

SCTT 2009 Training program

Evaluation report

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1. Introduction

1.1 Project context

Service Coordination is a key element of the Primary Care Partnerships (PCP) Strategy. The Service Coordination Tool templates (SCTT) are a common set of forms for service providers to record and share client information, undertake initial needs identification, make referrals and obtain client consent to share information between providers.

The SCTT are reviewed as part of a continuous improvement process. The SCTT 2009 Revision Project resulted in minor amendments to the existing templates and two new templates. The SCTT user guide is designed to support their use by service providers. The purpose of the project was to update the SCTT user guide to reflect these changes and to plan and deliver training to support implementation of SCTT 2009 to the PCP member agencies.

Within this context, the objectives of the project were to:

- Update the SCTT guidelines¹ to reflect the amended and new tool templates, in a user-friendly format
- To provide a sustainable training strategy to deliver information to PCP member agencies of the new and updated templates, using adult learning principles
- Deliver statewide regional based training using a train-the-trainer model.

HDG Consulting Group were contracted to implement the project. This report provides evaluation outcomes following the delivery of 17 training sessions across Victoria.

1.2 Training objectives

The objectives of the SCTT 2009 training program were to:

- Design a SCTT 2009 training session based on a train-the-trainer approach
- Plan and deliver the training across 17 locations in Victoria, ensuring that the training addressed the main changes and additions to the SCTT 2009, including familiarisation with the new templates and revised Care Coordination Plan
- Use the opportunity to promote and distribute the updated SCTT 2009 User Guide, Victorian Service Coordination Manual, Good Practice Guide and Continuous Improvement Framework
- Provide an engaging and effective learning opportunity for participants
- Motivate and enable participants to provide SCTT 2009 training to their colleagues.

¹ At the same time the Victorian Service Coordination Manual, Good Practice Guide and Continuous Improvement Framework were updated.

1.3 Training session distribution

Seventeen training sessions were held in August 2009, with two sessions in each Department of Health region and one session in Melbourne (see Table 1). A total of 493 people participated in training, including via video link at two sessions.

Table 1: SCTT Training sessions and attendance numbers

Region	Location	Date	Venue	Attendance
Department of Health & Primary Care Partnerships	CBD	Monday 3 Aug, 2.00pm – 4.30pm	Victorian Healthcare Association Ltd, Level 6, 136 Exhibition Street, Melbourne	22
Eastern Metropolitan Region	Box Hill	Tuesday 4 Aug, 9.00am – 11.30am	Box Hill DHS office, Rooms 1 & 2, 883 Whitehorse Road, Box Hill	26
	Montrose	Tuesday 11 Aug, 1.30pm – 4.00pm	Conference Room 1, York on Lilydale Hotel, cnr York Rd and Swansea Rd, Montrose	28
Southern Metropolitan Region	Dandenong	Thursday 6 Aug, 9.00am – 11.30am	Drum Theatre, Town Hall, 226 Lonsdale Street, Dandenong	30
	Parkdale	Tuesday 11 Aug, 9.00am – 11.30am	Central Bayside CHS, 335 Nepean Highway, Parkdale	28
North & West Metropolitan Region	West Heidelberg	Thursday 6 Aug, 2.00pm – 4.30pm	Banyule Community Health, Thomas Russell Room, 21 Alamein Rd, West Heidelberg	28
	Maribyrnong	Tuesday 18 Aug, 9.00am – 11.30am	Maribyrnong City Council, 1st Floor, Municipal Offices, cnr Napier and Hyde Streets, Footscray	31
Gippsland Region	Traralgon	Wednesday 19 Aug, 9.30am– 12.00noon	Traralgon DHS Offices, Werna Nambur Room, 64 Church St, Traralgon	35
	Traralgon	Wednesday 19 Aug, 1.30pm – 4.00pm	Traralgon DHS Offices, Werna Nambur Room, 64 Church St, Traralgon	19
Hume Region	Benalla	Monday 10 Aug, 9.30am – 12.00noon	Benalla Community Care, 46 Costa St, Benalla	31
	Shepparton	Monday 10 Aug, 2.00pm – 4.30pm	Vision Australia, cnr Archer and Channel Rd, Shepparton	28
Loddon Mallee Region	Bendigo	Thursday 20 Aug, 10.00am– 12.30pm	Bendigo DHS Offices, 74–78 Queen St, Bendigo	35
	Mildura	Wednesday 26 Aug, 10.00am– 12.30pm	Mildura Private Hospital, Thirteenth St, Mildura	24
Grampians Region	Horsham	Friday 14 Aug, 10.00am – 12.30pm	Wimmera Health Care Group, Baillee Street, Horsham	42
	Ballarat	Monday 17 Aug, 10.30am – 1.00pm	McCallum Community Centre Function Room, 29 Learmonth Street, Ballarat	27
Barwon South Western Region	Geelong	Thursday 13 Aug, 2.00pm – 4.30pm	Conference Room, Level 5, State Government Offices (Geelong DHS Office), cnr Little Malop & Fenwick Streets, Geelong	32
	Warrnambool	Tuesday 25 Aug, 1.00pm – 3.30pm	Function Room, The Regal Warrnambool, 163–165 Timor Street, Warrnambool	27
17 sessions				493

1.4 Training design

The training session was designed as a 2.5 hour workshop (as specified in project brief) for up to 30 participants. The sessions were structured to include three components:

- Background and context to Service Coordination
- What's new in SCTT 2009
- Training other people.

'The background and context to Service Coordination' training component included the conceptual approach to Service Coordination, the key operational elements, a timeline of Service Coordination development in Victoria, an outline of the four Service Coordination publications and the purpose of the SCTT.

'What's new in SCTT 2009' highlighted the specific changes made to the templates, the two new templates and the revised Care Coordination Plan. Following this part of the session an interactive activity in the form of a quiz was conducted to strengthen knowledge, provide the opportunity for questions and discussion and reinforce key messages.

The 'training other people' element of the session included a short presentation regarding facilitation and training followed by a practical activity during which participants developed a training plan for their agency or team.

The training presentation was made available to participants to use in subsequent training to colleagues and staff in agencies. As evident in the evaluation results (Section 2) many participants displayed a high degree of comfort and confidence in using the presentation in their workplace to train others.

1.5 Training evaluation method

Post-training, a feedback questionnaire was distributed to participants (see Appendix 1).

Data from the participant feedback questionnaire was analysed on an aggregate statewide level (Section 2) and individually for sessions in each region (Section 3). All statewide and regional data from participant evaluations is presented in Appendix 4.

The list of questions generated during the workshop quiz activity is included as Appendix 2.

2. Statewide training outcomes

2.1 Sector and agency representation

The 493 participants at the training sessions represented a wide range of sectors and agency types:

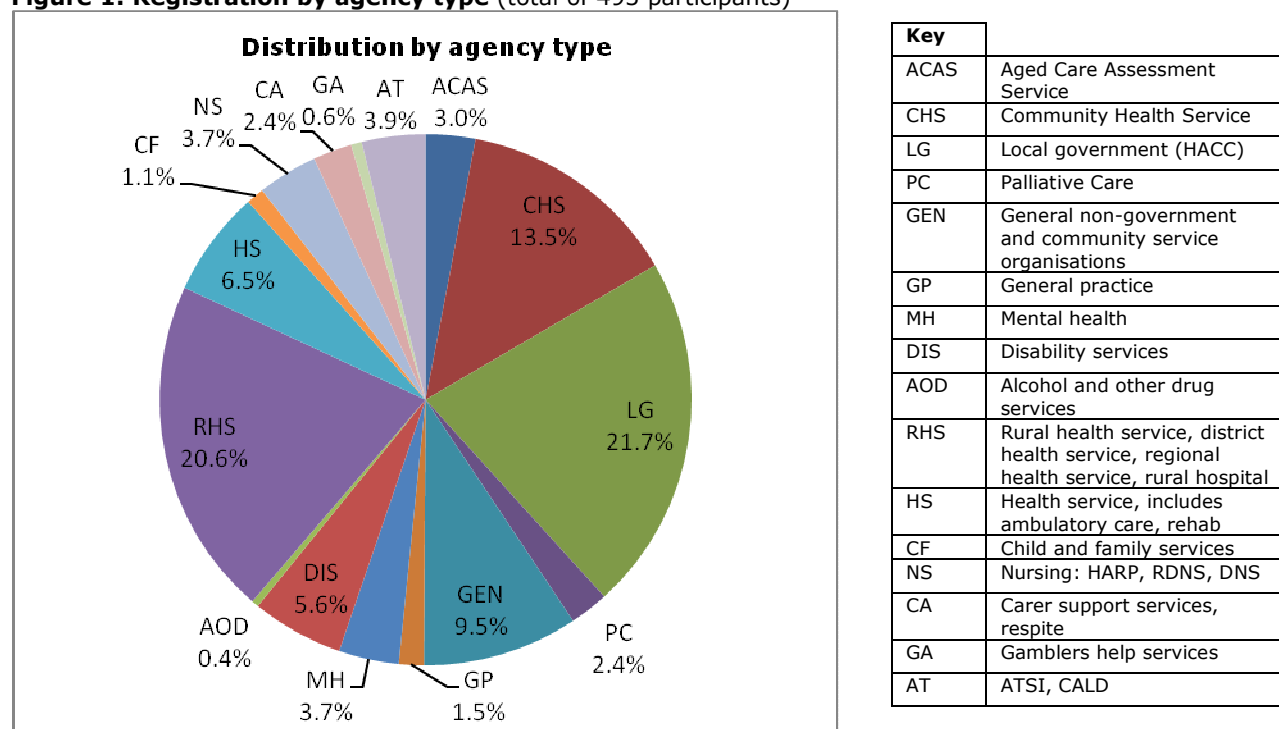
- Aboriginal services
- Aged care services
- Alcohol and drug services
- Carer respite services
- Child and family services
- Community health services
- Continuing care services
- Department of Health
- Disability services
- Gamblers help services
- General practice
- Health services
- Home and Community Care (HACC)
- Hospitals
- Housing services
- Mental health services
- Migrant resource services
- Nursing services
- Palliative care services
- Primary Care Partnerships
- Rural and regional health services.

