



SORTED

Youth Alcohol and Other Drugs Service
Bay of Plenty

So what does **SORTED** offer?

- Currently 3 FTE + Youth AOD Coordinator (Sorted + regional). 1 FTE to be recruited.
- 1:1 work with young people in the community (where they are and where it's convenient).
- Holistic support. Sorted case managers are Social Workers also based in CAMHS. Engagement in positive activities is also a focus.
- Young Person led, i.e. what are the goals of the young person regarding their use (harm reduction, change, abstinence)?
- Based on Cycle of change.
- Support for parents/caregivers, even if their young person does not want to engage.
- AOD assessment and referrals to Residential options such as Rongo Atea and Odyssey House.
- Referral options for Psychology, Occupational Therapy and Psychiatry if needed.
- CEP skills, expertise and use of MDT.



What does 'Good' look like?

Solutions for **SORTED**

- Recognisable and youth friendly brand- Sorted!
- Service promotion- Roadshow, promotional/educational materials.
- Accessible:
 - Separation from CAMHS; brand, process, ways of working.
 - Easy referral process, including no threshold.
 - Pathways established; CAMHS, Youth Justice, Police Youth Aid, Secondary School clinics, ED.
 - Outreach focused, minimising barriers to engagement.
 - Engagement is everything! No triage. Assessment is a process.

Results to date for **SORTED**

- 25-30 referrals per month.
- Approximately 50/50 Maori/Non-Maori referrals.
- Wide range of complexity including severity of use and CEP.
- Even spread of ages for young people referred.
- Approximately 2/3 male, 1/3 female but percentage of females increasing.
- Common presenting issues: chaotic lifestyles, placement/accommodation difficulties, family/relationship problems, violent behaviour, offending behaviour, NEET, CEP (low mood, self-harm, anxiety, suicidal thoughts/attempts, psychosis), lack of motivation to change...

What does 'Good' look like?

Challenges for **Sorted**

Lots, but for the purposes of today...

- Referral Criteria- lack of threshold helps accessibility but means we are not secondary service specific.
- Referral form- designed to be simple to promote accessibility but makes any kind of triaging, if necessary, difficult.
- CAMHS vs Sorted- processes for follow up of crises or referrals can be unclear at times, is the primary presenting issue mental health or AOD? Should Sorted case manage or do specific work?
- Primary/Secondary interface- Assessment informs level of intervention. With engagement in mind why refer to a primary service if we are already engaged with a young person and only brief intervention is needed. What threshold must be reached before a primary service refers on to Sorted?
- CAMHS outcome measures- separating from CAMHS ways of working means we can struggle with things such as honosca and other KPI's, e.g. DNA rates, face to face numbers due to outreach focus.