YOUTH ENHANCED SERVICES

MODEL MAPPING TOOL

This tool is designed to help Youth Enhanced Services reflect on how their program operates and identify potential areas for improvement. Following a young person's journey through your program, there are seven sections relating to different aspects of the program. The tool provides prompts for reflection that can then start a conversation about program successes and ideas for improvement.

HOW TO USE THIS TOOL

Complete each section of the tool by responding to the prompts to describe the current operating situation of your program, and any gaps or ideas for improvement. Sections 3 and 6 of the tool relate to Orygen's guidance on the YES model, which describes five core components and seven underpinning principles. To help with your thinking we have also included links to relevant Orygen resources on the last page of the document.

This tool can be completed by an individual (e.g. service manager), but it may be helpful to complete this tool collaboratively with service staff, managers and/or commissioners. If doing so, explore whether there are any differences in understanding or approaches between individuals or groups. It is helpful also to gather perspectives from different people in the team about opportunities for improvement.

After completing the tool, consider your next steps:

- What is working well in the service?

- Are there any differences in understanding about how the service operates, or variations in individual practice? If so, does this work well or is there a need to work towards consistency?

- Are there key ideas for improvement that should be prioritised?

- Who else needs to be involved in deciding on or making any improvements?

REVOLUTION IN MIND

1. HOW DOES A YOUNG PERSON COME INTO YOUR SERVICE?

	CURRENT SITUATION	ADDITIONAL COMMENTS *e.g. what are the opportunities to improve?*
What are your eligibility criteria?		
What are the key presenting issues of the young people you are actually seeing?		

Referral pathways – how do young people come into your care?		
Who are your key referrers?		
How are young people triaged into the service – who does it, and how do they assess eligibility?		

2. HOW DO YOU DO ASSESSMENTS, TREATMENT PLANNING, AND PROGRESS MONITORING?

	CURRENT SITUATION	ADDITIONAL COMMENTS *e.g. what are the opportunities to improve?*
What assessment and treatment planning tools do you use?		

What are some of the common goals for young people accessing the program, and how are they explored?		
How do you monitor clinical progress and progress towards goals? (include any tools/measures used)		
How is risk assessment and safety planning approached in the team (what are the protocols, clinical governance structures and documentation that assist with this)?		

3. WHAT DOES THE YOUNG PERSON RECEIVE IN YOUR SERVICE?

YES MODEL COMPONENTS

This section is based on Orygen's most recent guidance on the YES model, which describes five core components. When designing YES programs, it is important to consider each of the components and how they can be operationalised best within the local context. The below table provides some examples of how the model could be operationalised at a 'minimum' level and 'extended' level. While the form that each component takes will differ, the components' essential functions are maintained. Please complete the 'current situation' column to describe if and how your YES program currently operationalises each of these components, and the final column to consider whether there is anything missing from the minimum level, or any opportunities to grow to the extended level.

COMPONENT	MINIMUM LEVEL	EXTENDED LEVEL	CURRENT SITUATION *How does your program currently implement this component?*	OPPORTUNITIES TO IMPROVE *To what extent does the program meet the minimum level? What opportunities are there to grow to the extended level?*
ENHANCED ACCESS	At a minimum, YES programs should provide the following to facilitate environmental/geographical access to care: • Extended hours (outside of office hours, weekends) • Assertive engagement • Telehealth appointments to provide access to young people who have poor engagement with clinic-based appointments	In addition, YES programs should ideally provide care to young people in non-office based settings, such as: • Community outreach to places where the young person feels comfortable, e.g. local park, shopping centre • Home-based care This may require after-hours work and involve assessment, treatment or a crisis response. It also requires strong support for clinical supervision and risk management strategies. Barriers to delivering this level can include limited funding for infrastructure supports e.g. vehicles, phones, staff ratios, and the geographic reach of the service.		

COMPONENT	MINIMUM LEVEL	EXTENDED LEVEL	CURRENT SITUATION *How does your program currently implement this component?*	OPPORTUNITIES TO IMPROVE *To what extent does the program meet the minimum level? What opportunities are there to grow to the extended level?*
EVIDENCE-BASED PSYCHOLOGICAL INTERVENTIONS	At a minimum, YES programs should facilitate access for young people to psychological interventions after a comprehensive biopsychosocial assessment. This may be to: • Private practitioners • Other services, e.g. a local headspace In doing this, the following should be in place: • Clear referral pathways • Clinical governance frameworks to manage risk	At an ideal level, the service itself will employ clinical staff to deliver evidence-based, best practice, psychological interventions internally, such as: • Cognitive behaviour therapy (CBT) • Interpersonal therapy • Family therapy and family-based interventions • Psychoeducation Additionally, the service should have: • A longer duration of care (6-12 months) • Multi-disciplinary team (including peer workers) • Caseloads of 15 to 20 per full-time clinician Barriers to delivering this level include funding to employ accredited staff, local workforce shortages, and access to training in evidence-based therapies.		

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CASE MANAGEMENT	At a minimum, YES programs should employ service navigators (sometimes known as a brokerage model or care coordination). The service navigator: • Can be a non-specialist or early career mental health worker • Coordinates care provided by other clinicians and services (e.g. medical treatment, legal services, and accommodation services) • Facilitates access to other supports	At an ideal level, the YES program should employ case managers who are responsible for a number of tasks: • Acting as the primary treating clinician and providing formulation-driven psychological therapy aimed at recovery, maximal psychosocial functioning and with minimal risk of relapse • Coordinating care to other supports and services • Facilitating medication management The case manager should be appropriately qualified to provide psychological interventions and provide outreach services. Barriers to the ideal level include challenges recruiting suitably qualified staff to deliver psychological interventions, and lack of funding available.		