Analysis of registration by agency type indicates that local government at 22%, rural and regional health services and hospitals at 21%, health services at 6% and community health services at 14% together accounted for about two-thirds of registrations.

The remaining one-third of registrations reflected a diverse range of sectors and agency types, indicative of the increasingly broad reach of service coordination.

Sectors newer to service coordination, such as palliative care, disability services, mental health services and gamblers help were represented in smaller numbers. This may reflect a level of hesitancy of people from these areas to take on a train-the-trainer role. Attendance by CALD and Aboriginal agencies was positive and indicates an increasing implementation of service coordination by these groups.

Figure 1: Registration by agency type (total of 493 participants)



Key	
ACAS	Aged Care Assessment Service
CHS	Community Health Service
LG	Local government (HACC)
PC	Palliative Care
GEN	General non-government and community service organisations
GP	General practice
MH	Mental health
DIS	Disability services
AOD	Alcohol and other drug services
RHS	Rural health service, district health service, regional health service, rural hospital
HS	Health service, includes ambulatory care, rehab
CF	Child and family services
NS	Nursing: HARP, RDNS, DNS
CA	Carer support services, respite
GA	Gamblers help services
AT	ATSI, CALD

2.2 Statewide evaluation data

As shown in Table 2, two-thirds of participants reported a good or excellent familiarity with SCTT 2006. A third of the training participants started with either 'average' (19%), 'partial' (11%) or 'no' (3%) knowledge or understanding of SCTT. This is likely to reflect the number of people and sectors new to Service Coordination.

Participants were able to easily grasp and understand the changes to SCTT 2009 with nearly 80% of people expressing a moderate to high degree of confidence in their use.

Sixty-five percent of participants reported 'excellent' or 'good' knowledge and understanding of the Care Coordination Plan post-training. The fact that a third of participants were not yet confident with this SCTT element may reflect the fact that, until recently, there has been less emphasis on the Care Planning aspect of Service Coordination.

Many participants expressed interest in the Care Coordination Plan and were encouraged to read the extensive care planning chapter in the Victorian Service Coordination Practice Manual.

Some participants commented that they would have preferred the training to focus on SCTT 2009 in the context of their specific agency client information management and e-referral systems, to view and practice using the templates and new items within their actual software systems. These participants were encouraged to seek advice from their agency and software vendors as to workforce development opportunities related to the software upgrades.

Some participants raised questions about privacy and consent which indicated an ongoing need for information or training. These participants were directed to the privacy resources on the DH website and again to seek support from their local PCP.

Copies of the SCTT 2009 User Guide were distributed to participants at the sessions. Whilst it had been envisaged that the other three SCTT publications (the Victorian Service Coordination Practice Manual, Good Practice Guide and Continuous Improvement Framework) would be distributed and copies provided to the participants at the sessions, unanticipated printing delays resulted in these not being available until the later sessions. A class set was used in the interim. Some evaluation feedback reflected participant disappointment at not receiving a full set of the publications to keep on the day of training.

The majority of participants indicated that they were planning to provide training to their colleagues and had developed draft training plans.

Approaches to be used ranged from formal sessions using the PowerPoint presentation through to informal sessions such as discussion at staff meetings, training staff whilst at their computers using SCTT 2009 in client management systems and e-referral systems, practice completion of the SCTT or the use of case studies. Those participants who planned to use the PowerPoint presentation felt it would be easily adaptable to their agency and that the slides were clear and easy to use. Some participant approaches included quality cycles such as a process for monitoring and review.

The vast majority of participants agreed that the presenters were informative, proficient and communicated clearly (96%) and that the sessions were well structured and engaging (92%).

Overall, the training was successful with a high level of participation, positive feedback, clear learning outcomes and the majority participants expressing confidence in using SCTT 2009 and providing further training to their colleagues.

Table 2: Statewide evaluation data

Item	Statewide average
Item 1: My knowledge and understanding of SCTT 2006	
None	3%
Partial	11%
Average	19%
Good	50%
Excellent	16%
	100%
Item 2: My knowledge and understanding of the main changes and additions to SCTT 2009	
None	1%
Partial	5%
Average	16%
Good	68%
Excellent	10%
	100%
Item 3: My knowledge and understanding about which SCTT 2009 template to use when	
None	0%
Partial	5%
Average	17%
Good	68%
Excellent	10%
	100%
Item 4: My knowledge and understanding of the SCTT 2009 Care Coordination Plan	
None	0%
Partial	7%
Average	28%
Good	57%
Excellent	8%
	100%
Item 5: I have thought about who, when and how I could provide SCTT 2009 training to my colleagues	
Strongly disagree	0%
Disagree	1%
Unsure	7%
Agree	68%
Strongly agree	23%
	100%
Item 6: With further preparation I will be able to present a SCTT 2009 training session to my colleagues	
Strongly disagree	0%
Disagree	1%
Unsure	6%
Agree	65%
Strongly agree	28%
	100%
Item 7: The presenters were informative, proficient and communicated clearly	
Strongly disagree	0%
Disagree	1%
Unsure	3%
Agree	64%
Strongly agree	32%
	100%
Item 8: The session was well structured and engaging	
Strongly disagree	0%
Disagree	3%
Unsure	6%
Agree	61%
Strongly agree	31%
	100%

3. Evaluation from training sessions by region

3.1 Primary Care Partnerships

The SCTT 2009 training session for Primary Care Partnership representatives was held on Monday 3 August 2009 at the Victorian Health Care Association in Melbourne. Training was firstly delivered to PCP stakeholders to ensure that they were well-informed and able to promote and support the delivery of the subsequent regional sessions. Twenty-two people attended. Attendees were primarily PCP Executive Officers and Service Coordination Officers.

As shown in Table 3 (Item 1), nearly 60% of the participants had a good or excellent pre-existing knowledge of SCTT. Post-training, the vast majority of participants (82%) reported good or excellent knowledge and understanding of the main changes or additions to SCTT 2009. In relation to items 3 and 4 (ie. knowledge of SCTT templates and Care Coordination Plans), the 27–32% share of 'average' ratings may reflect the non-practitioner nature of the group. Participants had generally considered who, when and how they could provide training, and were generally confident with undertaking future training in their agencies. The presenters were rated highly and the session was considered to be well structured and engaging.

Additional participant comments raised the following points:

- A one page summary of the changes would be useful
- The sequence of the slides should reflect the exact sequence in the SCTT user guide (the slides were subsequently adjusted)
- A need in some regions for training about Service Coordination for those with no prior experience
- A need for additional local training
- That practitioners want to know "which template to use when"
- Good use of adult learning skills, practicing what you preach. Well done!

