

# Youth Residential Rehabilitation Service (YRRS) Model of Service final wording

## Background

Workshops to review the YRRS Model of Service (MOS) - Youth Residential Rehabilitation Unit Model of Service Queensland Public Mental Health Services were held on 8 August 2020 and 8 December 2020. Participants responded to targeted questions regarding aims of service, cohort, referral pathways, clinical and psychosocial recovery elements, governance, data collection measures, transitions and exit planning as the key elements of MOS.

The final wording for the MOS key elements based on feedback is provided in the following sections.

## Cohort – who is it for?

- The YRRS is for young people aged 16-21 years with severe and complex mental health issues that is impacting on their capacity to live independently in their community and are likely to benefit from an extended community rehabilitation model of care in a home like residential environment.
- Young people accessing the service will present with a range of mental health problems and/or disorders at the moderate to severe end of the spectrum and may present with complex trauma and peer and family problems, and development challenges which can exacerbate mental health problems and disorders.
- Young people accessing the service may come from a range of living situations including a family home, transient community environment or under the care of the Department of Children, Youth Justice and Multicultural Affairs.
- The YRRS provides community based residential mental health care to young people who require additional longer-term mental health support to successfully transition to independent living, family home or other accommodation options, through the provision of psychosocial recovery support services and 24-hour care a Non-Government Organisations (NGO) and clinical in-reach by the Hospital and Health Service (HHS).
- The YRRS is not for young people who are currently acutely unwell or require inpatient admission, are considered at high risk of suicide, are actively engaging in threatening, aggressive, destructive, or antisocial behaviours, or whose primary issue is substance misuse or accommodation issues.

## Service aims/deliverables: what does it do?

### What does it do?

- The YRRS provides a service option for young people who would benefit from longer term support (up to 12 months) in a rehabilitative and residential setting in the community 24 hours a day 7 days a week.
- Operating as an integrated and collaborative model with the NGO providing on-site psychosocial recovery support services and 24-hour care together with the HHS providing in-reach clinical services, it is designed to provide a service option for young people whose treatment and recovery is better suited to longer term mental health support and access to treatment in a rehabilitative and residential setting in the community.

- The YRRS MOS describes only one element from the continuum of service elements available to assist young people recover their health, wellbeing and developmental potential. Other service elements also exist within child and youth mental health services, adult mental health services, the NGO sector such as headspace, the private sector and other primary care providers, e.g. General Practitioners (GP).
- The YRRS adopts principles of care which ensure individual rights are recovery-orientated, person centred, strengths based and support prevention and early intervention. The YRRS is sensitive to social, cultural and gender diversity and adopt trauma informed approaches.
- Operating in collaboration with other services it emphasises consumer choice, building resilience and enhancing opportunities for social inclusion, while recognising the need for evidence-based treatment to optimise function and clinical risk management.

**The aim of the YRRS is to:**

- Build and support functional recovery of a young person's mental health and wellbeing to promote independent living capacity and capability.
- Provide a secure and stable environment to support the young person's recovery including building trust and confidence.
- Assist young people to maintain or re-engage in developmentally appropriate learning and vocational tasks and/or paid employment.
- Work holistically with the young person, their family, carers and significant others to work towards recovery goals as identified by the young person
- Assist the young person to develop coping mechanisms and strategies to support stable/good mental health.
- Provide access activities to boost social inclusion, learning and development.
- Assist the young person to develop good personal and sleep hygiene and awareness.
- Support access to general practitioners and other health providers to support the young person's good mental and physical health and wellbeing.
- Increase the young person's awareness, understanding and navigation of mental and physical health and support services in the community to enable them to live independently.
- Assist with budgeting, shopping and cooking skills.
- Young people and their support network will experience a smooth and continuous progression in care, by being supported to either remain engaged with their community mental health service provider or linked to ongoing community mental health supports.
- Young people will be involved in identifying other supports and relationships that contribute positively to their mental health recovery. Wherever possible, these relationships will be supported as the young person transitions through care.

## Referrals access and triage

**Referrals, access and triage**

- All referrals will be via a single point of entry through the YRRS intake coordinator hosted by Children's Health Queensland (CHQ) HHS. This YRRS panel meets monthly and is Chaired by the Medical Director, Community Statewide Adolescent Extended Treatment (AET), CYMHS, CHQ HHS. The panel includes representatives from the HHS (senior clinical staff) and the NGO. Other service provider/s may be invited as relevant.
- Referrers will work with the young person and their families/carers/significant others, to establish goals and expectations of admission to service.

