

# 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 principal 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, whanau/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/whanau (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, whanau/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/whanau 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, whanau/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/whanau 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