Table 3: Evaluation from PCP session

Item	%
Item 1: My knowledge and understanding of SCTT 2006	
None	0%
Partial	23%
Average	18%
Good	45%
Excellent	14%
	100%
Item 2: My knowledge and understanding of the main changes and additions to SCTT 2009	
None	0%
Partial	0%
Average	18%
Good	68%
Excellent	14%
	100%
Item 3: My knowledge and understanding about which SCTT 2009 template to use when	
None	0%
Partial	0%
Average	32%
Good	59%
Excellent	9%
	100%
Item 4: My knowledge and understanding of the SCTT 2009 Care Coordination Plan	
None	0%
Partial	5%
Average	27%
Good	64%
Excellent	5%
	100%
Item 5: I have thought about who, when and how I could provide SCTT 2009 training to my colleagues	
Strongly disagree	0%
Disagree	0%
Unsure	5%
Agree	59%
Strongly agree	36%
	100%
Item 6: With further preparation I will be able to present a SCTT 2009 training session to my colleagues	
Strongly disagree	0%
Disagree	0%
Unsure	5%
Agree	41%
Strongly agree	55%
	100%
Item 7: The presenters were informative, proficient and communicated clearly	
Strongly disagree	0%
Disagree	0%
Unsure	0%
Agree	41%
Strongly agree	59%
	100%
Item 8: The session was well structured and engaging	
Strongly disagree	0%
Disagree	0%
Unsure	9%
Agree	32%
Strongly agree	59%
	100%

3.2 Eastern Metropolitan Region

The SCTT 2009 training sessions for the Eastern Metropolitan Region were held on Tuesday 4 August 2009 at the Department of Health office in Box Hill and on Tuesday 11 August 2009 at the York on Lilydale Hotel in Montrose. There were 26 and 28 people respectively who participated in the sessions.

As shown in Table 4, three-quarters of participants from both sessions had a good or excellent knowledge of SCTT 2006. Less knowledgeable participants were new to their role or were from sectors newer to implementing Service Coordination. The majority of participants reported good or excellent knowledge in relation to the main changes to SCTT 2009. Whilst there was some variation between sessions, most participants reported good or excellent knowledge about which template to use when. Fewer people at the Montrose session reported confidence in using the Care Coordination Plan. Most participants had considered who, when and how they could provide further SCTT training.

The presenters were rated highly and the session was rated as well structured and engaging.

Additional participant comments from the Box Hill session included the following:

- 'Being able to keep the manuals would have been beneficial'
- 'Well done, bright and succinct'.

Additional comments by participants attending the Montrose session were:

- Would be beneficial to link to the Trakcare system and fields
- Some participants did not enjoy the training role play activity, while others did.

Table 4: EMR evaluation data

Item	Box Hill	Montrose
Item 1: My knowledge and understanding of SCTT 2006		
None	5%	4%
Partial	5%	8%
Average	18%	13%
Good	55%	46%
Excellent	18%	29%
	100%	100%
Item 2: My knowledge and understanding of the main changes and additions to SCTT 2009		
None	0%	0%
Partial	0%	4%
Average	14%	25%
Good	73%	58%
Excellent	14%	13%
	100%	100%
Item 3: My knowledge and understanding about which SCTT 2009 template to use when		
None	0%	0%
Partial	0%	0%
Average	5%	21%
Good	86%	67%
Excellent	9%	13%
	100%	100%
Item 4: My knowledge and understanding of the SCTT 2009 Care Coordination Plan		
None	0%	0%
Partial	0%	4%
Average	9%	29%
Good	82%	54%
Excellent	9%	13%
	100%	100%
Item 5: I have thought about who, when and how I could provide SCTT 2009 training to my colleagues		
Strongly disagree	0%	0%
Disagree	5%	4%
Unsure	0%	4%
Agree	64%	71%
Strongly agree	32%	21%
	100%	100%
Item 6: With further preparation I will be able to present a SCTT 2009 training session to my colleagues		
Strongly disagree	0%	0%
Disagree	0%	0%
Unsure	9%	4%
Agree	64%	58%
Strongly agree	27%	38%
	100%	100%
Item 7: The presenters were informative, proficient and communicated clearly		
Strongly disagree	0%	0%
Disagree	0%	0%
Unsure	0%	0%
Agree	82%	50%
Strongly agree	18%	50%
	100%	100%
Item 8: The session was well structured and engaging		
Strongly disagree	0%	0%
Disagree	0%	4%
Unsure	0%	0%
Agree	82%	50%
Strongly agree	18%	46%
	100%	100%

3.3 Southern Metropolitan Region

The SCTT 2009 training sessions for the Southern Metropolitan Region were held on Thursday 6 August 2009 at the Dandenong Town Hall and on Tuesday 11 August 2009 at Central Bayside Community Health Service in Parkdale. There were 30 and 28 people who participated in the respective sessions.

As shown in Table 5, about half of participants had a good or excellent knowledge of SCTT 2006 and others less so, reflecting participants from sectors newly implementing Service Coordination. Around one-third of participants reported average knowledge in relation to the main changes to SCTT 2009, and knowledge about which template to use when. Lesser knowledge was reported in relation to the Care Coordination Plan. The vast majority of participants had considered who, when and how they could provide training. The presenters rated well and the session was considered to be well structured and engaging.

Additional comments by participants at these sessions included the following:

- Discussions need to be had between all service providers with the Peninsula Alliance (MH) who use a common tool (not SCTT).
- Baker Diabetes Institute does not use SCTT therefore assistance would be appreciated in introducing Service Coordination
- That training be provided to ethno-specific organisations
- 'Excellent presentation – involvement of participants was great and I have become a SCTT fan'.
- 'Well done – I'm raring to go and implement SCTT 2009.'

Table 5: SMR evaluation data

Item	Dandenong	Parkdale
Item 1: My knowledge and understanding of SCTT 2006		
None	4%	0%
Partial	19%	18%
Average	31%	24%
Good	35%	53%
Excellent	12%	6%
	100%	100%
Item 2: My knowledge and understanding of the main changes and additions to SCTT 2009		
None	0%	0%
Partial	4%	6%
Average	31%	24%
Good	58%	71%
Excellent	8%	0%
	100%	100%
Item 3: My knowledge and understanding about which SCTT 2009 template to use when		
None	0%	0%
Partial	12%	6%
Average	31%	18%
Good	50%	65%
Excellent	8%	12%
	100%	100%
Item 4: My knowledge and understanding of the SCTT 2009 Care Coordination Plan		
None	0%	0%
Partial	19%	6%
Average	38%	29%
Good	31%	59%
Excellent	12%	6%
	100%	100%
Item 5: I have thought about who, when and how I could provide SCTT 2009 training to my colleagues		
Strongly disagree	4%	0%
Disagree	0%	0%
Unsure	12%	12%
Agree	62%	65%
Strongly agree	23%	24%
	100%	100%
Item 6: With further preparation I will be able to present a SCTT 2009 training session to my colleagues		
Strongly disagree	0%	0%
Disagree	4%	0%
Unsure	15%	6%
Agree	50%	65%
Strongly agree	31%	29%
	100%	100%
Item 7: The presenters were informative, proficient and communicated clearly		
Strongly disagree	0%	0%
Disagree	0%	0%
Unsure	0%	0%
Agree	50%	76%
Strongly agree	50%	24%
	100%	100%
Item 8: The session was well structured and engaging		
Strongly disagree	0%	0%
Disagree	0%	0%
Unsure	0%	6%
Agree	50%	71%
Strongly agree	50%	24%
	100%	100%

3.4 North and Western Metropolitan Region

The SCTT 2009 training sessions for the North and Western Metropolitan Region were held on Thursday 6 August 2009 at Banyule Community Health and on Tuesday 18 August 2009 at Maribyrnong City Council. There were 28 and 30 people who participated in the respective sessions.

As shown in Table 6, the majority of participants had a good or excellent pre-existing knowledge of SCTT. Following the session the majority of participants reported good or excellent knowledge and understanding of the main changes or additions to SCTT 2009. Those at the West Heidelberg session were generally more confident about SCTT 2009 templates and use of the Care Coordination Plan and this may reflect the composition of the group. With one exception, participants had considered who, when and how they could provide training, and were generally confident in doing so. The presenters rated well and the session was considered to be well structured and engaging.

Additional comments made by participants included the following:

- Maybe shorter session for those who are experienced
- Presentation practice was beneficial
- As some HACC agencies use the SCTT to determine priority of access, the inclusion of a dependency level rating scale and score (on the Need for Assistance Profile) would be of assistance
- It will be helpful if our council can get more blue books
- Thanks – very well presented
- Good group discussion and participation
- Unable to train staff until embedded in TRAK.

