/Māori descent. I have five adult children and three mokopuna. My involvement with the Addiction sector is definitely about the connections and passion to address addiction issues. These connections have afforded me career satisfaction beginning in Corrections reintegration of offenders inclusive of the Drug Treatment Unit. Moving into workforce development, coordinating national training across the addiction sector. Furthering my addiction knowledge as the addiction lecturer with NorthTec. Approached to manage insolvency of a Kaupapa Māori Alcohol and Other Drug (AOD) peer service. Securing my six-year connection with secondary Addiction and Mental Health services. Ongoing leadership development has centred my clinical practice on coexisting capability. Connecting me to the new appointment of Wakatika Ora Service and Clinical Manager.