- The YRRS Panel will: work with referring parties to prioritise and triage new referrals; assess the suitability of young people entering and exiting the YRRS based on eligibility criteria; and provide clear information to referrers, young people and their families/carers/significant others regarding referral and decision processes.
- The young person's consent to the referral must be obtained and signed on the referral form prior to the referral being presented /discussed.
- A decision is made at YRRS Panel meetings regarding the most appropriate services to meet the needs of the young person. The decision to accept the referral will consider the:
  - nature of the problem
  - acuity and severity of the young person's mental health issues including level of risk
  - complexity of their condition (including co-morbidity) and extent of functional impairment
  - young person's capacity to engage, benefit from psychosocial and clinical support, responses to previous interventions, and commitment to participate.
  - current mix of young people in the YRRU and therapeutic milieu.
  - availability of other appropriate services
- Young people accepted to the YRRS and unable to be placed immediately into a Youth Residential Rehabilitation Unit (YRRU) will be supported appropriately by their existing community-based mental health care provider with the addition of the YRRS Life Skills Program offered (as appropriate) as part of their entry transition plan.

## Service Delivery\*

### Psychosocial recovery elements

- Development of recovery/goal planning inclusive of young person, key workers, clinical staff, family and other supports (as identified by the young person appropriate) and based on recovery orientated principles.
- Assisting the young person to access and navigate services including GP and other health providers (dentist, physiotherapist, optometrist, counsellor/ psychologist etc) to maintain good mental and physical health.
- Working with family/carer and other support acknowledging that the young person's family, carers and significant others are integral to the young person's recovery.
- Assisting the young person to engage or reengage in educational/vocational pursuits and connect with other community supports including social and recreational activities.
- Building rapport and trust with key workers and clinical team
- Establishing regular routines including sleep and wake up times.
- Building communication and negotiation skills.
- Regular case review meetings with young person and key staff (HHS and NGO).
- Weekly house meetings.
- Working with the young person to build independence; including meal planning, cooking, cleaning, budgeting, shopping skills.

### Clinical service delivery elements

- Clinical case reviews occurring every 91 days
- Risk assessment and reviews
- Case review and critical incident review
- Shared goal/recovery plans, regular therapy sessions.

## Assessment

- The YRRU will complete a comprehensive assessment with each young person. Ongoing assessments will be timely and reflect the needs of the young person, aligned to their Care/Recovery Plan to explore their strengths and goals, barriers to improvement, and the young person and family/carer perception of progress toward recovery goals.
- Assessment will involve input from the young person, their family, and/or carers, clinical and other service providers as appropriate.
- Assessments will initiate a collaborative discussion between the young person, NGO staff and the young person's treating mental health team regarding the young person's treatment and recovery goals, including strengths, resilience and capacity for self-management. Relevant information will be sought and recorded with due regard for the young person's right to privacy and may also include collateral information from family/carers/significant others and other service providers, including mental health providers, GPs and schools.
- **Risks assessments** will be conducted at referral and as clinically indicated and include assessment of risk to self and others as well as drug and alcohol use assessment. All risks assessments/safety planning will be recorded in the young person's YRRU file and CIMHA and will be used to formulate a risk management plan, developed in collaboration with the young person's treating mental health team. Child protection concerns will be identified through risk assessment and addressed in accordance with mandatory reporting and policy requirements.
- Young people with co-morbid drug and alcohol issues and mental health issues will be eligible for entry into the YRRS with alcohol and drug use education provided as part of maintaining health and wellbeing.
- The young person's physical and dental health will be routinely assessed, managed and documented on the young person's YRRU file together with Clinical alerts (e.g. medical conditions, allergies). The outcome of assessments will be communicated to the young person, families/carers/significant others and other stakeholders as appropriate, in a timely manner and with due respect to the young person's right to privacy. Young people will be actively supported to access primary health care services and health improvement activities as identified from initial or ongoing assessments.