Table 6: N&WMR evaluation data

Item	West Heidelberg	Maribyrnong
Item 1: My knowledge and understanding of SCTT 2006		
None	0%	4%
Partial	0%	0%
Average	17%	19%
Good	48%	67%
Excellent	35%	11%
	100%	100%
Item 2: My knowledge and understanding of the main changes and additions to SCTT 2009		
None	0%	0%
Partial	0%	0%
Average	4%	19%
Good	78%	67%
Excellent	17%	15%
	100%	100%
Item 3: My knowledge and understanding about which SCTT 2009 template to use when		
None	0%	0%
Partial	0%	0%
Average	0%	26%
Good	74%	63%
Excellent	26%	11%
	100%	100%
Item 4: My knowledge and understanding of the SCTT 2009 Care Coordination Plan		
None	0%	0%
Partial	0%	0%
Average	17%	33%
Good	65%	56%
Excellent	17%	11%
	100%	100%
Item 5: I have thought about who, when and how I could provide SCTT 2009 training to my colleagues		
Strongly disagree	0%	0%
Disagree	0%	4%
Unsure	0%	0%
Agree	87%	85%
Strongly agree	13%	11%
	100%	100%
Item 6: With further preparation I will be able to present a SCTT 2009 training session to my colleagues		
Strongly disagree	0%	0%
Disagree	0%	4%
Unsure	4%	11%
Agree	78%	63%
Strongly agree	17%	22%
	100%	100%
Item 7: The presenters were informative, proficient and communicated clearly		
Strongly disagree	0%	0%
Disagree	0%	0%
Unsure	4%	0%
Agree	74%	74%
Strongly agree	22%	26%
	100%	100%
Item 8: The session was well structured and engaging		
Strongly disagree	0%	0%
Disagree	0%	0%
Unsure	4%	4%
Agree	78%	70%
Strongly agree	17%	26%
	100%	100%

3.5 Gippsland Region

Two SCTT 2009 training sessions for the Gippsland Region were held on Wednesday 19 August 2009 at the Department of Health office in Traralgon. Seven people also participated in the session via videoconference link in Bairnsdale. There were 28 people who participated in morning session and 19 in the afternoon session.

As shown in Table 7, the afternoon session participants reported strong knowledge of SCTT 2006, and strong knowledge in relation to the main changes to SCTT 2009. Around two-thirds of morning session participants also reported a good or excellent knowledge of SCTT 2006 and similar knowledge levels of new SCTT changes post-training. Around half of the morning participants, and 92% of afternoon participants reported confidence in relation to use of the Care Coordination Plan. Most participants had considered who, when and how they could provide training. Overall, the presenters rated well. However, some teleconference participants in the morning session reported frustration at the lack of access to copies of the resources and not being able to view the presentation. Attendance by teleconference made it less easy for participants to engage. This reflected in some ratings for the session structure.

Additional comments made by participants included the following:

- Thanks, more resources would have been good!
- Really enjoyed the facilitator's style of presentation – engaging and interesting. Felt able to ask questions when needed.
- 'Well presented and informative, thank you.'

Table 7: Gippsland evaluation data

Item	Traralgon morning	Traralgon afternoon
Item 1: My knowledge and understanding of SCTT 2006		
None	6%	0%
Partial	13%	0%
Average	13%	8%
Good	44%	69%
Excellent	25%	23%
	100%	100%
Item 2: My knowledge and understanding of the main changes and additions to SCTT 2009		
None	0%	0%
Partial	25%	0%
Average	13%	8%
Good	63%	77%
Excellent	0%	15%
	100%	100%
Item 3: My knowledge and understanding about which SCTT 2009 template to use when		
None	0%	0%
Partial	13%	0%
Average	13%	8%
Good	75%	77%
Excellent	0%	15%
	100%	100%
Item 4: My knowledge and understanding of the SCTT 2009 Care Coordination Plan		
None	0%	0%
Partial	19%	8%
Average	25%	0%
Good	56%	77%
Excellent	0%	15%
	100%	100%
Item 5: I have thought about who, when and how I could provide SCTT 2009 training to my colleagues		
Strongly disagree	0%	0%
Disagree	6%	0%
Unsure	13%	0%
Agree	63%	77%
Strongly agree	19%	23%
	100%	100%
Item 6: With further preparation I will be able to present a SCTT 2009 training session to my colleagues		
Strongly disagree	0%	0%
Disagree	6%	0%
Unsure	13%	0%
Agree	75%	69%
Strongly agree	6%	31%
	100%	100%
Item 7: The presenters were informative, proficient and communicated clearly		
Strongly disagree	0%	0%
Disagree	13%	0%
Unsure	0%	0%
Agree	75%	31%
Strongly agree	13%	69%
	100%	100%
Item 8: The session was well structured and engaging		
Strongly disagree	0%	0%
Disagree	13%	0%
Unsure	6%	0%
Agree	75%	23%
Strongly agree	6%	77%
	100%	100%

3.6 Hume Region

The SCTT 2009 training sessions for the Hume Region were held on Monday 10 August 2009 at Benalla Community Care in the morning and at Vision Australia in Shepparton in the afternoon. Both sessions had an attendance of 31 participants.

As shown in Table 8, in contrast to the Shepparton participants (75% of people rating themselves as having a good or excellent knowledge of Service Coordination) those at the Benalla session were newer to Service Coordination. However, post-training, 82% of Benalla participants and 91% of Shepparton participants reported good understanding about the changes to SCTT 2009. Likewise most participants were reasonably confident about which template to use when, although this reduced marginally in relation to the care Coordination Plan. The majority of participants at both sessions were confident in training others. The presenters and session structure rated highly.

Benalla session participants made the following additional comments:

- As a novice, I would have preferred a longer session about Service Coordination basics
- Several people commented that the training was too brief
- Several people commented that morning tea was not provided
- Copies of the four publications would have been appreciated.

Additional comments by Shepparton participants were:

- It was a good clear overview which can assist with planning a similar session for own organisation
- Could have been a shorter training session
- A real pain that other books were not available on the day
- Great day and good networking.

Table 8: Hume region evaluation data

Item	Benalla	Shepparton
Item 1: My knowledge and understanding of SCTT 2006		
None	7%	0%
Partial	14%	9%
Average	46%	18%
Good	32%	50%
Excellent	0%	23%
	100%	100%
Item 2: My knowledge and understanding of the main changes and additions to SCTT 2009		
None	0%	0%
Partial	0%	0%
Average	18%	9%
Good	75%	82%
Excellent	7%	9%
	100%	100%
Item 3: My knowledge and understanding about which SCTT 2009 template to use when		
None	0%	0%
Partial	0%	0%
Average	25%	18%
Good	71%	68%
Excellent	4%	14%
	100%	100%
Item 4: My knowledge and understanding of the SCTT 2009 Care Coordination Plan		
None	0%	0%
Partial	4%	5%
Average	25%	36%
Good	68%	45%
Excellent	4%	14%
	100%	100%
Item 5: I have thought about who, when and how I could provide SCTT 2009 training to my colleagues		
Strongly disagree	0%	0%
Disagree	0%	0%
Unsure	4%	0%
Agree	79%	64%
Strongly agree	18%	36%
	100%	100%
Item 6: With further preparation I will be able to present a SCTT 2009 training session to my colleagues		
Strongly disagree	0%	0%
Disagree	0%	0%
Unsure	4%	0%
Agree	82%	59%
Strongly agree	14%	41%
	100%	100%
Item 7: The presenters were informative, proficient and communicated clearly		
Strongly disagree	0%	0%
Disagree	0%	0%
Unsure	0%	5%
Agree	71%	64%
Strongly agree	29%	32%
	100%	100%
Item 8: The session was well structured and engaging		
Strongly disagree	0%	0%
Disagree	0%	0%
Unsure	7%	9%
Agree	64%	59%
Strongly agree	29%	32%
	100%	100%

3.7 Loddon Mallee Region

The SCTT 2009 training sessions for the Loddon Mallee Region were held on Thursday 20 August 2009 at the Department of Human Services offices in Bendigo and on Wednesday 26 August 2009 in Mildura. There were 35 and 22 people who participated in the respective sessions. Participant numbers at the Mildura session impacted by the potential cancellation of the session resulting from inclement weather.

As shown in Table 9, most participants had a good knowledge of SCTT 2006, though some participants were either new to their role or were from sectors newer to implementing Service Coordination (particularly in the Mildura session). Post-training the majority of participants reported good knowledge in relation to the main changes to SCTT 2009. Most participants reported a good understanding of which template to use and when. While there was some variation between sessions, most participants rated their knowledge and understanding of the Care Coordination Plan as good. With a couple of exceptions, every participant had considered who, when and how they could provide training. The presenters and the session itself were rated highly. Additional comments made by people attending the Bendigo session were:

- Some people were unaware of the train-the-trainer expectation
- That housekeeping matters were not covered
- The improvements to 2009 SCTT are great, especially the Care Coordination Plan
- They are good positive forms (SCTT) and changes.

One additional comment was received from the Mildura session: 'Well presented and interesting session; fantastic, informed presenter.'

