Service Model and Provincial Standards *for* Youth Residential Substance Use Services

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The Service Model

1. Introduction

Substance use occurs along a spectrum from beneficial use to non-problematic use to problematic use (including potentially harmful use and substance use disorders). Those programs that provide services to youth who are experiencing problematic substance use or substance use disorders are the primary target of this service model and standards. Problematic substance use can affect British Columbians of all ages and from all social groups. It is a complex issue that confers a wide range of risks and harms to individuals, their families and communities. Youth living with a substance use problem or disorder have diverse life experiences, personal circumstances, needs and concerns. Helping youth to change their substance use requires a variety of services that are designed specifically for them and that are delivered in a culturally appropriate and sensitive manner.

The Province of British Columbia provides a continuum of specialized problematic substance use services and supports for youth through the six health authorities. This continuum includes community services such as youth outreach programs, youth and family counselling, youth day treatment, community based withdrawal management, and needle-exchange facilities, as well as residential services such as hospital or facility withdrawal management, residential treatment, supportive recovery facilities and stabilization programs.

Youth substance use services are provided within the broader context of a range of child- and youth-focussed services including: child and youth mental health; forensic and youth justice; children and youth with special needs; child welfare; high-risk youth outreach programs; education support and alternative education programs; and youth housing for homeless or high risk youth. Since a relatively high number of youth with substance use problems may receive services from a number of service providers at the same time, integrated service planning and collaborative practice is an essential component of working effectively with youth.

Some youth receiving services through the Ministry of Children and Family Development (and Delegated Aboriginal Agencies) are covered by specific provincial and federal legislation that sets out the legislative framework, the program mandate, and the expectations placed upon service providers. The most common instances of shared mandates and responsibilities with youth substance use services are youth receiving services under the *Child, Family and Community Service Act,* the provincial *Youth Justice Act,* and the federal *Youth Criminal Justice Act*.

Child welfare and youth justice services in British Columbia are also guided by the United Nations Convention on the Rights of the Child (UNCRC). In keeping with B.C.'s commitment to ensuring and protecting the rights of children and youth, the development and the intention of the *Provincial Standards for Youth Residential Substance Use Services* (the *Standards*) have been informed by the rights and principles framework of the UNCRC.[1]

1 For more details about the UNCRC articles that inform the Standards, as well as other common legislation and standards with which youth substance use services must comply, please see Appendix 2.

United Nations Convention on the Rights of the Child

The UNCRC establishes basic human rights that accrue to all children throughout the world, including the right to:

- Survival;
- Develop to the fullest;
- Protection from harmful influences, abuse and exploitation; and
- Participate fully in family, cultural, social and community life.

The four core principles of the UNCRC are non-discrimination; devotion to the best interests of the child; the right to life, survival and development; and respect for the views of the child.

By agreeing to undertake the obligations of the UNCRC (ratified by Canada and many other Countries in 1991,) national governments have committed themselves to ensuring and protecting children's rights and to hold themselves accountable for this commitment before the international community. State parties to the Convention are obliged to develop and undertake all actions and policies in the light of the best interests of the child.

(Adapted from UNICEF, 2008. http://www.unicef.org/crc/*)*

The services that provide assessment and treatment for youth substance use in B.C. focus on the whole person. They offer support for the physical, emotional, cultural and spiritual wellbeing of the individual. In addition, increasing integration between child and youth mental health and substance use services means that the significant numbers of youth who present with concurrent disorders may receive mental health interventions and substance use treatment simultaneously. Substance use services and supports help the young people they serve to access recreation and healthy lifestyle activities, housing, youth employment and training programs. The services also support youth to maintain their connection with school (and other education programs) and to improve their relationships with family, friends and significant others.

Residential substance use treatment is just one component of the continuum of substance use services in B.C. The majority of youth in British Columbia needing help to change their substance use will find the appropriate supports in non-residential community-based services. Some, however, will require the more structured and intense supports offered by residential services.

The *Standards* set out in this document have been developed for health authority-funded residential treatment and supportive residential programs and for the aspect of community-based services that provide referrals to these programs. Their main intent is to help ensure quality and consistency of services across the province and to improve linkages between residential programs and non-residential community-based supports.

2. Model of Substance Use Services and Supports

Every Door is the Right Door: A British Columbia Planning Framework to Address Problematic Substance Use and Addiction, published in 2004, established a vision and a process for implementing a truly comprehensive, integrated, evidence-based system of substance use and associated mental health services.[2]

Substance use services for youth in British Columbia are provided along a continuum from health promotion and prevention through harm reduction and treatment. Ideally, every person who engages with this spectrum of services will receive seamless and coordinated care for their substance use problems and associated mental and physical health needs. Seamless service delivery also means that no one experiences unnecessary barriers to or gaps in care.

Some non-residential community services provide programming for youth up to the age of 24 years. This flexibility is related to the needs of youth transitioning from youth to adult services and each individual's developmental stage and maturity level. In residential services governed by the *Community Care and Assisted Living Act* (CCAL Act), licenses are granted for services up to the age of 18. If residential services want to admit a youth over the age of 18 they can apply to their local licensing officer for an exemption on a case by case basis.

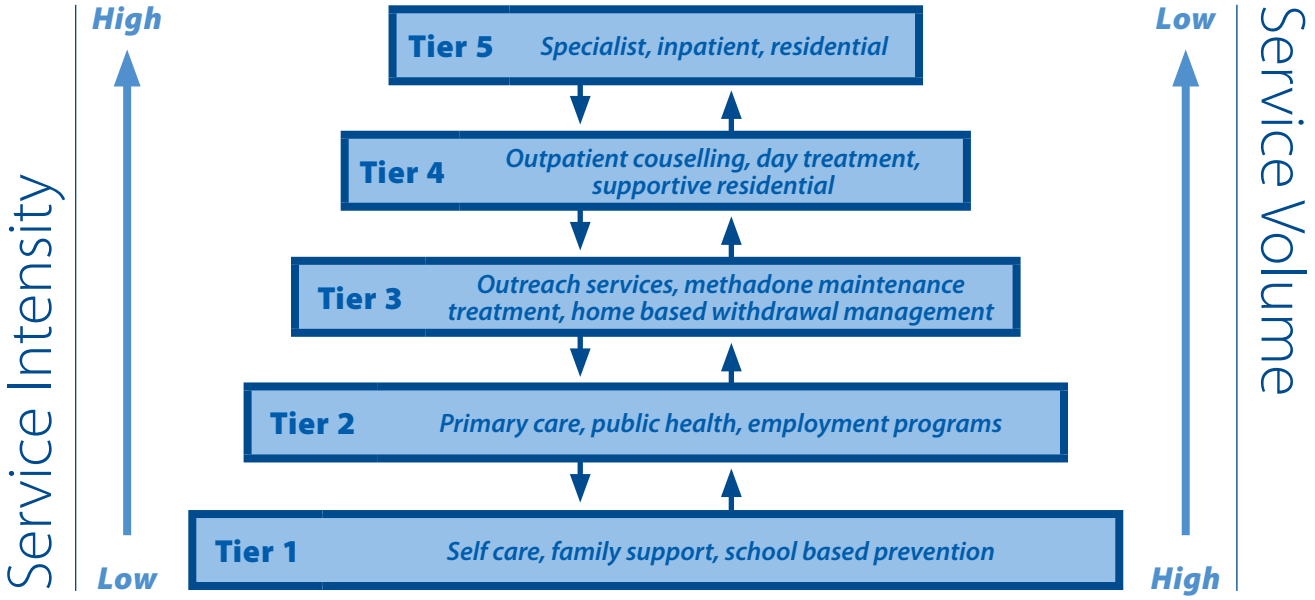
The Provincial Standards for Youth Residential Substance Use Services aim to support the realization of the values and principles underpinning the Every Door is the Right Door framework within the field of residential substance use services. The standards also fully support *Healthy Minds, Healthy People: A 10-Year Plan to address Mental Health and Substance Use in British Columbia,* and will strengthen community residential treatment options through increasing quality and consistency of care across the province.