## Care and Recovery Planning

- An individualised care/recovery plan will be developed with the young person, in collaboration with the young person's treating mental health team and the NGO. Consent of the young person to disclose information and where needed involve family/carers in treatment planning and delivery will be sought in every case. All young people and families/carers/significant others will be offered information and assistance to access peer support.
- Every effort will be made to ensure that recovery planning focuses on the young person's own goals. Where conflicting goals exist, this will be clearly outlined in the young person's file and recovery plan and addressed in a way that is most consistent with the young person's goals, and values. The plan will consider relevant and contributing factors developed from the assessment process with a copy kept in the young person's YRRU file and CIMHA.
- The plan will be reviewed as needed, and at intervals of no longer than two weeks and include review of progress against recovery goals, planning for future goals, as well as plans for exit. Any changes to the recovery plan will be discussed and changed in partnership with the young person, their family/carers and relevant service providers (as appropriate).

## Continuity and coordination of care

- All young people will be assigned a key worker on entry into the YRRU and recorded on the young person's file. The young person family/carers will be informed of the team approach to care upon entry to the YRRU and given information on the different roles/skills of staff and other services involved in their care.
- The key worker has primary responsibility for the co-ordination of care, including working with the young person on goal setting, recovery and exit planning. The key worker, primary treating mental health provider and other service providers will be clearly identified in the young person's YRRU file and communication maintained throughout service provision.
- Planned and crisis interventions is not dependent on the key worker's availability. Queensland Health Mental Health Services acute care and extended hours team may provide service for young people that require an out of hours psychiatric response.
- Each open case and recovery/care plan will be discussed at case review meetings attended by the Service Manager, NGO staff, the young person and their treating mental health service provider, with clinical case review occurring every 91 days or following a critical incident. Ad-hoc reviews will also occur as required to review newly accepted young people, to address complex issues or following a critical event.

## Interventions

- **Psychosocial interventions** are based on a recovery-oriented approach that enhances opportunities for social inclusion and community connections with a strong focus on connecting or reconnecting the young person to family, carers and other community supports. Wherever possible young people will be encouraged and supported to access services in their community of origin.
- Interventions will be based on resilience and recovery principles, assistance in accessing vocational services, psychoeducation and assistance in accessing psychosocial supports
- Interventions are guided by assessment and formulation processes using a developmentally appropriate biopsychosocial approach in collaboration with the young person's treating mental health team. Interventions may include coordinating schooling/vocational supports to assist the young person's engagement or reengagement in education/vocation and/or employment, personal care, daily living skills, social skills, community access, employment, budgeting, interpersonal and conflict resolution skills and will include relapse prevention strategies.
- The YRRU will work in close collaboration with other service providers to meet individual needs of the young person, with active engagement with local mental health services, local hospital emergency departments to support coordinated access and crisis response planning and service delivery.
- Clinical interventions are based on clinical need as identified by the clinical treating team. The YRRU will facilitate and support where indicated psychological, cognitive, functional, vocational, social and physical aspects of the young person's functioning and take into consideration the strengths and resilience within the individual, their family and community.

## Medication Management

- The medications goals of the young person will be integrated with evidence based clinical treatment guidelines and are the responsibility of the prescriber and the young person. Administration of prescription and non-prescription medications will be supervised by YRRU staff in accordance with relevant local policy and risk management practices. Education and strategies focused on medication compliance will be provided to the young person.

\* further details to be considered during service guideline development

## Transitions and exit planning \*

### Exiting and transfer of care

- Exit planning will be a routine component of recovery planning and review process and will incorporate strategies for relapse prevention, crisis management and clearly articulated re- entry processes.
- Planning for transition out of the YRRS will commence as early as practicable and is built around individual needs and strengths and open to, and respectful of diversity. The young person, family, carers and significant others will be routinely and directly involved in exit planning wherever possible and as appropriate. Comprehensive liaison will also occur with all other service providers who will contribute to the young person's ongoing care.
- The decision to exit the young person is aligned with the Recovery Plan and at the discretion of the YRRU Service Manager in consultation with the key worker and the primary treating mental health provider and in consideration of time limits for service provision (up to 365 days) following case review.
- The YRRS may provide an outreach component to support transitional care.
- The NGO key worker is responsible coordinating the exit processes including arranging appointments with other relevant service providers prior to exit, ensuring letters are sent to key service providers and follow up with the young person post exit. Exit letters will indicate relevant information including progress of care, recommendations for ongoing care, and procedures for re-referral/entry to the YRRS.