Table 9: LMR evaluation data

Item	Bendigo	Mildura
Item 1: My knowledge and understanding of SCTT 2006		
None	0%	5%
Partial	3%	19%
Average	17%	19%
Good	62%	43%
Excellent	17%	14%
	100%	100%
Item 2: My knowledge and understanding of the main changes and additions to SCTT 2009		
None	3%	0%
Partial	3%	10%
Average	14%	14%
Good	69%	52%
Excellent	10%	24%
	100%	100%
Item 3: My knowledge and understanding about which SCTT 2009 template to use when		
None	0%	0%
Partial	3%	9%
Average	14%	14%
Good	69%	50%
Excellent	14%	27%
	100%	100%
Item 4: My knowledge and understanding of the SCTT 2009 Care Coordination Plan		
None	0%	0%
Partial	10%	9%
Average	38%	23%
Good	52%	45%
Excellent	0%	23%
	100%	100%
Item 5: I have thought about who, when and how I could provide SCTT 2009 training to my colleagues		
Strongly disagree	0%	0%
Disagree	3%	0%
Unsure	3%	0%
Agree	55%	62%
Strongly agree	38%	38%
	100%	100%
Item 6: With further preparation I will be able to present a SCTT 2009 training session to my colleagues		
Strongly disagree	0%	0%
Disagree	3%	0%
Unsure	0%	0%
Agree	55%	67%
Strongly agree	41%	33%
	100%	100%
Item 7: The presenters were informative, proficient and communicated clearly		
Strongly disagree	0%	0%
Disagree	0%	0%
Unsure	0%	0%
Agree	69%	50%
Strongly agree	31%	50%
	100%	100%
Item 8: The session was well structured and engaging		
Strongly disagree	0%	0%
Disagree	3%	0%
Unsure	10%	0%
Agree	62%	55%
Strongly agree	24%	45%
	100%	100%

3.8 Grampians Region

The SCTT 2009 training sessions for the Grampians Region were held on Friday 14 August 2009 at Wimmera Health Care in Horsham and via teleconferencing to a group of people in Stawell, and on Monday 17 August 2009 at McCallum Community Centre in Ballarat. There were 29, 13 and 27 people participated in the respective sessions.

Table 10, most participants had a good pre-existing knowledge of SCTT 2006. While there was some variation between sessions the majority of participants reported good knowledge in relation to the main changes to SCTT 2009. Most participants reported a good understanding of which template to use when and most rated their knowledge and understanding of the Care Coordination Plan as average to good. The majority of participants had considered who, when and how they could provide training. The presenters rated well and the sessions itself generally rated well. However, the Stawell teleconference session was not well received by all participants.

Additional comments made by participants in the Horsham session reflected that the presenter was late due to inclement weather and the room was not set up. The Stawell group who joined the Horsham session via teleconference made the following additional comments:

- Difficulties with the video conferencing equipment (sound, location)
- Need to update tools on computer systems to use
- Will appreciate updated coordination publications when available
- The opportunity to think about training for the organisation was good
- The quiz questions were a good way to refresh knowledge.

Table 10: Grampians region evaluation data

Item	Horsham	Stawell	Ballarat
Item 1: My knowledge and understanding of SCTT 2006			
None	8%	0%	5%
Partial	12%	0%	10%
Average	24%	15%	14%
Good	40%	85%	62%
Excellent	16%	0%	10%
	100%	100%	100%
Item 2: My knowledge and understanding of the main changes and additions to SCTT 2009			
None	0%	0%	0%
Partial	12%	0%	0%
Average	16%	0%	24%
Good	64%	100%	71%
Excellent	8%	0%	5%
	100%	100%	100%
As shown in			
Item 3: My knowledge and understanding about which SCTT 2009 template to use when			
None	0%	0%	0%
Partial	12%	0%	5%
Average	16%	8%	19%
Good	64%	92%	71%
Excellent	8%	0%	5%
	100%	100%	100%
Item 4: My knowledge and understanding of the SCTT 2009 Care Coordination Plan			
None	0%	0%	0%
Partial	8%	0%	0%
Average	48%	15%	38%
Good	32%	85%	62%
Excellent	12%	0%	0%
	100%	100%	100%
Item 5: I have thought about who, when and how I could provide SCTT 2009 training to my colleagues			
Strongly disagree	0%	0%	0%
Disagree	4%	0%	0%
Unsure	25%	8%	20%
Agree	42%	62%	65%
Strongly agree	29%	31%	15%
	100%	100%	100%
Item 6: With further preparation I will be able to present a SCTT 2009 training session to my colleagues			
Strongly disagree	0%	0%	0%
Disagree	0%	0%	0%
Unsure	17%	0%	5%
Agree	54%	62%	70%
Strongly agree	29%	38%	25%
	100%	100%	100%
Item 7: The presenters were informative, proficient and communicated clearly			
Strongly disagree	0%	0%	0%
Disagree	0%	0%	0%
Unsure	8%	15%	0%
Agree	67%	62%	81%
Strongly agree	25%	23%	19%
	100%	100%	100%
Item 8: The session was well structured and engaging			
Strongly disagree	0%	0%	0%
Disagree	8%	0%	0%
Unsure	8%	23%	5%
Agree	63%	54%	76%
Strongly agree	21%	23%	19%
	100%	100%	100%

3.9 Barwon South Western Region

The SCTT 2009 training sessions for the Barwon South West Region were held on Thursday 13 August 2009 at Geelong City Hall and on Tuesday 25 August 2009 at The Regal in Warrnambool. There were 32 and 27 people who participated in the sessions.

As shown in Table 11, most but not all participants had a good knowledge of SCTT 2006, with other participants being new to their role or from newer sectors implementing Service Coordination. About half of the participants reported good knowledge in relation to the main changes to SCTT 2009, with a significant number having average or less than average knowledge. While most participants reported a good understanding of which template to use when, half of the Geelong group reported average or partial knowledge. The majority of participants rated their knowledge and understanding of the Care Coordination Plan as average to good. The majority of participants had considered who, when and how they could provide training. The presenter and the structure rated well for the Geelong session. Some participants in the Warrnambool session rated the session less well, due to issues they were experiencing with local information technology systems which the presenter was not in a position to resolve. However, the presenter subsequently followed up with an expert in the local technology system who agreed to contact the participants who were having problems.

Additional comments by Geelong session participants reflected new users of SCTT and their need to consolidate the information. The session length was good and the quiz activity reinforced learning.

Additional comments made by people who participated in the Warrnambool session were variable. Some comments related to issues with agency IT system inadequacies and the lack of opportunity to fully discuss and resolve this and poor feedback about the venue, whilst others were more positive: 'I found the session really good and look forward to implementing the SCTT.'

Table 11: BSW region evaluation data

Item	Geelong	Warrnambool
Item 1: My knowledge and understanding of SCTT 2006		
None	6%	9%
Partial	31%	22%
Average	13%	13%
Good	38%	35%
Excellent	13%	22%
	100%	100%
Item 2: My knowledge and understanding of the main changes and additions to SCTT 2009		
None	0%	9%
Partial	19%	9%
Average	19%	26%
Good	56%	43%
Excellent	6%	13%
	100%	100%
Item 3: My knowledge and understanding about which SCTT 2009 template to use when		
None	0%	4%
Partial	13%	13%
Average	38%	4%
Good	50%	65%
Excellent	0%	13%
	100%	100%
Item 4: My knowledge and understanding of the SCTT 2009 Care Coordination Plan		
None	0%	0%
Partial	19%	18%
Average	31%	32%
Good	50%	45%
Excellent	0%	5%
	100%	100%
Item 5: I have thought about who, when and how I could provide SCTT 2009 training to my colleagues		
Strongly disagree	0%	0%
Disagree	0%	0%
Unsure	13%	9%
Agree	81%	87%
Strongly agree	6%	4%
	100%	100%
Item 6: With further preparation I will be able to present a SCTT 2009 training session to my colleagues		
Strongly disagree	0%	0%
Disagree	0%	0%
Unsure	13%	4%
Agree	75%	83%
Strongly agree	13%	13%
	100%	100%
Item 7: The presenters were informative, proficient and communicated clearly		
Strongly disagree	0%	9%
Disagree	0%	0%
Unsure	0%	17%
Agree	69%	61%
Strongly agree	31%	13%
	100%	100%
Item 8: The session was well structured and engaging		
Strongly disagree	0%	4%
Disagree	0%	17%
Unsure	0%	13%
Agree	75%	52%
Strongly agree	25%	13%
	100%	100%

4. Conclusion

The SCTT 2009 training was delivered through 17 sessions across Victoria. The training reached a wide and varied audience with about 500 people participating statewide. All DH regions were represented in the SCTT 2009 training.

Training was designed to communicate the main changes and additions to the SCTT 2009, and familiarise participants with new templates and revised Care Coordination Plan. Post-training feedback indicated that, on average, two-thirds of participants were previously familiar with SCTT 2006. Following training, nearly 80% of participants reported having a good to excellent knowledge and understanding of the main changes to SCTT 2009, and the new templates. On average, two-thirds of participants reported a good to excellent understanding of the revised Care Coordination Plan.

