



Progress Update

BOP Youth Alcohol and Other Drugs (AOD) Project

March 2016

There is growing national emphasis on ensuring Youth AOD services are meeting the needs of youth and their families/whānau. This is underpinned by the recognised impact effective access to, and engagement with, health services can have on the immediate and long term health and wellbeing of young people. It is also underpinned by the increasing recognition that young people presenting to Youth AOD services more commonly present with Co-existing Problems (co-existing AOD problems and mental health problems) and that young people presenting with CEP tend to have poorer rates of engagement, increased risks and poorer outcomes than those who do not present with CEP. In line with this, in March 2014, BOPDHB commissioned the two year Youth Integrated CEP enhanced AOD Model of Care project as part of a Ministry of Health funded initiative aimed at improving the quality and outcomes of youth AOD services



The project scope required development of a Bay of Plenty (BOP) youth AOD service model which would optimise resources, endorse best practice and focus on well-co-ordinated and integrated service delivery. A number of local and national interrelated projects, plans and strategies have informed this initiative. These include:

- The Prime Minister's Youth Mental Health Project
- Drivers of Crime initiative
- Rising to the Challenge: The Mental Health & Addiction Service Development Plan 2012-2017
- Bay of Plenty Integrated Healthcare Strategy 2020
- Bay of Plenty District Health Board (BOPDHB) Annual Plan 2014/2015
- BOPDHB Māori Health Plan 2013/2014
- BOPDHB Child and Youth Strategy 2014-2019
- BOPDHB Triple Aim

The BOP Youth AOD Project has progressed in consultation with key stakeholders including BOPDHB funded Youth AOD providers, key referrers to youth AOD services, young people and recognised leaders within the national Youth AOD sector. Integral to the development of the project has also been the establishment of a youth AOD Advisory Group. The group is comprised of representatives from the BOP youth AOD service sector and has provided leadership and direction to the project.

CEP Enhanced Youth AOD Service Model

Purpose

The CEP Enhanced Youth AOD Service Model looks to optimise resources, endorse best practice and focus on well-co-ordinated and integrated service delivery for youth of the Bay of Plenty with AOD/CEP issues. This model has been developed in consultation with the BOP Youth AOD Sector and looks to promote a continuum of care built on the principle that “Any door is the right door” for access to effective Youth AOD/CEP service provision.

CEP Enhanced Youth AOD Service Model

Emerging AOD Needs

Client Group

- Emerging AOD needs
- SAC's >2 – mild AOD
- DSM V (2-3 symptoms – mild disorder)
- SDQ 16-19 (mild to moderate mental health issues)
- Risk assessment/screen – low risk (inclusive assessment of social stability, whānau/peer support/stability/strengths and coping skills)

Service Staff Capability/Competencies

- Foundation Level skills (Matua Rak iTe Whare O Tiki)
- Cultural competency (Takarangi Framework & Real Skills Plus Seitapu)
- Screening for AOD needs
- CEP screening
- AOD education and health promotion
- Support access to electronic resources e.g. SPARX, Beating the Blues
- Brief Interventions with young person and/or their family/whānau (including self-care, health education)
- Referral generation: Primary Health Care and/or Youth AOD services for further assessment and intervention

Response Capability

- Mon-Friday service response
- Non-clinical FTE with AOD/CEP screening experience
- Engagement/working relationship with Primary Health services
- Engagement/working relationship with school health services (teachers, guidance counsellors, school Wellness Centres)
- Provision of Youth AOD school based programmes
- Strong linkages to other community support agencies and services
- Screening and brief intervention focus

Expected Service Interface/Collaboration

- Consultation & liaison
- Shared care and shared treatment planning

Established AOD Needs

Client Group

- Established Youth AOD needs
- SAC's 4+ (moderate)
- DSM V (4-5 symptoms)
- SDQ 16-19 (mild to moderate mental health issues)
- Risk assessment/screen – moderate risk (inclusive assessment of social stability, whānau/peer support/stability/strengths and coping skills)

Service Staff Capability/Competencies

- Capable Level skills (Matua Rak iTe Whare O Tiki)
- Cultural competency (Takarangi Framework & Real Skills Plus Seitapu)
- Comprehensive assessment and treatment planning
- CEP screening
- Motivational Interviewing skills
- Casemanagement
- Individual and group AOD treatments
- Individual and group family/whānau therapies
- Detox options/support
- Planned respite (packages of care)
- Peer support
- Referral generation: step down/step up care

Response Capability

- Mon-Fri service response
- Clinical FTE with AOD/CEP experience
- Engagement/working relationship with secondary Youth AOD and ICAMHs services
- Engagement/working relationship with Primary Health services, school health services and other community services and agencies
- CEP management
- Screening and treatment focus