## Governance

- **Clinical and Operational governance** – CHQ HHS provide operational support through the AET statewide coordinator position and clinical oversight (and chairing) of the YRRS Panel. Clinical governance will remain with the HHS Principal Service Provider, or mental health representative providing mental health care, support and case management throughout the time of the young person's placement in the YRRS.
- **Contract governance:** Service agreements between Queensland Health and the NGO will document the delivery arrangements for the services implementing the YRRS MOS including a list of indicators to measure performance outcomes of the service delivered.
- **Program governance:** The Mental Health, Alcohol and Other Drugs Branch supports the state-wide development, delivery and enhancement of safe, quality, evidence-based clinical and non-clinical services in the specialist areas of mental health and alcohol and other drugs services. MHAODB as the systems manager undertakes contemporary evidence-based service planning, development and review of models of service, new programs and service delivery initiatives in collaboration with key stakeholders.

Services are provided in partnership with the young person, their family/carers/significant others as well as their community-based service and support network.

The YRRS will incorporate the *National Standards for Mental Health Services 2010*.

## Collection of Data, Record keeping

- The YRRU will record and review all required information into the young person's YRRU file. All record keeping will comply with legislative requirements and locally developed policy. The HHS has responsibility for maintaining records on CIMHA in accordance CIMHA standard business rules.

- NGO's will collect other data as required part of Service Agreement with the Department of Health.

## Business Continuity

- Based on the learnings from the COVID-19 pandemic, the YRRU's will establish a collaborative Business Continuity Plan with relevant operating stakeholders to ensure sustained service access to the YRRS for consumers, their families/carers/significant others, including consideration of back-up support required and use of digital technologies to maintain social and community connections.

## Preamble to standard components of the MOS

### Purpose of document

The YRRS Model of Service (MOS) describes a service element within the Queensland public child and youth mental health, alcohol and other drugs service system.

The YRRS is a community bed-based mental health service operating in a rehabilitative and residential environment, where the Hospital and Health Service (HHS) provides clinical services and non-clinical support services are provided by a non-government organisation (NGO).

The intended outcomes of the development and successful implementation of the MOS are:

- an enhanced continuum of mental health service options for young people in Queensland
- an individual (young person) and carer centred, recovery-based continuum of care
- the delivery of safe, high quality, integrated, and evidence driven mental health care through an integrated approach to clinical services and non-clinical support services within an intensive, short-term rehabilitative and residential environment in the community
- Stronger service partnerships with the networks of providers
- Enhanced service development, evaluation and review
- Improved access to and navigation through mental health services
- A more informed and supported mental health workforce
- Enhanced supervision of the clinical and non-clinical workforce
- Consistency and streamlining of service delivery across public mental health services in Queensland.
- Increased knowledge and understanding of other service components
- Clear and transparent governance structures

The YRRS MOS describes a 24-hour community based residential care model delivered collaboratively by the HHS and NGO that is safe, therapeutic, inclusive, culturally sensitive and informed by research.

The YRRS MOS seeks to be inclusive, ensuring that Aboriginal and Torres Strait Islander People, those from Culturally and Linguistically Diverse (CALD) backgrounds and people of diverse sexual orientation, gender identity or intersex variations requiring additional consideration are provided with accessible, high quality, culturally appropriate mental health treatment and care.

The YRRS MOS does not replace clinical judgement or HHS specific patient safety procedures and should be read in conjunction with a range of other policy, legislation and operational documents

### The YRRS MOS functions best when:

There is a common language and understanding amongst all clinical and NGO staff about the importance of:

- the young person's perspective
- a sense of hopefulness and respect

- the importance of individualised interventions designed to minimise risk and increase protective factors
- the need for an integrated approach to the delivery of services provided to young people and their families/carers/significant others.
- young people, families/carers/significant others, and other service providers are engaged and involved in all aspects of care and recovery planning and delivery.
- existing familial, social, educational/vocational training and service relationships are actively supported in recognition of their role in positive future mental health outcomes and integrated into holistic care and recovery planning.
- there is an explicit attitude that young people can and do recover from mental health issues and that recovery-oriented services emphasise individual strengths, build resilience and enhance opportunities for social inclusion.
- the physical environment supports healing and is a culture of openness and responsiveness to service user feedback.
- a range of performance, quality and safety indicators are actively utilised to inform service planning and provision.
- clinical governance is intrinsically embedded throughout all processes and practices within the state YRRS MOS ensuring decision making from intake to exit are transparent and accountable to stakeholders and follow established procedures.
- service delivery is well integrated, with established procedures that support continuity of care across settings and between services, acknowledging the particular challenges of transitioning from inpatient to community care, and adolescent to adult services.
- there is adherence to evidence informed care, treatments, interventions and processes.
- there are clear and strong HHS and NGO clinical leadership roles which recognise each other's strengths and work to form a collaborative relationship.
- the HHS and NGO staff are provided with strong professional support and training.
- the HHS and NGO staff are provided with peer supervision/clinical supervision, including reflective practice and debriefing opportunities.

### **Mandatory requirements**

The YRRS MOS does not detail the mandatory and fundamental operational business requirements, processes or procedures of a standard, public mental health service. These fundamental requirements should be embedded within all mental health services and aligned with national and state-wide guidelines and protocols including but not limited to:

- [National Safety and Quality Health Service Standards \(2<sup>nd</sup> edition\)](#)
- [National Standards for Mental Health Services 2010](#)
- [Connecting Care to Recovery 2016-2021: A plan for Queensland's State-funded mental health, alcohol and other drug services](#)
- [Clinical Services Capability Framework](#)
- [Mental Health, Alcohol and Other Drugs Performance Framework](#)
- [Hospital and Health Service Performance Management Framework](#)
- [National Framework for Recovery Oriented Mental Health Services](#)
- [Mandatory reporting requirements under the \*Mental Health Act 2016\*](#)
- [Transition of care for young people receiving child and youth mental health services](#)

Clinical forms are dynamic documents requiring regular reviews to ensure consistency with current evidence-based practice and maintain efficacy of use. Forms are for documenting clinical information but

are not a substitute for skills, training, supervision or judgment. Clinical judgment regarding an young person's needs should always guide the completion of forms.

### **Working with other service providers**

- The YRRS will work in close collaboration with other service providers to meet individual needs of the young person, and their family/carers/significant others. When young people have specific needs, the YRRS will proactively engage appropriate services in consultation with the young person.
- There is active engagement with local acute mental health services, local hospital emergency departments and local police and ambulance services, to support coordinated access and crisis response planning and service delivery. Partnerships with local mental health services/ teams will be developed and supported.
- Young people receiving treatment in the public, private and NGO mental health sectors (e.g. by psychiatrists, psychologists, and other mental health care teams/services) are supported to continue this engagement.
- When more than one service provider is involved in service delivery, the YRRS will participate in discussions regarding the young person's care, as required.
- Collaborative relationships will be developed with key clinical and non-clinical support services, such as housing, welfare, educational and vocational support, and recreational service providers
- The YRRS is inclusive of people of diverse culture, sexual orientation, gender identity or intersex variations, ensuring their perspectives inform assessment and are incorporated with a holistic treatment framework.
- There is active engagement with primary health care providers including GPs to meet the general and physical health care needs of the young person. The GP will be provided with any results of assessments, investigations and ongoing care recommendations, via the completion of a Transfer of Care document.
- The YRRS will establish efficient, collaborative partnerships with local service providers and key clinical and non-clinical support services, including educational/ vocational, social supports and housing/accommodation (if appropriate).

### **The YRRS MOS seeks to ensure:**

- young people and their network including families/carers/significant others are supported to actively participate in collaborative recovery-oriented care planning and care related, decision making processes while taking account of their developing abilities
- collaborative partnerships are developed with cultural representatives to ensure services provided are accessible, high quality and culturally appropriate to Aboriginal and Torres Strait Islander People<sup>1</sup> and those from CALD backgrounds
- collaborative partnerships are developed with Queensland Health mental health services/teams, headspace, Primary Healthcare Networks, local health services, and other service providers and stakeholders, e.g. GPs, educational/vocational services, other NGO's and community groups
- identification of clear and transparent integrated governance processes that support predictable and equitable access to the service by young people within the catchment of the local YRRU's
- embedded regular and mandated internal and external evaluation processes which review clinical and service level factors and may contribute to the knowledge base of public mental health services for young people with severe and complex mental health issues
- regular reviews of the MOS by the MHAODB, and when indicated, modifications informed by evaluation, data collection, policy and research.