The SCTT 2009 training was delivered using a train-the-trainer approach. The aim of this approach was to motivate and enable participants to provide SCTT 2009 training to their colleagues. Post-training feedback indicated that, on average, 91% of participants had considered who, when and how they could provide SCTT 2009 training to their colleagues. This is an extremely promising outcome resulting from the training.

The training presented an opportunity to promote and distribute the updated SCTT 2009 User Guide, Victorian Service Coordination Manual, Good Practice Guide and Continuous Improvement Framework. Unanticipated printing delays meant that not all publications were available for distribution at earlier sessions. Participants expressed eagerness to receive the new publications in due course.

Finally, the training was intended to provide an engaging and effective learning opportunity for participants. Post-training feedback indicates that, overall, these goals were achieved. The vast majority of participants commended the skill and communication of the presenters, and considered the sessions to be well structured and engaging.

In summary, feedback indicates that the delivery of training successfully promoted the new templates and additions to SCTT 2009, and has provided motivation to participants for ongoing use and promotion of SCTT 2009 and further local training.

Appendix 1: SCTT 2009 Training session evaluation form

Name			
Agency		Role	
Training date		Training location	
Present / by teleconference		Email address	

Please record your response to each item using the rating scale below.

Item	Topic	1 None	2 Partial	3 Average	4 Good	5 Excellent
1	My knowledge and understanding of SCTT 2006					
2	My knowledge and understanding of the main changes and additions to SCTT 2009					
3	My knowledge and understanding about which SCTT 2009 template to use when					
4	My knowledge and understanding of the SCTT 2009 Care Coordination Plan					

Please record your response to each item using the rating scale below.

Item	Topic	1 Strongly disagree	2 Disagree	3 Unsure	4 Agree	5 Strongly agree
5	I have thought about who, when and how I could provide SCTT 2009 training to my colleagues					
6	With further preparation I will be able to present a SCTT 2009 training session to my colleagues					
7	The presenters were informative, proficient and communicated clearly					
8	The session was well structured and engaging					

Any other comments or feedback:

Appendix 2: Quiz questions generated by participants

One of the training activities was for each group of participants to generate questions for a quiz, based on the information they had learned. The quiz was then conducted with the large group and was a popular activity with most participants. The quiz questions generated by participants are listed below (may be multiple similar questions).

Question
1. What are the time limits for Referral Acknowledgement?
2. What is the difference between a care plan and a care coordination plan?
3. Is it true that there is a question on oral health and gambling in the Health Behaviours profile?
4. Where do you record developmental issues?
5. What are the core referral templates?
6. What templates are recognised for a palliative care referral?
7. What is new on Health Behaviours Template?
8. What is the new name for the functional profile?
9. Where can we find the code sets?
10. Can the SCTT be used as an assessment tool?
11. What templates have been added to the SCTT 2009 version?
12. Who is mandated to use the SCTT?
13. Which profile is the gambling question on?
14. Who is SCTT?
15. Besides recording a summary of the Initial Needs Identification, what can the summary referral form be used for?
16. What are the new templates in?
17. Do I have to fill everything out on the templates?
18. Do we need to complete the Acknowledgement section on the cover sheet if we're using e-referral?
19. Do you have to send the consent form?
20. What is the difference between Health Behaviours and Health Conditions templates?
21. Are we allowed to share information about a third person without their consent?
22. What are the code sets for?
23. At what stage do you complete the Functional Assessment Summary?
24. Do I need to use the Confidential Referral cover sheet?
25. With respect to goal setting, who follows up to ascertain and records progress of actions/interventions? For example, HACC assessment staff, or allied health provider if it involved referral to allied health provider.
26. At what point is a referral "passed on"/taken by the receiving agency? (Particularly one at risk) When is it accepted? How much follow up?
27. What are the two main purposes of the Summary and Referral Template?
28. Is the consumer going to end up with more than one Care Coordination Plan?
29. Do I need to forward the 'Consumer Consent to Share Information' when referring a client to an external agency?
30. Are the SCTT tool templates used across the entire metropolitan Melbourne or only outer south/east and peninsula?
31. Which profile is used by assessment agencies? a) Need for Assistance, or b) Functional Assessment Summary
32. Name four of the optional templates
33. How do you know and who decides which optional profiles are required?
34. Where would the client's goals be recorded?
35. Where can we get copies of the User Guide and the manuals?

Question
36. What is the name of one of the new profiles?
37. When and where do you get the guides?
38. Is SCTT an assessment tool?
39. What form do you need to complete at initial contact?
40. Name the supplementary templates.
41. Why are we having this training today?
42. If e-referring, how would you record a child having shared care between Mum and Dad?
43. When are the four publications going to be available on the DHS website?
44. What's new about the Health Behaviours Profile compared to the 2006 version?
45. When will the Carer's form be ready for us?
46. Does the Health Conditions template need to be completed when referring to a HACC agency?
47. When should a practitioner use the supplementary templates?
48. On the referral cover sheet, if the referral is urgent, what is the standard response time?
49. If routine/low, what is the standard response time?
50. Name three of the program areas that have contributed to the revised 2009 SCTT?
51. What parts of the SCTT profiles can you share with clients/consumers?
52. What is the difference between optional and supplementary profiles?
53. What is the name of the scale on the Palliative Care Supplementary information form?
54. What is the new name for the functional template?
55. What is the new code added to the consumer information template, under 'communication'?
56. How many different referral forms were there before SCTT started in 2001?
57. How many pages in the Confidential Referral Cover Sheet?
58. Name the four core SCTT templates.
59. What are the templates required to make a referral?
60. Name one new template for 2009.
61. Who can use/complete a supplementary template?
62. Do we use medical terminology or layman's terminology when completing the templates?
63. How does my software meet the SCTT 2009 specifications and who is responsible for making this occur?
64. What additional template could be used for a client who appears to be nutritionally at risk?
65. If you find that a consumer you're dealing with is homeless and living temporarily with friends, which SCTT templates would you use to refer the person to a homeless support agency?
66. Which template contains a profile question regarding gambling?
67. What is the purpose of the grey shaded area at the bottom of templates? Who fills it in?
68. Can you proceed with a referral if the consumer does not consent to the referral?
69. Can you proceed with a referral if the consumer consents to a referral but does not consent to share information?
70. When were the SCTT first implemented?
71. Who was involved in the review of the tool? Those completing the referral or the end users or both?
72. Would palliative care services use the Palliative Care Supplementary Information template to refer to other services?
73. How do people remember to update and review care plans?
74. Is the K10 a validated screening tool for mental health? Which profile includes the K10
75. What information is gathered on Health Behaviours template?
76. Which template is the 'gambling' question on?
77. How do we get other agencies to use SCTT 2009?
78. What is the code for Australia (country of birth)?
79. What has been added to the Consumer Information in the 2009 version?
80. Name the four elements of service coordination.
81. What does the acronym SCTT stand for?
82. Where will you find this question? "When was the last time you had four or more alcoholic drinks?"
83. When is it necessary to complete the 'current medications' list?
84. Will the client require a copy of the Care Coordination Plan and if so, how will they be given it?
85. What past palliative care info can be recorded in the new SCTT 2009?
86. What is the code for supported residential services?

Question
87. Should the Functional Assessment Summary be completed at intake or at a later stage?
88. What is the difference between an Intake Worker and Service Coordination Worker?
89. Do we really need the 'Need for Assistance' template while we already have the 'Functional Assessment Summary' template?
90. How many alcoholic drinks in one day can a person have before a referral is recommended?
91. What are the templates that can be used for Initial Needs Identification?
92. What are the four publications that support implementation of Service Coordination?
93. Which optional template would you use to identify a need for referral for Drug and Alcohol counselling?
94. What is the VSRF and who uses it?
95. Is the Palliative Care Referral form to be used by HACC services?
96. Is the Care Coordination Plan template an optional one?
97. Would you use the Need for Assistance form if a full ADL assessment has been completed (and you do not work for a HACC service)?
98. How do you get GPs "on side" and using the appropriate template?
99. Can you get verbal consent?
100. Can the SCTT 2009 be typed directly into?
101. The SCTT 2009 are downloadable from where?
102. Do we need to use the Summary and Referral form when we are using electronic S2S?
103. Is the Needs for Assistance template optional?
104. Is it necessary to use SCTT 2009 for clients on supported accommodation EACH packages?
105. What is service coordination?
106. What is the purpose of service coordination?
107. What templates other than the Palliative Care Supplementary Information do you use when sending a palliative care referral?
108. How do we get a copy of the slide presentation?
109. What profile would you use to list siblings?
110. What is the new addition to the Health Conditions profile?
111. How can the core templates prompt you to provide care according to client needs?
112. What optional templates are important to complete for a mental health consumer?
113. In which template would you record the client's ability to use the telephone?
114. For the Family and Social network template, do you need consent to add people's info (addresses, etc)?
115. Where do you record contacts for personal alarm referrals?
116. Where are the code sets and other resources found?
117. What are the four elements of service coordination?
118. When do we commence using the 2009 SCTT templates?
119. Where is the online self-paced module in SCTT training found?
120. Which template do you send for a referral if the client refuses to consent to share information?
121. What document needs to be completed when making a referral but not necessarily sent unless requested?
122. For how long is the information on the Consumer Consent to Share Information valid?
123. Is the SCTT an information tool or an assessment tool?
124. What does the 'Consumer consent to share information' comply with?
125. What is the new name of the Functional profile?
126. Can the referral proceed without consent?
127. Who can use the SCTT?
128. Where can you enter level of literacy when making a referral?
129. Where do you identify threats to carer arrangement/ relationship?
130. When must you acknowledge the receipt of a confidential referral?
131. Who would use the Care Coordination Plan template?
132. If you don't receive an acknowledgement, what do we need to do then?