The standards are also informed by the work of the National Treatment Strategy (NTS) Working Group which was established in 2007 with the mandate of improving the quality, accessibility, and range of options to address harmful substance use.[3] In 2008, the working group published *A Systems Approach to Substance Use in Canada: Recommendations for a National Treatment Strategy*. This report recommends that provinces work to develop a continuum of services based on a tiered model in which the tiers represent different levels of services according to the acuity, chronicity and complexity of the substance use and associated problems.[4] The characteristics of each tier are captured in the following diagram.

2 B.C. Ministry of Health, 2004. Please refer to http://www.health.gov.bc.ca/library/publications/index.html to download a copy of this report.

3 National Treatment Strategy Working Group, 2008

4 Ibid. Please refer to http://www.nationalframework-cadrenational.ca/uploads/files/TWS_Treatment/nts-report-eng.pdf for more information and to download the report.



Adapted from, Smith, P. (n.d.). ***B.C. Tiered Model Adapted from the National Treatment Strategy****. Electronic resource.*

While only a small proportion of youth in British Columbia will require specialized problematic substance use services, all youth affected by substance use are likely to engage with other sectors of the health care system—for example, family doctors and health centres—as well as with other social services, the child welfare system, housing providers and community support groups. Responsibility for effectively tackling substance use, therefore, cuts across traditional ministerial and sectoral boundaries.[5] If individuals needing help are to be well supported, the different agencies and sectors must work in a coordinated and integrated fashion.[6] The person seeking help must be at the centre of all of these partnerships and must be engaged as an active participant in her or his care.

The strength of the tiered model of services and supports envisioned by the National Treatment Strategy is that it provides for multiple entries into and multiple pathways through the system. There is no "wrong" door into specialized problematic substance use services. Furthermore, individuals do not reside in any one tier but may move up and/or down the tiers in accordance with their changing needs, strengths and preferences. Every tier is a doorway to any of the other tiers. For example, an individual may be referred through an outreach service in Tier 3 to a residential treatment service in Tier 4 or 5. Following treatment the individual may return to a community-based Tier 3, 2 or 1 service as appropriate. (Please see Appendix 1 for details of the kinds of services in each tier.)

Specific components of effective substance use services, such as collaborative assessment, and individualized treatment and transition planning, facilitate the kind of coordinated and client-centred service delivery embodied in the tiered model. They help to ensure that all the supports an individual requires are identified, and they facilitate the individual's pathway through the system.

British Columbia's continuum of youth substance use services already functions broadly as a tiered system. It is important that the lines of communication between different components of the continuum—in particular, between the non-residential community-based supports and the residential programs—are strong to increase capacity across the continuum. The Province is also working to enhance the level of integration between specialized substance use services, the mental health service sector, primary care, pharmaceutical services, and home and community care to better meet the needs of people living with chronic illnesses, substance use and/or mental health issues. These standards represent an important contribution to building a truly coordinated and holistic system capable of meeting all of the needs of British Columbians affected by substance use.

5 Miller & Carroll, eds., 2006

6 See National Treatment Strategy Working Group, 2008, p. 1

3. Residential Substance Use Services and Supports in British Columbia

The specific characteristics of residential treatment and supportive residential programs for substance use in B.C. vary in accordance with regional demands, circumstances and populations. However, they may all be defined by the fact that they offer substance-free, time-limited accommodation as part of their programming.

The residential substance use services to which the standards apply broadly correspond to Tiers 4 and 5 of the National Treatment Strategy model. They may be categorized as follows:

Supportive Residential Programs (e.g., Family Care Homes, Youth Supportive Recovery):

Supportive residential programs are suitable for youth who require low-moderate intensity of services. They meet the needs of youth who may be preparing to enter residential treatment, or those who have left more intensive residential treatment but who require additional stabilization and support to reintegrate into the community. They are also suitable for individuals who do not require intensive residential treatment, but who need a safe, supportive environment, away from their usual living situation, to deal with their substance use.

Supportive residential programs provide safe, substance-free accommodation and a level of support appropriate for longer-term recovery from problematic substance use. Typically, supportive residential programs are less intensive than residential treatment. Support is generally provided through a combination of peer mentoring, group work and structured activities. Some programs also offer individual counselling from qualified staff. Supportive residential programs focus on education and life-skills training that will help the participant to reintegrate successfully into the community. In addition, youth in supportive residential programs typically access outpatient youth substance use services, day treatment programs, and/or other community services and supports, including mutual aid groups.

Residential Treatment:

Residential Treatment facilities provide time-limited treatment in structured, substance-free, live-in environments. Youth accessing these services are most likely to be those with more complex and/or chronic substance use for whom community-based treatment services have not been effective. Treatment includes individual, group and family counselling/therapy, as well as psycho-social education and life-skills training. Staff at residential programs generally have a higher level of training than staff at supportive residential programs. In addition, there are staff onsite 24 hours a day. Some programs may also provide medical, nursing or psychiatric support.

Residential treatment programs provide daily programming that supports participants to examine and work in depth on the underlying causes of their substance use (such as trauma, grief and family of origin issues). There is also a focus on identifying and practising skills to build healthy relationships and to deal with issues such as boundary setting, co-dependency, communications, anger management and relapse prevention.

3.1 Who benefits from residential substance use services and supports?

Not every youth with a substance use issue will need—or want—treatment and supports in a residential setting but will be well served through community treatment programs. Indeed, a crucial first step on the path to recovery is for each individual, with the help of her or his counsellor, to make an informed decision about whether she or he needs substance use services, and if so, which service setting will be the most beneficial. In making this decision, the individual will need to consider her or his ability to commit to the requirements of a program as well as the program's ability to provide appropriate supports.

Evidence suggests that people who have found it difficult to improve their situation in the community are most likely to benefit from residential substance use treatment.[7] They may have complex needs that require the kind of intensive and structured support that can best be provided in a residential setting.[8] Counsellors in the community work with youth who need residential substance use services and utilize a motivational interviewing approach to prepare them to enter a residential program.

The following foundational criteria for accessing residential services and supports in B.C. have been developed:

- *The youth is ready, willing and able to actively participate in looking at the impact of her or his substance use;*
- *The youth has problematic substance use that negatively affects other areas of her or his life (e.g. health, social functioning, family, school, peer relationships, living situation); and*
- *The youth requires a level of services and support that cannot realistically be delivered in a community or outpatient setting, or requires a supportive environment away from her or his usual living situation.*

The foundational criteria are intended to inform the outcome of a comprehensive assessment process carried out by qualified practitioners to determine a youth's eligibility for residential services.

7 Brunette, Mueser, & Drake, 2004; Burnam & Watkins, 2006; De Leon, 1994; Ilgen et al., 2005; McKellar et al., 2006; Melnick et al., 2001; Tiet et al., 2007; Witbrodt et al., 2007

8 Ibid.

4. The Provincial Standards for Youth Residential Substance Use Services

The *Provincial Standards for Youth Residential Substance Use Services* are the result of collaboration and consultation[9] between the Ministry of Health, other ministries, health authorities, service providers, participants, and other stakeholders from across British Columbia.

Development of the standards was led by a working group of representatives from the Ministry of Health and health authorities who work in the field of substance use treatment. Through a process of research, debate and discussion, the working group created a set of draft standards. These were circulated to service providers, participants, and other stakeholders and their comments were used to refine the final version of the standards.