Expected Service Interface/Collaboration

- Consultation & liaison
- Facilitation of pathway to residential services
- Shared care & shared treatment planning
- On-referral

Established AOD and CEP Needs

Client Group

- Established AOD and mental health needs
- Severe level of distress/AOD/Mental Health symptoms
- Needs unable to be met within lower steps of youth CEP enhanced service continuum/or non-responsive to
- SAC's 4+ (moderate) to 6+ (severe)
- SDQ 20-40 (severe mental health issues)
- Risk assessment/screen – high risk inclusive assessment of social stability, whānau/peer support/stability/strengths and coping skills)

Service Staff Capability/Competencies

- Enhanced Level Skills (Matua Rak iTe Whare O Tiki)
- Cultural competency (Takarangi Framework & Real Skills Plus Seitapu)
- Comprehensive assessment and treatment planning
- Motivational Interviewing skills
- Individual and group AOD treatments
- Individual and group family/whānau therapies
- Link to detox pathway
- Facilitate access to MDT
- Casemanagement
- Peer support
- Referral generation: step down care

Response Capability

- 24/7 response
- Access to acute detox and respite services
- Co-morbid risk management
- Engagement/working relationship with Primary Health services, school health services and other community services and agencies
- Engagement/working relationship with secondary Youth AOD and ICAMHs services
- Full MDT functions/specialist youth AOD/CEP FTE

Expected Service Interface/Collaboration

- Consultation & liaison/mentoring
- Facilitation of pathway to residential services
- Shared care & shared treatment planning
- On-referral

BEST PRACTICE GUIDELINES: BOP Youth AOD Services

Purpose

Effective, evidence based, and high quality youth AOD services provide youth with AOD/ CEP issues and their families/whānau with the best opportunity to achieve positive health outcomes. These Best Practice Guidelines have been developed in consultation with the BOP Youth AOD sector and offer youth AOD providers a framework on which to premise service delivery.

1. Service Access

Services are Youth Friendly

- Services are promoted in a manner that is appealing to youth/will support youth engagement
- Service resources/brochures are designed to appeal to/ engage youth
- Use of technology is incorporated into strategies to support young people to access the service
- Offices/meeting places are appealing to youth and support youth engagement
- Service staff have skills and capability to consistently engage and provide youth focused services to include as a minimum:
 - All non-Māori staff have completed or are working to complete Takarangi Cultural Competency training
 - All non-Māori staff can demonstrate Te Whare o Tiki Foundation level competencies i.e. have knowledge of the values, beliefs and practices of minority ethnicities and cultures of people with co-existing problems
 - have knowledge of the prevalence of substance use, gambling and mental health problems in minority ethnicities and cultures
 - All non-Pacific staff demonstrate essential level Let's Get Real – Real Skills Plus Seitapu

- Service policy reflects requirement for services to be youth friendly inclusive of regular youth audit engagement audit tool and/or self-audit

Services are Flexible

- Services demonstrate a flexible approach to who attends treatment planning meetings e.g. peers, whānau, other services
- Treatment planning meetings are youth lead (if requested/appropriate)
- Service staff are flexible in their approach to where meetings with the young person are held
- Service policy reflects requirement for service flexibility in regard to meeting venues, time, meeting attendees

MOU's Developed

- MOU's are in place between schools and all youth AOD providers delivering school based youth AOD based programmes
- MOU's detail the school based programmes to be offered, process for youth referral to the programme, expected interface between school and youth AOD provider staff and youth discharge processes
- MOU's are reviewed as a minimum of annually
- Service policy reflects requirement for MOU development and review



Timely and Effective Management of Service Referrals

- All referrals are acknowledged and contact made with the young person within 72 hours of receipt of referral
- As a minimum, youth AOD providers will request the following referral information:
 - name of referring service
 - designation of referrer
 - all client and referrer contact information
 - presenting problem
 - relevant history
 - supports currently in place/other agencies involved
- Service policy reflects the requirement for a formalised referral process

Adherence to Consent and Confidentiality Requirements

- Consent and confidentiality processes are explained to the young person at the point of service access
- Information sharing plan agreed

Engagement with Family/Whānau

- Family/whānau engaged at point of service access (as appropriate)
- Service policy reflects the requirement for staff to engage with the family/whānau of the young person from the point of service access
- Family/whānau religion and associated influence on perspectives of wellbeing are routinely considered
- Interpreter made available for family/whānau with English as a second language

2. Assessment

Youth AOD Specific Screening Tools Utilised

- Validated and culturally appropriate, youth specific, youth AOD screening tools are routinely utilised i.e. Sac's, SDQ and/or Short Moods & Feelings Questionnaire are prioritised
- AOD screening is completed on first contact with the young person (where possible)
- Young person and /or family/whānau consent obtained prior to completion of the screen
- Risk assessment is included in initial screening process

