

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/whanau 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-Maori staff have completed or are working to complete Takarangi Cultural Competency training
 - All non-Maori 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, whanau, 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/Whanau

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

- Maori and Pacific models of well-being are utilised as appropriate.
- Young people have access to culturally appropriate support
- All clients that are Maori/Pacific will receive culturally appropriate service delivered by a culturally appropriate practitioner
- All non-Maori staff are required, as a minimum to , have completed or are working to complete, Foundation Takarangi Cultural Competency training
- All non-Maori 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
- Whanau ora approach to working with Maori/Pacific youth
 - focus on whanau not individuals
 - prioritize collective whanau 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