The standards reflect the best available information — from clinical research and practice-based experience — about which treatment and supports are most effective in helping youth to change their substance use and improve their overall health and wellbeing.

Evidence concerning the most effective way to meet the specific needs and preferences of particular youth population groups (for example, Aboriginal youth; pregnant and parenting youth; and lesbian, gay, bisexual, two-spirit, transgender and questioning [LGB2STQ] individuals) are also reflected in the standards. However, since any attempt to identify or categorize such population groups can never be adequately comprehensive, the standards emphasize the need for services to be individualized and holistic. In this way, the standards recognize and respect the diversity of people with substance use issues.

The standards are organized into three sections that together reflect the individual's ideal pathway through substance use treatment and supports. These sections are:

1. *In the community: Identifying the right service(s) for each individual;*
2. *At the residence: Providing effective treatment and supports; and*
3. *Returning to the community: Building upon the individual's success.*

The standards in section one apply to community-based professionals who conduct screening and assessment and make referrals to residential services and supports. The standards in sections two and three apply to all health authority-funded direct or contracted residential treatment and supportive residential programs. They do not apply to substance withdrawal management ("detox"), stabilization, or housing with supports.

Each standard has a series of ***required elements*** which represent components of evidence-informed practice that services should already be meeting or that they can implement in the short term with no additional resources.

The standards are accompanied by ***notes and examples*** that provide further details regarding the rationale for and practice implications of the standards elements, where such details have been deemed desirable or necessary by the stakeholders consulted. **These *notes and examples* do not offer comprehensive practice guidance and do not replace the role of best practice guidelines documents, appropriate staff training and clinical supervision.**

9 Information gleaned from this consultation process has been incorporated into both the service model and standards sections of this document. The inclusion of consultation feedback has been cited throughout the document as "Consultation Feedback, 2010."

4.1 What are the goals of the standards?

The standards have the following goals:

- To help ensure quality and consistency of care across the province;
- To improve linkages and collaboration between residential services and community;
- To support health authorities and service providers by establishing recognized criteria for effective services and supports across the province, while respecting regional differences between health authorities and the need for innovative services that respond to local requirements and situations; and
- To improve the information available to youth about what they can expect from residential services and supports as well as what is expected of them while they are using a service.

4.2 What concepts inform the standards?

The *Provincial Standards for Youth Residential Substance Use Services* are informed by the guiding concepts that underpin the National Treatment Strategy tiered model of substance use services. These are:

No wrong door. A person may access the continuum of services and supports by way of any of the five tiers and, upon entry, should be linked to other needed services and supports, either in the same tier or in a different tier. Co-ordination of this linkage is the responsibility of the system, not the individual. To ensure that this principle can be applied in practice, all sectors should routinely screen people for substance use problems and provide ready access to comprehensive assessment services if needed.

Availability and accessibility. Services and supports in all tiers should be both available and accessible within a reasonable distance and travel time of each person's home community, or should be facilitated by different means (e.g., telehealth, online or mobile services).

Matching. A person should be matched to services and supports whose intensity is appropriate to her or his needs and strengths. Matching implies a need not only for standardized screening and assessment tools, but also for processes that respect each person's informed choice of what type of care may work best for her or him (based on cultural relevance, language group or other considerations).

Choice and eligibility. If more than one service or support meets a person's needs, the person should be able to choose among those services and supports for which she or he is eligible. A person should be able to access services and supports within a given tier and across different tiers, as needed over time, though the focus might be in a particular tier at a given time.

Flexibility. A person should be referred from a lower tier to a higher tier (stepped up) or from a higher tier to a lower tier (stepped down) as appropriate to her or his needs.

Responsiveness. People—and their needs—change over time and with changing circumstances. As a person travels along pathways and through the lifespan, she or he should be given the help needed (e.g., information, referral, assessment, treatment) to ultimately shift the focus to services and supports in lower tiers.

Collaboration. A person's journey through the pathways should be facilitated by collaboration between providers of distinct kinds of services and supports. Collaboration should occur both at the clinical level (e.g., through shared service protocols between different providers) and at the administrative and organizational levels (e.g., through partnerships and inter-agency agreements), and should always include the person seeking help.

Co-ordination. To facilitate service delivery as well as system planning, monitoring and evaluation, health information systems should allow easy sharing of information between systems.

Excerpted from National Treatment Strategy Working Group, 2008

4.3 How will the standards be used?

In view of the regional diversity in B.C. with regard to geography and populations served, the *Standards* are necessarily broad in nature. They offer a foundation and a structure for safe, effective and consistent service delivery across the province while also allowing room for individual facilities in the different regions to develop and deliver the kinds of services and supports that meet the needs of the specific individuals and communities they serve.

Because they are conceived in broad terms, the standards generally apply to both residential treatment and supportive residential programs. If some services are unable to meet all of the standards, there will be a process in place with the relevant health authority where adherence to each standard will be negotiated and in certain cases exemptions may be made.

The standards are intended to support and inform health authorities and health authority-funded direct and contracted service providers. They align with other quality assurance criteria that service providers are expected to meet including, health authority contracts and applicable legislation, regulations and accreditation requirements. The common, relevant legislation and standards are listed in Appendix 2.

5. The Evidence that Informs the Standards

The body of research literature that speaks specifically to youth and substance use treatment is not extensive. The available youth-specific studies and reports have been consulted during development of these standards. Youth service providers have also been part of the consultation process. The evidence summary provided here outlines the findings and conclusions of the youth literature, but it is also informed by the far more extensive literature on adult substance use treatment when the findings of such literature may reasonably be deemed to apply to youth services.

Research on youth and adult substance use services and supports shows that appropriate, evidence-informed treatment works.[10] It is effective in reducing problematic substance use, improving health and social wellbeing, and reducing the risk of death due to overdose and infections. It is also associated with reductions in substance-related crime.[11] Therefore, youth who use substances, their families, communities, and society at large all benefit from effective substance use services.

What is meant, though, by "effective"? Evidence from international clinical research and practice-based experience, as well as from consultations with service providers and participants in British Columbia, offers some clear guidance on what makes up effective services and supports for youth.

The information below provides a high-level summary of this evidence. It begins with identifying key components of effective youth services and goes on to outline the evidence. It is organized into the same three sections that the standards themselves follow: ***In the community***; ***At the residence***; and ***Returning to the community***. Where evidence indicates the effectiveness of particular approaches, or important elements to consider when working with specific population groups, these are highlighted in boxes.

5.1 Key components of effective substance use services for youth

There is broad consensus in the research literature, and among service providers, that a number of optimal or key components of youth supports and treatment underlie effective services across the continuum.[12] These optimal components typically include:

Provision of youth-specific services
Youth require substance use services and supports that are specifically designed to meet their distinct developmental needs and circumstances. Adult programs that have been adapted or modified for youth do not represent the most appropriate or effective approach to helping youth with substance use issues. Ideally, youth are given opportunities to participate in or to shape the development of youth services.

Coordinated and collaborative service delivery
Ideally, all services and agencies involved with a youth's care and wellbeing should work in a coordinated and collaborative manner. This supports the safety of the youth since it reduces gaps in the service system and helps to ensure that each individual receives the kind of help she or he needs when it is needed. It is particularly important for services to work in a coordinated, collaborative manner when a youth is in transition between services, or between the youth system and adult system.