Appendix 3: List of registrations by region

Note: Registered agencies excludes DHS and DH participants.

Region	Location	Date	Registered agencies	Attendance
Department of Health & Primary Care Partnerships	CBD	Monday 3 Aug, 2.00pm – 4.30pm	Banyule-Nillumbik PCP Bendigo-Loddon PCP Brimbank-Melton PCP Campaspe PCP Central Highlands PCP Central Hume PCP Central Victorian Health Alliance Central West Gippsland PCP East Gippsland PCP Frankston-Mornington Peninsula PCP G21 Health & Wellbeing Goulburn Valley PCP Grampians Pyrenees PCP Hume-Moreland PCP Inner East PCP Inner South East Partnership in Community & Health Kingston-Bayside PCP Lower Hume Health & Community Service Forum Moonee Valley Melbourne PCP North Central Metro PCP Northern Mallee PCP Outer East Health & Community Support Alliance South Coast Health Services Consortium PCP South East healthy Communities Partnership South West PCP Southern Grampians Glenelg PCP Southern Mallee PCP Upper Hume PCP Wellington PCP Westbay PCP Wimmera PCP	22
Eastern Metropolitan Region	Box Hill	Tuesday 4 Aug, 9.00am – 11.30am	Balwyn Welfare Association Caritas Christi Chinese Community Social Services Centre City of Whitehorse DHS Primary Health Eastern Health Greater Monash GP Network Inner East Community Health Service Inner East Primary Care Partnership Manningham City Council Monash City Council Monashlink Multiple Sclerosis Society Peter James Centre ACAS Peter James Centre, Wantirna Health St. Vincent's Palliative Care Consultancy Uniting Care Community Options Whitehorse CHS	26
	Montrose	Tuesday 11 Aug, 1.30pm – 4.00pm	Benetas Care Connect EACH Eastern Health Eastern Health - Angliss Hospital Eastern Health - Box Hill Hospital Eastern Health - Maroondah Hospital Eastern Health - Wantirna Health EMR DHS Knox CHS Manningham City Council Maroondah City Council Mullum Mullum Indigenous Gathering Place Outer East ACAS Ranges CHS Shire of Yarra Ranges Villa Maria Yarra Valley CHS	28
Southern Metropolitan Region	Dandenong	Thursday 6 Aug, 9.00am –	Cardinia Casey CHS City of Casey City of Greater Dandenong	30

Region	Location	Date	Registered agencies	Attendance
		11.30am	Dandenong Casey General Practice Association Eastern Region Mental Health Association Frankston City Council Greater Dandenong CHS Impact Support Services Kooweerup Regional HS MECWAcare Mornington Peninsula Support Services Mt. Eliza ACAS Oz Child Peninsula GP Network Peninsula Health Peninsula Health/Community Health Peninsula Hospice South Eastern Region Migrant Resource Centre Southern Health Bunurong Community Care Southern Health Care, Context & Post Acute Care Southern Health South East Alcohol & Drug Services Southern Peninsula Community Care Vision Australia	
	Parkdale	Tuesday 11 Aug, 9.00am – 11.30am	Access Care Southern Alfred HARP Baker International Diabetes Institute Bayside City Council Bentleigh Bayside CH Calvary Health Care Bethlehem Caulfield ACAS Caulfield CHS Caulfield Community Rehabilitation Centre Central Bayside CHS City of Kingston City of Port Phillip Commonwealth Respite Carelink Gambler's Help Southern Glen Eira City Council HARP Inner South CHS Jewish Care John Macrae Centre MECWAcare Mind MOIRA New Hope Foundation Polish Community Council of Victoria Prahran City Mission Reach Out Southern Health Stonnington City Council Wesley Do Care	28
North & West Metropolitan Region	West Heidelberg	Thursday 6 Aug, 2.00pm – 4.30pm	Austin Health Banyule CHS Banyule City Council Baptcare Berry Street Carer Links City of Yarra Community Link Darebin CHS Darebin City Council Hume City Council Merri CHS Moreland City Council Nillumbik CHS Nillumbik Shire Council North Richmond CHS Plenty Valley CHS RDNS Spectrum Whittlesea City Council	28
	Maribyrnong	Tuesday 18 Aug, 9.00am – 11.30am	Brimbank City Council Hobsons Bay City Council ISIS Primary Care Maribyrnong City Council MIND Norwood Services Inc	31

Region	Location	Date	Registered agencies	Attendance
			RDNS Western Regional Health Centre	
Gippsland Region	Traralgon	Wednesday 19 Aug, 9.30am-12.00noon	Bass Coast Regional Health Baw Baw Shire Central Gippsland HS Central West Gippsland Division of GP Interchange Kilmany Uniting Care Latrobe CHS Latrobe City Council Latrobe Regional Health Quantum Support Services Southern Gippsland Health Service West Gippsland Healthcare Group	35
	Traralgon	Wednesday 19 Aug, 1.30pm - 4.00pm	Bass Coast Shire Council Central Gippsland HS East Gippsland Division of GP Gippsland & East Gippsland Aboriginal Cooperative Gippsland Lakes CHS Gippsland Multicultural Services Latrobe CHS Latrobe Regional Health Mental Illness Fellowship Omeo District Health Service Ramahyuck SNAP Gippsland Inc South Gippsland Health South Gippsland Shire Council Yarram and District Health Service	19
Hume Region	Benalla	Monday 10 Aug, 9.30am - 12.00noon	Albury Wodonga Health Alpine Health District Nursing Alpine Health Primary Care Alpine Shire HACC Assesment Benalla Rural City HACC Assessment Benalla/Mansfield Assessment Carer Support Options Upper Murray Family Care Carers & Parents Support Group Central Hume Support Services City of Wodonga Community Support North East Wangaratta Delatite CHS Gateway CHS Goulburn Valley Health Hume Early Psychosis Service Indigo North Health Indigo Shire HACC Assesment NHW Hume North East Health Wangaratta Ovens & King CHS Strathbogie Shire Council Tallangatta HS UnitingCare Goulburn North East Upper Hume PCP	31
	Shepparton	Monday 10 Aug, 2.00pm - 4.30pm	Alexandra District Hospital Benetas Cobram District CH Family Care Goulburn Valley CH Goulburn Valley Health Goulburn Valley Hospice Greater Shepparton City Council Kilmore & District Nursing Service Kilmore Hospital Mental Illness Fellowship Mitchell CHS Moira Healthcare Alliance Murrindindi Shire Council Nathalia District Nursing Service Odyssey House Seymour Health Seymour Hospital Seymour Hospital PAC Vision Australia Yarram District Health Service Yea CH	28

Region	Location	Date	Registered agencies	Attendance
Loddon Mallee Region	Bendigo	Thursday 20 Aug, 10.00am– 12.30pm	Yea Hospital Bendigo CHS Bendigo District Aboriginal Cooperative Bendigo Health Commonwealth Carelink Bendigo Healthcare Group Boort District Health Buloke Shire Council Castlemaine District HS Central Goldfields Shire City of Greater Bendigo Echuca Regional Health Echuca Regional Health Goulburn Valley Health Waranga Inglewood & District Health Services Kyabram & District HS Kyneton & District HS Loddon Shire Macedon Ranges HS Macedon Ranges Shire Council Maldon Hospital Maryborough District HS McIvor Health Services Mt Alexander Shire Mt Alexander Hospital Rochester & Elmore DHS Shire of Campaspe St Lukes Anglicare	35
	Mildura	Wednesday 26 Aug, 10.00am– 12.30pm	Bendigo Health CMS E W Tipping Loddon Mallee Palliative Care Consortium Mallee Track Health & Community Services Mildura Rural City Council Murray Valley Aboriginal Corporation Northern Mallee PCP Regis Robinvale District Health Services Sunassist Sunraysia CHS Sunraysia Mallee Ethnic Communities Council Swan Hill Rural City Council Vista	24
Grampians Region	Horsham	Friday 14 Aug, 10.00am – 12.30pm	Disability Support Services Dunmuckle Health Service Grampians DHS Harrow Bush Nursing Centre Hindmarsh Shire Horizons Services Horsham Rural City Council Rural Northwest Health Salvation Army West Wimmera Health Service West Wimmera Shire Wimmera Community Options Wimmera Health Care Group- Acute, Emerg, Dist Nurs, ACAS Wimmera Hospice Care Wimmera PCP Wimmera Uniting Care Wimmera Volunteers Yarriambiack Shire	42
	Ballarat	Monday 17 Aug, 10.30am – 1.00pm	ACAS BDNH Bacchus Marsh Ballan DHS Ballarat Community Health Ballarat Health Services Ballarat Hospice Care Inc Carers Choice Centacare Child & Family Services City of Ballarat City of Ballarat DHS disability services DHS Primary Health Team Direct2Care	27