Comprehensive Assessment Completed

- Routinely carried out following completion of youth AOD screening indicating further AOD assessment warranted
- Young person and/or family/whānau consent obtained prior to assessment completion
- All comprehensive assessments will include as a minimum:
 - risk (actual and/or potential)
 - cultural connections/needs
 - mental health/CEP
 - physical health
 - schooling
 - family/peer relationships
 - legal issues
 - substance use/abuse



- All comprehensive assessment tools utilised are strengths based
- Staff completing the comprehensive assessment have CEP skills and knowledge
- All non-Māori, staff as a minimum, can demonstrate Te Whare o Tiki Foundation level competencies (as detailed in “service access”)
- All non-Pacific staff, as a minimum, demonstrate essential level Let’s Get Real – Real Skills Plus Seitapu
- Comprehensive assessment completed (where possible/ appropriate) by the end of the first session with the young person (exception = school based programmes)
- Family/whānau engagement in the assessment process is encouraged (as appropriate)
- Comprehensive assessment information is formally documented
- Service policy and procedure reflects the requirement for all above processes

Routine Screening for CEP

- CEP screening/assessment routinely completed as part of the comprehensive screening process
- Cultural assessment included in CEP assessment
- All non-Māori and non-Pacific staff completing cultural assessments, as a minimum, will have completed or are working to complete, Takarangi Cultural Competency training and Lets Get Real – Real Skills Plus Seitapu

- Provider completing CEP screening has responsibility for brokering access/referring young person to needed service and/or services
- All staff must have basic skills and training in screening for CEP to include as a minimum alignment with Te Whare o Tiki Foundation Level competencies(as detailed in “service access”)

3. Treatment

Young People Supported to Access and Utilise E-Therapy Tools

- Youth AOD staff are familiar with and able to support young people to utilise youth specific e-therapy tools e.g. SPARX, Lowdown

Treatment Approaches are Tailored to Meet the Needs of the Young Person

- Incorporate as a minimum:
 - harm reduction
 - brief interventions
 - motivational interviewing combined with Cognitive Behavioural Therapy
 - increasing awareness of risks and consequences of behaviour
 - strengths based approach
 - promotion of well-being, positive thinking and optimism



- Individual treatment plans, that provide tailored support are developed for each young person accepted into the service
- Treatment plan goals are set in conjunction with the young person (and family/whānau as appropriate)
- Mix of 1:1, group work and school based programmes offered
- Youth AOD provider (if lead provider) maintains overall responsibility for coordinating care if other services are involved
- Lead provider as per youth choice and agreement between providers
- Basic components of all school based programme should include
 - Substance use/abuse education and information
 - Harm reduction
 - Motivational enhancement
 - Problem solving basic's
 - Awareness of Tikanga
- Youth AOD staff delivering school programmes should as a minimum have the following skills and experience:
 - Clinical FTE: Registered Health Professional with AOD experience and DAPAANZ registration
 - Non clinical FTE: Community Support Worker Certificate with AOD experience, supervised by a Registered Health Professional



- Family/whānau are encouraged and supported to be involved in the treatment process (as appropriate)
- Practical support is provided to the young person to attend the treatment programme (e.g. transport, help to access social support)
- Service policy and procedure reflects treatment approaches as above



4. Discharge/Transition

Youth transition between services is smooth and seamless

- Discharge/transition planning begins on acceptance into service
- Individual treatment plans are inclusive of discharge/transition planning
- Family/whānau are involved in the discharge/transition planning process (as appropriate)
- If referring young person on to another service completion of a formal referral letter detailing relevant information, to include the young person's discharge/transition goals, is required
- Referrers to the service are formally notified of young person's discharge/transition from service. Notification should be made within 2 weeks of the young person's discharge/transition