10 National Treatment Strategy Working Group, 2008.

11 Darke, Ross & Teesson, 2007; Gossop et. al., 2001; Gossop et al., 2003; Hser et al., 2005; Hubbardet al., 1989; Hubbard et al;1997; Hubbard, Craddock & Anderson, 2003; Simpson et al., 1999; Sorensen and Copeland, 2000; Ward, Mattick & Hall., 1998

12 Canadian Centre on Substance Abuse, 2007e, Health Canada, 2001a and 2001b; Health Canada, 2008

Active involvement of the youth's significant others

Programs and services for youth must strive to actively involve supportive family and community members, friends and significant others in the youth's treatment journey. Evidence shows that this increases retention and is critical to the long-term wellbeing of youth accessing substance use services.

A client-centred, flexible approach

Services must facilitate the meaningful participation of youth in decisions about their treatment and the supports they will receive. Effective substance use services provide individualized and flexible care that matches the ongoing needs, strengths and circumstances of the youth.

Holistic care

Effective services attend to the whole person and not just the substance use issues. Programs and supports for youth should take a broad bio-psycho-social-spiritual approach that promotes the overall health, wellbeing and resilience of the youth.

A focus on strength-based methods

Strength-based approaches to treatment and support recognize and seek to engage the positive resources that each youth possesses. Focusing on strengths and assets, rather than deficits, is key to promoting healthy and lasting change.

5.2 The evidence in the context of residential services and supports for youth

The following section provides a high-level summary of how these optimal components should ideally inform the various stages along the pathway into, through and out of residential treatment. The evidence is organized under the same headings that structure the standards.

In the community: Identifying the right service(s) for each individual

Effective treatment begins with assessment of the individual's needs, strengths and preferences in order to determine which substance use service is likely to benefit her or him most

Screening, assessment and treatment planning are key components of delivering effective and appropriate supports to youth. The components are closely inter-related.[13]

Screening is a brief process that determines whether an individual has a substance use issue — and/or related mental health problem — that requires further exploration and intervention.[14] Screening is performed in the community by a service provider trained in substance use assessment practices. Evidence-based screening tools and motivational interviewing should be used by staff.

If the screening indicates that a youth would benefit from substance use services, then a more comprehensive assessment is conducted that explores the individual's bio-psycho-social-spiritual needs, strengths and preferences. The assessment will also help to identify the most appropriate service for the individual. The information gathered from the assessment process is used to help develop a treatment plan.

Treatment planning should be a collaborative process between the youth and the clinician.[15] It is generally agreed that an important part of treatment planning is to match services and treatment interventions to the individual's specific needs.[16] Matching is, however, a very complex process, given the range of issues and variables that need

13 Centre for Addiction and Mental Health , 2009b

14 Centre for Addiction and Mental Health, 2009a; 2009e

15 Health Canada, 2001

16 Centre for Addiction and Mental Health, 2009a; 2009b

to be considered, and there are no absolute conclusions in the research literature concerning the exact impact of matching on client outcomes.[17] Careful consideration of the youth's preferences with regard to treatment and intervention is crucial. Identifying the level and type of treatments and supports that most closely meet an individual's preferences can help to ensure that the individual will follow through with the treatment.[18]

When a youth is eligible for and wants service in a residential setting, the referral agent should work with the youth and the residential program to ensure that transition to the residence is adequately planned and prepared for.[19]

The substance use professional conducting the assessment should strive to create open and supportive interactions with the youth and pay close attention to each individual's readiness to pursue change.[20] In addition, the involvement of supportive family members, friends and significant others in the assessment process should be facilitated.[21]

Pregnant and Parenting Youth

Pregnant and parenting youth with problematic substance use face many challenges associated with their own treatment needs, as well as concerns related to family care and responsibilities.

Social stigma and the fear of losing their children may discourage pregnant and parenting youth from getting help for their substance use. It is especially important, therefore, that services and staff provide a non-threatening, non-stigmatizing and supportive environment.

Residential programs must ensure that pregnant clients have access to specialist pregnancy care.

Evidence suggests that parents have better treatment outcomes when residential facilities offer child-care services.

Children of young people with substance use issues should receive age-appropriate therapy and supports in order to mitigate the psychosocial impacts of their parents' substance use.

(BC Mental Health and Addiction Services, 2008; Baird, 2008; Blevins, 2008; Conners et al., 2004; Greenfield et al., 2007; Health Canada, 2008; National Library of Medicine, n.d.; Poole & Dell, 2005; Porowski, Burgdorf & Herrell, 2004)

Effective treatment is supported by collaboration and coordination across the spectrum of substance use services

Evidence confirms the importance of developing a coordinated system of substance use services and supports in order to deliver the best possible outcomes for people accessing these services.[22]

Problematic substance use can be a chronic condition that requires long-term (and, in a significant number of cases, repeated) treatment. Individuals seeking to change their substance use may well access programs and supports across the full continuum of substance use services as they progress towards improved wellbeing and resilience. It is critical therefore that all services and providers along the continuum work in partnership to ensure that every youth receives the appropriate services at the appropriate time.

17 Brunette et al., 2004; Centre for Addiction and Mental Health, 2009a; 2009b; Chen et al., 2006; Drug and Alcohol Findings, 2008; Health Canada, 2007; Ilgen et al., 2005; Melnick et al., 2001; Wilkinson, Mistral & Golding., 2008; Witbrodt et al., 2007

18 Centre for Addiction and Mental Health, 2009a; 2009b

19 Consultation Feedback, 2010

20 Consultation Feedback, 2010; Miller & Carroll, eds., 2006

21 Carrick, 2004; Edelen et al., 2007; Handelsman, Stein & Grella., , 2005; Hyucksun, Lundgren & Chassler,., 2004.; Mark et al., 2006; Reist et al., 2004

22 Morgenstern et al., 2006; National Quality Forum, 2007; National Treatment Strategy Working Group, 2008; Rapp et al., 2008; Reist et al., 2004; Vanderplasschen et al., 2004

5.3 At the residence: Providing effective treatment and supports

Effective services attend to the whole person

Effective services and supports pay attention to the whole person and all of her or his various needs—not just the substance use.[23] Of particular importance is services' capacity to support individuals who have experienced trauma and those who have concurrent mental health issues.

A strong association has been established by researchers between violence, trauma and substance use, as well as between trauma and concurrent mental health and substance use problems.[24] There is a consensus among researchers and practitioners that substance use services should be trauma-informed.[25]

Disproportionately high rates of problematic substance use among Aboriginal youth, for example, are generally understood to be a consequence of the transgenerational trauma that resulted from the residential school system.[26] Studies also suggest that problematic substance use in women and girls is often associated with physical and sexual trauma.[27]

Trauma-informed services are, broadly speaking, characterized by the following features:[28]

- An understanding of trauma is integrated throughout all service components;
- Policies and procedures are designed with an understanding of trauma in mind;
- Trauma survivors are involved in designing and evaluating services; and
- Priority is placed on trauma survivors' safety, choice and control.