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ACCESS TO SPECIALIST MEDICAL CARE	At a minimum, YES programs should facilitate access to general practitioners for management of medication and physical health. This should include: • Developing partnerships with local GPs to facilitate smooth referrals • Developing networks including GPs, psychiatric services and private psychiatry providers. • Providing clinical updates to referring GP Services should also consider how to support GPs by building their capacity to provide best evidence-based care to young people with mental health issues.	Ideally, the service should employ sessional psychiatry for assessment, diagnostic clarity and treatment planning to guide purposeful therapeutic work. Barriers to implementing the ideal level include limited access to psychiatry in the region and lack of funding to employ a psychiatrist. Access to telehealth, both primary and secondary, is a viable alternative when employment of a sessional psychiatrist is not feasible.		

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PARTNERSHIPS AND INTEGRATION	At a minimum, YES programs should facilitate partnerships and integration with relevant other local service providers, through: • MOUs • Attending multi-agency meetings • Establishing clear referral pathways • Providing supported transitions/warm referrals • Establishing consultation-liaison processes	At an ideal level, YES programs will have stronger and closer relationships with other service providers, through: • Co-location • Team-based care • Collaborative care approaches • Dedicated multidisciplinary onsite teams with a common culture of care • Peer workforce and volunteers Barriers to implementing the ideal level include limited time to build relationships, finding suitable facilities to co-locate, and funding structures that foster competition not collaboration.		

4. HOW IS CARE PROVIDED TO YOUNG PEOPLE IN YOUR SERVICE?

	CURRENT SITUATION	ADDITIONAL COMMENTS *e.g. what are the opportunities to improve?*
What is the duration of care?		
Who provides this care – what is the staffing profile incl. disciplines, roles and FTE? (Include admin and other non-clinical staff)		
What are the clinician caseloads?		
What non-clinical services do you provide to young people in your care? (e.g. groups, functional recovery opportunities)		

5. HOW DOES THE YOUNG PERSON EXIT THE SERVICE?

	CURRENT SITUATION	ADDITIONAL COMMENTS *e.g. what are the opportunities to improve?*
How do you know when a young person is ready to exit?		
What are the referral pathways out of the program and what steps are required to discharge a young person from your care?		
Can a young person re-enter the program if they experience a relapse or would benefit from another episode of care? Do you have streamlined re-referral processes?		

6. HOW IS YOUR SERVICE YOUTH-FOCUSED, ACCESSIBLE AND INCLUSIVE?

Along with the core components, the YES model also describes seven principles that should underpin a YES program. See pages 16-17 for further information on each principle, along with some resources for further information. Some additional resources are also included at the end of this document.

PRINCIPLE	CURRENT SITUATION	ADDITIONAL COMMENTS *e.g. what are the opportunities to improve?*
How do you ensure you are young person-centred?		
Do you use any shared decision-making frameworks?		
How do you ensure you are relational and engagement-focused?		
How do you ensure your service model is trauma-informed?		

What steps have you taken to make your service socially inclusive and culturally accessible? Consider:		
• Cultural safety (for First Nations and multicultural communities)		
• Religious and spiritual safety		
• Accessibility for young people and families for whom English is a second language or have of other language barriers (e.g. education, IQ, neurodevelopmental diversity).		
• LGBTIQ+ safety (including gender affirming care)		
• Disability inclusion		
• Intersectionality (or for young people who are multiple disadvantaged)		
• Social disadvantage or low socio-economic status		
How do you ensure you are family and carer inclusive?		
What steps have you taken to make your service functional and vocational recovery-focused?		

7. HOW DO YOU REVIEW AND IMPROVE UPON YOUR SERVICE MODEL?

	CURRENT SITUATION	ADDITIONAL COMMENTS *e.g. what are the opportunities to improve?*
What monitoring and/or evaluation activities do you undertake? • Do you have a monitoring and evaluation plan? • How do you collect data about young people accessing your service? • How do you collect feedback from young people and families who have accessed care? • How do you collect feedback or input from community groups and other services in your local area? • What are your processes for reviewing the above data and feedback? Who is involved, how frequently does this occur, and how do you use it to inform service improvements?		
How do you involve young people and families in your service? (Note: this does not include staff such as peer workers) • What youth participation opportunities do you offer?		

ANYTHING ELSE?

Is there any other important information about your service, or anything else you'd like to improve upon, that hasn't been captured in the above questions?

ADDITIONAL RESOURCES

A number of resources are included in the YES model: core components and underpinning principles that may help you in your thinking as you complete this document. We've listed some additional resources below that might also be useful:

- Shared decision-making for mental health: what is the evidence?

- Engaging young people and their families in youth mental health

- Working with clinical complexity and challenges in engagement

- Improving the social and emotional wellbeing of young Aboriginal and Torres Strait Islander people with severe and complex mental health needs

- Designing mental health services for young people from refugee and migrant backgrounds: good practice framework

- Youth participation with young people from multicultural backgrounds

- Valuing cultural diversity and inclusion in youth mental health

- Inclusive and gender-affirming youth mental health services toolkit

- Intersectionality and youth mental health

- Trauma and young people: moving towards trauma-informed services and systems

- What is trauma-informed care and how can I implement it in my organisation?

- We're in this together: family inclusive practice in mental health services for young people

- Keeping on track: functional recovery in early psychosis

- Working it out: vocational recovery in first-episode psychosis

- Youth Enhanced Services monitoring and evaluation planning tool

- Co-designing with young people: the fundamentals