Region	Location	Date	Registered agencies	Attendance
			Djerriwarrh Health (BM) Djerriwarrh Health Services Golden Plains Shire Council Hepburn Health Service Hepburn Shire Council Hess Linkages MIND Moorabool Shire MS Society QE Rehabilitation Centre Rehabilitation in the Home Relationships Australia St Laurence St. John of God Hospital, Uniting Care Ballarat Wimmera Hospice Care	
Barwon South Western Region	Geelong	Thursday 13 Aug, 2.00pm – 4.30pm	Barwon Health Bellarine CH Bethany Community Support Borough of Queenscliff Cityof Geelong Cityof Geelong Colac Area Health Colac Ottway Shire Diversitat DoCare Geelong G21 Karingal Community Living Ottway Health Pathways Rehabilitation & Social Support Salvation Army St Laurence Community Services Surf Coast Shire Zena Womens Services	32
	Warrnambool	Tuesday 25 Aug, 1.00pm – 3.30pm	Brophy Family & Youth Services Casterton Hospital Corangamite Shire Dhauwurd-Wurrung Glenelg Shire Gunditjmara Coop Kyeema Manifold Place Moyne Health Service Portland District Health Seaport Medical Centre South West Healthcare Southern Grampians Shire Council Terang & Mortlake Health Services Timboon & District Healthcare Service Warrnambool City Council HACC Western District Health Service	27
	17 sessions			493

Appendix 4: Participant evaluation data by region

Item	CBD	Box Hill	Dand	W Heid	Ben alla	Shepp	Park dale	Mont rose	Geel ong	Stawell	Horsh am	Ballar at	Mariby rning	Traral gon AM	Traral gon PM	Bend igo	Warn 'bool	Mild ura	STATE AVG
Item 1: My knowledge and understanding of SCTT 2006																			
None	0%	5%	4%	0%	7%	0%	0%	4%	6%	0%	8%	5%	4%	6%	0%	0%	9%	5%	3%
Partial	23%	5%	19%	0%	14%	9%	18%	8%	31%	0%	12%	10%	0%	13%	0%	3%	22%	19%	11%
Average	18%	18%	31%	17%	46%	18%	24%	13%	13%	15%	24%	14%	19%	13%	8%	17%	13%	19%	19%
Good	45%	55%	35%	48%	32%	50%	53%	46%	38%	85%	40%	62%	67%	44%	69%	62%	35%	43%	50%
Excellent	14%	18%	12%	35%	0%	23%	6%	29%	13%	0%	16%	10%	11%	25%	23%	17%	22%	14%	16%
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Item 2: My knowledge and understanding of the main changes and additions to SCTT 2009																			
None	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	3%	9%	0%	1%
Partial	0%	0%	4%	0%	0%	0%	6%	4%	19%	0%	12%	0%	0%	25%	0%	3%	9%	10%	5%
Average	18%	14%	31%	4%	18%	9%	24%	25%	19%	0%	16%	24%	19%	13%	8%	14%	26%	14%	16%
Good	68%	73%	58%	78%	75%	82%	71%	58%	56%	100%	64%	71%	67%	63%	77%	69%	43%	52%	68%
Excellent	14%	14%	8%	17%	7%	9%	0%	13%	6%	0%	8%	5%	15%	0%	15%	10%	13%	24%	10%
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Item 3: My knowledge and understanding about which SCTT 2009 template to use when																			
None	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	4%	0%	0%
Partial	0%	0%	12%	0%	0%	0%	6%	0%	13%	0%	12%	5%	0%	13%	0%	3%	13%	9%	5%
Average	32%	5%	31%	0%	25%	18%	18%	21%	38%	8%	16%	19%	26%	13%	8%	14%	4%	14%	17%
Good	59%	86%	50%	74%	71%	68%	65%	67%	50%	92%	64%	71%	63%	75%	77%	69%	65%	50%	68%
Excellent	9%	9%	8%	26%	4%	14%	12%	13%	0%	0%	8%	5%	11%	0%	15%	14%	13%	27%	10%
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Item 4: My knowledge and understanding of the SCTT 2009 Care Coordination Plan																			
None	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Partial	5%	0%	19%	0%	4%	5%	6%	4%	19%	0%	8%	0%	0%	19%	8%	10%	18%	9%	7%
Average	27%	9%	38%	17%	25%	36%	29%	29%	31%	15%	48%	38%	33%	25%	0%	38%	32%	23%	28%
Good	64%	82%	31%	65%	68%	45%	59%	54%	50%	85%	32%	62%	56%	56%	77%	52%	45%	45%	57%
Excellent	5%	9%	12%	17%	4%	14%	6%	13%	0%	0%	12%	0%	11%	0%	15%	0%	5%	23%	8%
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Item 5: I have thought about who, when and how I could provide SCTT 2009 training to my colleagues																			
Strongly disagree	0%	0%	4%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Disagree	0%	5%	0%	0%	0%	0%	0%	4%	0%	0%	4%	0%	4%	6%	0%	3%	0%	0%	1%
Unsure	5%	0%	12%	0%	4%	0%	12%	4%	13%	8%	25%	20%	0%	13%	0%	3%	9%	0%	7%
Agree	59%	64%	62%	87%	79%	64%	65%	71%	81%	62%	42%	65%	85%	63%	77%	55%	87%	62%	68%
Strongly agree	36%	32%	23%	13%	18%	36%	24%	21%	6%	31%	29%	15%	11%	19%	23%	38%	4%	38%	23%
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Item 6: With further preparation I will be able to present a SCTT 2009 training session to my colleagues																			

Item	CBD	Box Hill	Dand	W Heid	Ben alla	Shepp	Park date	Mont rose	Geel ong	Stawell	Horsh am	Ballar at	Mariby rrong	Traral gon AM	Traral gon PM	Bend igo	Warn 'bool	Mild ura	STATE AVG
Strongly disagree	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Disagree	0%	0%	4%	0%	0%	0%	0%	0%	0%	0%	0%	0%	4%	6%	0%	3%	0%	0%	1%
Unsure	5%	9%	15%	4%	4%	0%	6%	4%	13%	0%	17%	5%	11%	13%	0%	0%	4%	0%	6%
Agree	41%	64%	50%	78%	82%	59%	65%	58%	75%	62%	54%	70%	63%	75%	69%	55%	83%	67%	65%
Strongly agree	55%	27%	31%	17%	14%	41%	29%	38%	13%	38%	29%	25%	22%	6%	31%	41%	13%	33%	28%
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Item 7: The presenters were informative, proficient and communicated clearly																			
Strongly disagree	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	9%	0%	0%
Disagree	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	13%	0%	0%	0%	0%	1%
Unsure	0%	0%	0%	4%	0%	5%	0%	0%	0%	15%	8%	0%	0%	0%	0%	0%	17%	0%	3%
Agree	41%	82%	50%	74%	71%	64%	76%	50%	69%	62%	67%	81%	74%	75%	31%	69%	61%	50%	64%
Strongly agree	59%	18%	50%	22%	29%	32%	24%	50%	31%	23%	25%	19%	26%	13%	69%	31%	13%	50%	32%
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Item 8: The session was well structured and engaging																			
Strongly disagree	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	4%	0%	0%
Disagree	0%	0%	0%	0%	0%	0%	0%	4%	0%	0%	8%	0%	0%	13%	0%	3%	17%	0%	3%
Unsure	9%	0%	0%	4%	7%	9%	6%	0%	0%	23%	8%	5%	4%	6%	0%	10%	13%	0%	6%
Agree	32%	82%	50%	78%	64%	59%	71%	50%	75%	54%	63%	76%	70%	75%	23%	62%	52%	55%	61%
Strongly agree	59%	18%	50%	17%	29%	32%	24%	46%	25%	23%	21%	19%	26%	6%	77%	24%	13%	45%	31%
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%