Concurrent mental health and substance use issues are common among people seeking or entering residential treatment. Researchers and practitioners generally recommend that all individuals be screened for concurrent disorders as part of the intake process, and on an ongoing basis.[29] Youth presenting with concurrent mental health and substance use problems require integrated (rather than parallel) treatment programs capable of providing treatment for substance use and mental health simultaneously wherever possible.[30]

Effective substance use services also focus on preparing program participants for their reintegration into the community. Programs should therefore support people to:[31]

- Develop their personal and social skills;
- Practice their spiritual and cultural traditions;
- Improve their relationships with their families and significant others;

23 Miller & Carroll, eds., 2006.

24 Aboriginal Healing Foundation, 2007; Centre for Addiction and Mental Health, 2009a; 2009b; Canadian Women's Health Network, 2006; Klinic Community Health Centre, 2008; Poole & Dell, 2005

25 Arevalo, Prado & Amaro, 2008; Canadian Women's Health Network, 2006; Aboriginal Healing Foundation, 2007; Klinic Community Health Centre, 2008; National Institute on Drug Abuse, 2009b; National Treatment Strategy Working Group, 2008; Poole & Dell, 2005; Uhler & Parker, 2002

26 Abele, 2004; Aboriginal Healing Foundation, 2007; Kirmayer, Simpson & Cargo, 2003; Indian and Northern Affairs Canada, 1996; Rice & Snyder, 2008; Salée, Newhouse, & Lévesque, 2006; Wesley-Esquimaux & Smolewski, 2004

27 Arevalo, Prado & Amaro, 2008; National Institute on Drug Abuse, 2009b; Uhler & Parker, 2002

28 Klinic Community Health Centre, 2008

29 Abou-Saleh, 2004; Brousselle et al., 2007; Brunette et al., 2004; Burnam et al., 1996; Canadian Centre on Substance Abuse, 2007c; Health Canada, 2007; Mangrum, 2009; McGovern et al., 2006; Minkoff & Cline, 2004; Reist et al., 2004; Wilkinson, Mistral & Golding, 2008

30 Abou-Saleh, 2004; Broekaert & Vanderplasschen, 2003; Brousselle et al., 2007; Brunette et al., 2004; Burnam et al., 1995; Canadian Centre on Substance Abuse, 2007c; Mangrum, 2009; McGovern et al., 2006; Minkoff & Cline, 2004; Reist et al., 2004

31 Carrick, 2004; Ellis et al., 2004; Forys, McKellar & Moos, 2007; Gone, 2009; Laudet & White, 2009; Mangrum, 2009; Mark et al., 2006; Meier & Best, 2006; Reist et al., 2004; Burnam & Watkins, 2006; Wilkinson, Mistral & Golding, 2008; Zenmore & Kaskutas, 2008

- Access employment or vocational training;
- Further their education;
- Develop their ability to take care of themselves, physically and emotionally; and
- Build their self-esteem

Effective links between substance use services and providers of ancillary services (such as primary care, housing, education, child welfare, and income support) are essential for ensuring that the broader social and economic needs of individuals accessing substance use services are met.[32]

Youth accessing residential treatment and supports are likely to be embedded in an extensive network of caregivers, peers, counsellors, social workers, teachers, and social and education agencies. It is the responsibility of all the people involved in the youth's care to work to create positive linkages; collaboration between these groups and organizations is critical for a youth's positive growth and development.

Aboriginal Youth

Culturally appropriate residential treatment services must be available for Aboriginal youth. Such services should demonstrate respect for the Aboriginal traditions and values of each youth's community and include relevant traditional, spiritual and cultural components in their treatment programs. It is important that Aboriginal people are represented among the staff and that there are strong links between the residential programs and Aboriginal community-based services and supports.

Available evidence suggests that Aboriginal youth in residential treatment benefit from the positive involvement of their family and community members, and their peer-group. Effective programs also offer craft and recreational activities and place considerable emphasis on life skills development.

While some Aboriginal youth will want to access culturally and spiritually appropriate services, others may not. It is important to evaluate the importance of spiritual and cultural traditions to each Aboriginal youth as part of the assessment process to find the most suitable program.

(Aboriginal Healing Foundation, 2007; Canadian Centre on Substance Abuse, 2007e, Health Canada, 2008)

Effective services are individualized and flexible

Evidence strongly suggests that a "one size fits all" approach to substance use treatment and supports is not the most effective: programs that respond to the diversity of youth who access services are demonstrably more successful.[33]

Effective care involves the recognition that it is important to customize treatment and supports as much as possible to each individual's unique situation. Each youth must be a full and active participant in the development of her or his goals and treatment plan. Programs for youth should also be flexible in nature.[34] The focus should not be on program-centred timelines, but rather on supporting youth in making progress at their own pace. Program and facility rules should be reasonable and appropriate; any non-adherence to the rules should be dealt with in a respectful and non-confrontational manner.[35]

32 Consultation Feedback, 2010

33 Broekaert & Vanderplasschen, 2003; Canadian Centre on Substance Abuse, 2006; Canadian Centre on Substance Abuse, 2007d; Marsh, Cao & Shin, 2009; National Institute on Drug Abuse, 2009a; Reist et al., 2004

34 Canadian Centre on Substance Abuse, 2007e; Health Canada, 2001b; Health Canada, 2008

35 Consultation Feedback, 2010

Services for youth should have a strengths-based focus. Concentrating on strengths, rather than deficits, promotes resilience and healthy change. It recognizes the positive qualities that each individual can draw and build upon during her or his journey.[36]

Further, treatment providers need to respond appropriately to a culturally-diverse youth population, and to provide service options that are gender responsive and accommodate persons with accessibility issues, including those with physical disabilities, learning disabilities, and cognitive and developmental challenges.[37]

Lesbian, Gay, Bisexual, Two-Spirit, Transgender or Questioning (LGB2STQ) Youth

Lesbian, gay, bisexual, two-spirit, transgender or questioning (LGB2STQ) youth are at a disproportionate risk for problematic substance use.

Community referral agents should refer LGB2STQ youth to treatment programs that are sensitive to issues of sexual orientation and gender-identity.

Residential programs must be sensitive to the potential challenges confronting LGB2STQ youth and ensure that such youth feel supported and accepted and able to work on any sexuality and/or gender issues they wish to as part of their treatment journey.

(Boon, 2010; Cochran & Cauce, 2006; Health Canada, 2001a, 2001e; Marshall et al., 2008; Substance Abuse and Mental Health Services Administration, 2001)

The therapeutic relationship between the individual and her or his counsellor is key to positive outcomes

There is growing consensus in the research literature that treatment outcomes for people with problematic substance use are better when the relationship between client and counsellor is flexible, warm, affirming and honest.[38] Indeed, there is strong evidence to suggest that the therapeutic relationship is more predictive of positive outcomes than are the specific treatment interventions used.[39]

Positive therapeutic relationships should be founded on a collaborative approach to treatment, in which the supports an individual receives are continuously shaped and informed by her or his experience and perception of what is working or not working.[40]

Additionally, it is vital that all program staff show respect and trust towards each program participant. Youth will respond best to a non-hierarchical structure and philosophy.[41]

Programs use a range of learning and teaching styles, including experiential learning

Evidence indicates that many youth respond best to experiential styles of learning and teaching. These should be part of a diverse menu of approaches to treatment that supports individual learning preferences and strengths.[42]

36 Canadian Centre on Substance Abuse, 2007e

37 Canadian Centre on Substance Abuse, 2006

38 Canadian Centre on Substance Abuse, 2007a; Duncan & Miller, 2008; Fiorentine, Nakashima & Anglin et al., 1999; Fiorentine & Hillhouse,1999; Meier, Barrowclough & Donmall, 2005; Miller et al., 2005; Miller & Carroll, eds., 2006

39 Duncan & Miller, 2008; Miller et al., 2005; National Quality Forum, 2007

40 Duncan & Miller, 2008; Ernst et al., 2008; Miller et al., 2005; Miller & Carroll, eds., 2006.

41 Health Canada, 2001

42 Canadian Centre on Substance Abuse, 2007e; Health Canada, 2001b

Girls and Young Women

Research suggests that girls and young women use substances for different reasons than boys and young men do, and that they are more vulnerable to addiction. Girls are more likely than boys to be depressed, have eating disorders, or have been physically or sexually abused. The physical, emotional and hormonal changes that adolescent girls experience may contribute to their stress levels and have an impact on how they respond to treatment.

Girls and young women require substance use treatment services that are sensitive to these unique needs and concerns. It is vital that such services take a trauma-informed approach to treatment and avoid confrontational styles. Some girls and young women may prefer to go to a female-only program, and these should be available. It is also important that services treating girls have female staff, since research has identified the predominance of male staff as a barrier to girls accessing treatment.