5. Cultural Responsiveness

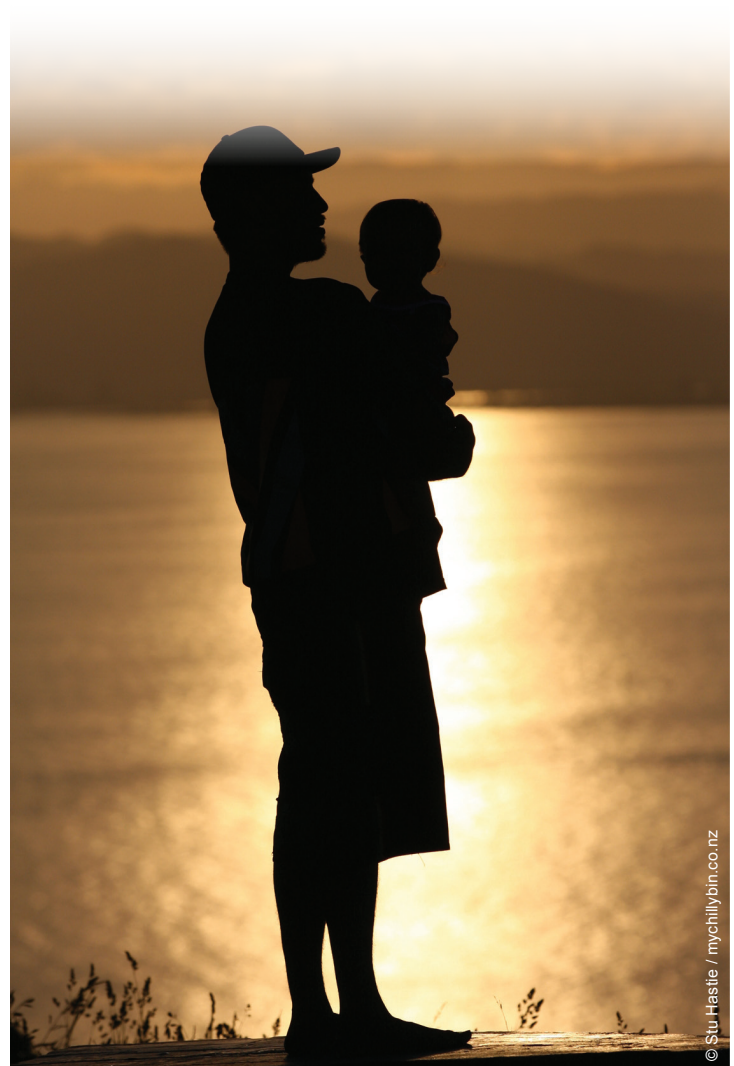
Services are culturally safe and appropriate

- Māori and Pacific models of well-being are utilised as appropriate.
- Young people have access to culturally appropriate support
- All clients that are Māori/Pacific will receive culturally appropriate service delivered by a culturally appropriate practitioner
- All non-Māori staff are required, as a minimum to , have completed or are working to complete, Foundation Takarangi Cultural Competency training
- All non-Māori staff can demonstrate alignment with Foundation Te Whare o Tiki competencies (as detailed in "service access section")
- All non-Pacific staff, as a minimum, can demonstrate essential level Let's Get Real – Real Skills Plus Seitapu
- Service policy reflects requirement for services to be delivered in a culturally responsive and safe manner to include regular audit schedule
- Whānau ora approach to working with Māori/Pacific youth
 - focus on whānau not individuals
 - prioritize collective whānau well-being
 - family inclusiveness

6. Youth Voice

Young people are involved in the development and review of Youth AOD services

- Youth AOD providers have processes and procedures in place to support and enable youth involvement in development and review of youth AOD programmes, inclusive of school based programmes
- Youth AOD providers regularly seek feedback from youth service users on the services/treatment offered to youth
- Service policy and procedure clearly details the requirements for youth involvement in service planning and review



BOPDHB funded Youth AOD providers:

- Sorted- Youth AOD Service (BOPDHB service offered BOP-wide)
- Get Smart, Tauranga
- Ngaiterangi Iwi Trust, Tauranga
- Te Manu Toroa, Tauranga
- Nga Kakano Foundation, Te Puke
- Pacific Island Community Trust
- Western Bay PHO, Tauranga
- Tuhoe Hauora, Taneatua
- Te Runanga O te Whānau, Te Kaha
- Emerge Aotearoa, Whakatane
- Tuwharetoa Ki Kawerau, Kawerau

Contributors to the BOP Youth AOD Project Advisory Group:

- Kate Stewart, Project Lead
- Caleb Putt, Project team (Sorted)
- Lesley Watkins, Project team (Planning & Funding)
- Dr Sue Mackersey, Advisory Group (BOPDHB MH&A Services)
- Connie Hui, Advisory Group (Māori Health Planning & Funding)
- Kiri Peita, Advisory Group (Māori Health Planning & Funding)
- Pania Hetet, Advisory Group (Tuhoe Hauora)
- Juanita Jacobs, Advisory Group (Tuwharetoa Ki Kawerau)
- Mike Mills, Advisory Group (Tauranga Safe City)
- Kuku Wawatai, Advisory Group (Ngaiterangi Iwi Trust)
- Sameli Tongalea, Advisory Group (Nga Kakano, Pacific Island Community Trust)
- Melissa Richards, Advisory Group (BOP Youth Justice)
- Cindy Wikohika, Advisory Group (Alternative Education)



Call them direct on **07 557 5052** or
0800 BAYSORT, 0800 229 7678
or email sorted@bopdhb.govt.nz