Programs should make every effort to facilitate and support the participation of young women's family members and supportive peers in their treatment journey.

(Ballon et al., 2004; Canadian Centre on Substance Abuse, 2007a, 2007e, Health Canada, 2008; Poole & Dell, 2005)

5.4 Returning to the community: Building on the individual's success

Effective services plan for each individual's return to the community

Evidence suggests that the most successful residential programs are focused from the outset on what happens following discharge or transition from the residential treatment or supportive residential facility.[43] All participants, including those whose discharge is not planned, must be provided with support to help with transitioning to the community. This support should include identifying and linking with appropriate community-based services and agencies.[44]

Research and practice-based literature identifies a number of key elements that are important to include in transition planning: ways to receive ongoing treatment; relapse prevention tips; access to appropriate community services; and strengthening personal and social supports.[45] Transition planning should be a collaborative process between the youth, her or his service provider as well as other people the youth has identified as important. The final transition plan should reflect the youth's own priorities, wishes and preferences.

The safety of youth leaving residential treatment is paramount. To this end, each youth must have a travel safety plan in place and the program must ensure that a designated (and trustworthy) adult is able to receive the youth upon her or his return to the community. It is also important that appropriate, stable accommodation be found for the youth in the community to which she or he is returning.[46]

A youth's transition back into the community is more successful when effective partnerships between the residential program and community-based services and supports are in place.[47]

43 Carter et al., 2008.; Ekendahl, 2007; McKay, 2009; New South Wales Department of Health, 2007; Reist et al., 2004; Barnum & Watkins, 2006; Wilkinson, Mistral, & Golding, 2008; Witbrodt et al., 2007

44 New South Wales Department of Health, 2006

45 Canadian Centre on Substance Abuse, 2006; NHS, 2006; New South Wales Department of Health, 2007

46 Consultation Feedback, 2010

47 Consultation Feedback, 2010

Youth continue to be supported after leaving a residential setting

Youth leaving a residential program should continue to receive appropriate supports in the community so that they can maintain and build on the progress they have made in residential treatment.[48] Such supports may include: community-based counselling; education, employment and/or vocational training; attendance at self-help groups; help with personal and social relationships; and assistance from other health and social services such as primary care; education; housing; income support; child welfare.[49]

Where youth already have connections and relationships with community-based services, those services should continue to provide the appropriate supports. Where individuals are not already connected to community-based services, or are moving to a new community, the residential program should help them link with the services and supports they may wish to access.[50]

Where possible, and with the youth's consent, the residential program should also continue to offer support and advice after leaving the program. This may take the form of planned, regular follow-up sessions, by telephone or in person. It may also include invitations to the youth to participate in occasional sessions and activities at the service.[51] It is important for youth to know that they are welcome to contact the residential program should they need help with high risk situations, from someone whom they trust.[52]

With regard to ongoing community-based services and supports, the research literature suggests that the particular components of such care are less predictive of outcome than are the existence and length of the care provided.[53] There is considerable support in the research literature for low-intensity continuing care that lasts six months or longer.[54]

The standards now and in the future

Considerable effort has been made to ensure that the *Provincial Standards for Youth Residential Substance Use Services* encapsulate the evidence gathered from clinical literature and practice-based experience to date. The standards and their associated elements will be reviewed regularly so that they always reflect the latest research evidence and the resources available to support the delivery of effective services.

48 McKay, 2009

49 BC Mental Health and Addiction Services, 2008.

50 Consultation Feedback, 2010

51 New South Wales Department of Health, 2006; United Kingdom National Treatment Agency for Substance Misuse, 2006

52 Consultation Feedback, 2010

53 Cacciola et al., 2008; Godley et al., 2009

54 Godley et al., 2009; McKay, 2009

The Standards

A word about the standards

There are twelve standards in all. Each standard includes an overarching statement, an expression of intent, and required elements.

Where appropriate, notes and examples provide further context and practice guidance on how to meet the standards.

If some programs or facilities are unable to meet all of the required elements of the standards, there will be a process in place with the relevant health authority where adherence to each standard will be negotiated and in certain cases exemptions may be made.

In the community: Identifying the right service(s) for each individual

Which substance use treatment and/or supports will be of most benefit to the young person?

Screening and assessment are conducted in the community by a practitioner trained in substance use assessment practice.

Screening gathers limited information in order to identify the next appropriate steps for the individual seeking service. This may be that no service is required or that further assessment is needed to determine the right substance use service from the available continuum. Further assessment covers more detailed information about the individual's substance use, the issues that underlie it, and matters such as housing, employment, health, and social and familial relationships. It is necessary to make a full bio-psycho-social-spiritual assessment of each youth seeking substance use services in order to match her or him to the most appropriate program(s) and supports.

The person(s) performing the assessment should seek to engage the youth in a conversation about the underlying reasons for her or his substance use and the steps that might be taken to change it. Every effort should be made to emphasize the need for the youth's active participation in the change process.

Assessment is a cumulative process that creates an increasingly detailed and comprehensive picture of an individual's substance use and her or his needs, strengths, goals and preferences. It marks the beginning of the recovery journey and, when done sensitively, can initiate the healing process. Trust is foundational to effective assessment and building such trust takes time. The person seeking service must be an active participant in the process.

It is vitally important that the youth's circle of support be involved in her or his recovery journey. This involvement should begin with the assessment, and referral agents should work with people in the youth's life that she or he identifies as supportive.

Problematic substance use can be a complex, chronic condition that requires long-term and, in a significant number of cases, multiple treatments and services. Service providers can expect to see some people accessing the system more than once as they work to change their substance use. On each occasion, such individuals will require a comprehensive assessment to adequately determine which services can best support them.

The process of matching individuals to appropriate supports is facilitated by strong communication links and relationships between all programs and organizations along the substance use service continuum.

Standard 1: Screening and Assessment

The youth participates in a screening and assessment process to determine which, if any, substance use service(s) will be of most benefit to her or him.

Intent

To ensure that youth are referred to the program(s) or support(s) that will best meet their bio-psycho-social-spiritual needs and preferences, and most effectively support them in reaching their treatment goals.

Required Elements

1.1 The youth takes part in an initial screening to gather basic information including her or his age, gender, contact information, and the reason why she or he may need service.

1.2 The youth understands her or his rights with regard to consent to service and limits of confidentiality that apply to disclosure of personal information.

1.3 If further services are appropriate, the youth participates in a more detailed bio-psycho-social-spiritual assessment of her or his substance use and other areas of her or his life, such as: family, physical and mental health, education, employment, housing, and involvement with other services, conducted by a service provider with the appropriate training and experience.

1.4 The person conducting the assessment is aware that experiences of violence and trauma frequently underlie problematic substance use, and she or he uses a violence- and trauma-informed approach to the assessment process.

1.5 If the youth seeking service wishes to have family or other external supports participate in the assessment process, this is facilitated.

1.6 Evidence-based assessment tools supported by the health authority are used to guide the service provider in completing an assessment.

1.7 The following criteria are used in conjunction with the assessment to help determine whether residential treatment is appropriate for the youth:

- The youth is ready, willing and able to actively participate in looking at the impact of her or his substance use;
- The youth has problematic substance use that negatively affects other areas of her or his life (e.g. health, functioning, family, work, education, housing); and
- The youth requires a level of service and support that cannot effectively be delivered in a community or outpatient setting.

1.8 With the youth's written consent relevant aspects of the assessment are shared with any other substance use service or program to which she or he is referred.

1.9 The referral agent works with the residential program and the youth to determine whether she or he is eligible for the program and to complete the referral process.

1.10 If it is agreed that residential treatment is not right for the youth seeking service, appropriate community-based substance use services or other community supports are identified and, with the youth's permission a referral is made.

Notes and Examples

1.1 The purpose of screening is to see whether someone requires any service. The youth's needs are identified and staff use a motivational interviewing approach to engage and work with the youth to help them access the most appropriate service to meet her or his needs.

1.2 Individuals must give written consent for service. Youth may give consent for treatment without needing consent from their parent/guardian unless they are deemed incapable of providing such consent. They must also give written consent for the disclosure of personal information and such consent must specify to whom the personal information may be disclosed and how it may be used.

Sometimes families/guardians may need to be involved and information shared with them, even if against the wishes of the youth. This may occur if they youth is unable to make a safe decision (e.g., if the youth is suicidal). In such cases the family/guardians would become a part of the decision making.

It is good practice to involve families/guardians/supportive others wherever possible because they will be providing ongoing support to the young person after their involvement with substance use services is ended.

Participants must also be informed of the limitations to an individual's right to confidentiality, which include:

- If the young person is planning to harm her- or himself or others;
- If the service provider is subpoenaed by a judge to testify in court or provide clinical notes; and
- If the young person is being endangered, is endangering a child or knows of someone who is.

The following legislation addresses consent to service, involvement of others if the youth is deemed incapable of making their own decisions, and of freedom of information and protection of privacy:

- *Freedom of Information and Protection of Privacy Act*
- *Infants Act*
- *Mental Health Act*

All the above Acts can be accessed at: http://www.bclaws.ca/

In BC there is a legal duty to report any concerns to a local child welfare worker if there is reason to believe that a child/youth is being abused or neglected. More information can be accessed at: http://www.mcf.gov.bc.ca/child_protection/pdf/handbook_action_child_abuse.pdf

1.3 Ideally, assessment begins in the community when a youth first makes contact with a community-based substance use service. People conducting assessments should have the appropriate training and experience. The Canadian Centre on Substance Abuse's (CCSA) technical competencies for substance use workers describes the skills required for effective screening and assessment, including: the ability to build rapport with and motivate youth being assessed; well-developed questioning techniques; the ability to read non-verbal communication; and knowledge of current practices in the screening and assessment of concurrent mental health issues. (Copies of the CCSA's 2010 *Competencies for Canada's Substance Abuse Workforce* can be downloaded as a PDF at: http://www.ccsa.ca/Eng/Priorities/Workforce/Competencies).

- Staff should also ask the youth about any existing assessments made with other service providers and for written permission to contact them.

Bio-psycho-social-spiritual assessments incorporate the following domains:

- Needs and preferences. "Needs" include the types of supports the person requires in order to improve her or his situation (both substance related and other). "Preferences" includes matters relating to cultural background, spiritual beliefs and sexual orientation that may be critical to recovery and the type of service from which the youth would most benefit;
- Desired treatment goals and outcomes;
- Personal strengths and resources. May include qualities such as optimism, determination, and hopefulness. It may also include positive and supportive relationships with significant others, spiritual beliefs and healthy community ties;
- Assessment of risk; in particular, suicide risk, self harm, or danger to others;
- Current and previous substance use (including underlying reasons for substance use), and treatment history;
- Current physical health and medical history;
- Current mental health (including, as appropriate, psychiatric diagnosis) and associated history. Concurrent mental health and substance use issues are common among youth seeking or entering residential treatment. Researchers and practitioners generally recommend that individuals seeking service be screened for concurrent disorders as part of the assessment and intake process, and on an ongoing basis (especially following detox);
- Physical, developmental and cognitive abilities;
- Current medication use and medication history;
- Social and economic situation (including whether or not the youth is working);
- Language and literacy abilities;
- Family situation, supports and significant others;
- Sexual orientation and gender identity;
- Readiness to look at the impact of her or his substance use and associated issues, risks and harms;
- Willingness to be part of a substance use program;
- Ability to actively take part in a program;
- Involvement with any other programs or counsellors;
- Involvement, if any, with the child welfare system; and
- Involvement, if any, with the criminal justice system.

Relevant health authority assessment tools are used to guide the service provider in completing an assessment.

1.4 Trauma may be linked to a single experience, or to ongoing or repeated events. Traumatic events have a profound and lasting impact on how a youth sees her or himself, other people and the world. Such experiences can overwhelm an individual's ability to cope or to integrate the thoughts and feelings associated with those experiences. Trauma-informed services are, broadly speaking, characterized by the following features:

- An understanding of trauma is integrated throughout all service components;
- Policies and procedures are designed with an understanding of trauma in mind;
- Trauma survivors are involved in designing and evaluating services; and
- Priority is placed on trauma survivors' safety, choice and control.

1.8 See Example 1.2 (above) for details regarding information sharing.

1.9 The residential program works with the referral agent and the youth to determine if a residential program is appropriate for the person at this time — it does not guarantee someone a place in a residential treatment or supportive residential program.

Standard 2: Informed Decision Making

The youth receives all the information she or he needs to make a decision about applying to a residential program.

Intent

To ensure that youth are able to make an informed decision about participating in a residential substance use program, and are fully aware of their rights and responsibilities as participants in such a program before they apply.

Required Elements

2.1 The youth receives:

- Clear and correct information on all the residential programs for which she or he is eligible.
- Information on who the program is for, what kind of care and supports it offers, and its philosophy or approach to treatment.
- A list of personal belongings that the youth is expected to bring with her or him, and items that are not allowed.
- Details of all policies and rules that the service has, including:
  - *visits and other kinds of contact with family members, friends, and significant others;*
  - *smoking restrictions; and,*
  - *reasons why she or he may be asked to leave the program.*

2.2 The youth understands her or his responsibilities as a participant in the program.

2.3 The referral agent supports the youth in identifying a trustworthy and reliable adult caregiver who will be notified and can support the youth when she or he leaves residential treatment. This adult caregiver should be able to support the youth even if she or he leaves at short notice.

2.4 The youth receives support from her or his referral agent to make initial contact with the residential program, to participate in the residence's assessment for service and to begin to establish a relationship with program staff.

2.5 The youth and the referral agent, in collaboration with the youth's adult support network, develop a travel plan to ensure the youth can get to and from the residential program safely.

Notes and Examples

2.1 Community-based and residential substance use services are jointly responsible for sharing up-to-date program information. Health authorities should also ensure that information on their websites is clear and up-to-date. Treatment matching is facilitated when there are good communication links and relationships between all services along the substance use continuum. Regular networking meetings between health authority staff, community and residential service providers, and referral agents can help to develop such relationships.

Program information should include, as appropriate, whether programs have experience with specific populations. (This is particularly important for lesbian, gay, bisexual, two-spirit, transgender, or questioning [LGB2STQ] individuals who will need to know whether it is safe to disclose their sexuality or gender identity.)

Participants should be informed of all items they are allowed to take with them, those they are expected to bring, such as personal hygiene products, and those that are disallowed.

The referral agent should carefully review all the program rules with the youth seeking service to help ensure that the individual understands and is comfortable with adhering to those rules.

Residential substance use facilities in B.C. are smoke free. If a program also requires a youth to be abstinent from tobacco even when off-site, the youth should be made aware of this before a referral is made. Residential substance use facilities should support young people to reduce or quit tobacco if that is their goal, and where possible should provide nicotine replacement therapies if requested.

Program information may be written or audiovisual. It may take the form of brochures, videos, DVDs, CDs, and/or websites. Depending on the needs of the community or individual, information may be available in other languages. Ideally, youth program participants and alumni would be involved in developing the material/information that is given to potential program participants. Whenever possible the youth is given information that has been created by other youth who have taken part in residential treatment.

2.2 It is important that the youth seeking service understands that recovery from substance use may take time and will require her or his active participation. Once the youth has consented to treatment, it is her or his responsibility to bring as much commitment and effort as possible to the task of changing her or his substance use.

2.3 The responsibility lies with the referral agent to identify an alternative plan to mobilize a safe and supportive environment for the youth in case the caregiver cannot be contacted upon discharge. Wherever possible, the facility is in touch with the youth's caregiver/legal guardian.

2.4 It is important that the individual seeking treatment is given as much support as possible in the transition from her or his home community to the residential facility. The referral agent should set up an initial meeting between the individual seeking service and the residential program. This may be in person, or by telephone or videoconference. Building a trusting relationship between the individual and staff at the residential program begins before the individual arrives at the residential facility. Community-based services and residential services have a joint responsibility to promote and facilitate this.

In addition, wherever possible, the residential program should offer an orientation to the individual before she or he enters the program. Ideally, members of the youth's familial and social support network should be involved in such an orientation.

2.5 It is the shared responsibility of the referral agent and the residential program to ensure that the youth has access to safe transportation to and from the residential facility. Once a youth has been accepted into a program, she or he should, wherever possible, be given information on how to access any available practical and/or financial assistance with transportation to the service.

Standard 3: Community Supports

If the youth seeking treatment does not need a place in a residential program, or is waiting for a place, a referral is made to appropriate supports in the community.

Intent

To ensure that all youth seeking treatment receive supports that are appropriate to their assessed needs and preferences and to ensure that youth waiting for residential treatment are adequately supported while they wait.

Required Elements

3.1 If the youth has a community substance use counsellor, she or he continues to receive services from that counsellor.

3.2 If the youth does not have an existing counsellor, she or he receives clear information on community-based substance use services and other health and social services in her or his area.

3.3 The youth receives support to connect with these services.

3.4 The referral agent stays in regular contact with the residential program and updates the youth seeking service of the status of her or his application to enter the program.

Notes and Examples

3.1 The range and availability of community-based substance use supports, and other health and social supports, in B.C. varies from town to town and region to region. In this Standard, the term "supports" may be interpreted broadly and may include, for example, drop-in groups or centres, peer-support groups, generic community counselling, and online resources (such as the *HeretoHelp* website, a project of the BC Partners for Mental Health and Addictions Information), as well as more structured or intensive community services.

3.2 Community service providers and health authorities share responsibility for maintaining up-to-date information.

3.3 At a minimum, the youth and a supportive adult /adult caregiver should be given up-to-date telephone numbers, contact names, email addresses and websites for these services. Whenever necessary, the referral agent should provide more comprehensive support, such as contacting the service(s) on the youth's behalf and arranging visits to the service(s) or meetings with service staff.

3.4 Making regular contact with a youth who is waiting to enter a program can help to maintain their readiness and willingness to participate in treatment. Contact can be made by phone or in person, as appropriate. The frequency of such contact should be determined by the level of need of each individual awaiting service.

At the residence: Providing effective treatment and supports

How can the individual receiving service be sure that the program provides quality services?

Making the decision to go to a residential facility to participate in substance use treatment is a major milestone. For some youth, arriving at the residential facility can be a stressful experience. It is essential that staff and other program participants do all they can to make newcomers feel welcome and safe.

Evidence shows that people are most likely to leave treatment within the first few days. It is crucial early on, therefore, to do everything possible to engage the youth with the program. Appropriate and sensitive orientation to the program and the facility, combined with particular attention to the intensity of support needed by each person during the first few days, can help increase engagement with the program.

Typically, youth in a residential program participate in both structured group activities and individual counselling (provided either on or off-site). For the individual component of the work, it is important to customize care as much as possible for each person. The individual treatment plan is a key element of the treatment process. It is a collaborative and living document that is reviewed regularly and adapted to meet the changing needs and goals of the youth.

Effective programs help youth make positive changes in all areas of their lives that are directly or indirectly affected by their substance use. In addition to providing evidence-informed substance use treatment and supports, successful programs pay attention to the broader physical, social, cultural, emotional and spiritual needs of youth. In particular, youth must be supported in developing healthy and positive relationships with family and peers.

Programs should take a trauma-informed approach to the interventions and care they provide.

Flexible, warm, affirming and honest relationships between the youth and program staff should underpin all aspects of the program.

Programs must make particular effort to ensure that youth with mental health issues receive sequential or concurrent mental health supports.

While programs have official completion dates, it is more helpful to regard "completion" as when the youth and program staff agree that the youth has met her or his goals or has benefited from the program as much as is possible at that time.

Standard 4: Staff Experience and Qualifications

Residential program staff have the appropriate training, qualifications and experience for the services and supports they deliver.

Intent

To ensure that all supports and interventions offered by the program are delivered by appropriately qualified staff. To ensure that new hires have the necessary skills and competencies for the roles to which they are appointed, and that existing staff needing to upgrade their training are supported in doing so.

Required Elements

4.1 Each member of staff, and volunteers, stay within the scope of the role for which she or he is adequately qualified. Youth receiving treatment are welcome to ask about an employee's qualifications.

4.2 Volunteers working at the program receive adequate and appropriate support and supervision for the work they are doing.

4.3 Program staff meet the Canadian Centre on Substance Abuse (CCSA) competencies for their specific roles.

4.4 Each staff member receives the necessary supervision to ensure she or he is meeting the standards for her or his role.

Notes and Examples

4.2 At a minimum, volunteers are familiar with all the program's rules, policies and procedures and receive the necessary supervision to help them put these into practice.

4.3 In order to meet this standard, existing employees will receive recognition and credit for their experience and demonstrated capabilities, and will be supported in accessing further training or developmental opportunities where possible to stay current with best possible approaches.

The CCSA released Behavioural Competencies and Technical Competencies for Canada's Substance Abuse Workforce in 2010. Each document provides comprehensive guidance on which of these competencies apply to which roles and/or professionals within the substance use workforce. They also describe how individual staff members may demonstrate each competency. Copies of the documents may be accessed free of charge from: http://www.ccsa.ca/Eng/Priorities/Workforce/Competencies

Agencies providing residential substance use services will be responsible for ensuring that all staff meet the CCSA competencies.

All health authority direct and contracted staff will have the opportunity to participate in the Core Addiction Practice Training or similar health authority approved training package.

Ongoing staff training and development may be delivered in a number of ways. Possible approaches include: health authority-led workshops; online learning; mentoring programs; and knowledge and best practice exchange through multi-agency workshops, symposia and communities of practice.

Standard 5: Settling in to the Residence

The youth receiving service in a residential program is given the support she or he needs to settle in to the facility and feel comfortable with the program.

Intent

To help ensure that youth engage with the residential program and make the best possible start to their treatment journey.

Required Elements

5.1 When the youth arrives at the residential facility she or he is made to feel welcome and is given the information and support she or he needs to feel safe and comfortable in the environment.

5.2 Within the first day or two of the youth's arrival, she or he is given the opportunity to review the program's rules and policies with staff, including:

- Her or his rights and responsibilities;
- Rules around visits and other forms of contact with family and friends; and
- Reasons why she or he may be asked to leave the program.

5.3 Participants are given every opportunity and encouragement to talk with staff about any concerns they may have.

5.4 The youth is encouraged and supported to develop positive relationships with other individuals in the program.

5.5 Youth with physical and/or cognitive disabilities are supported in accessing all program components.

Notes and Examples

The first 72 hours in a residential facility can be the most challenging. Special care should to be taken to ensure that youth receive the support they need during this period. For some this may mean more intense contact with staff and participants in the program, while for others it may mean having some more time alone.

From the very beginning, it is important that the residential facility focus on engaging the youth in the program and fostering a sense of belonging. Helping youth to make supportive and positive peer to peer relationships is crucial.

Any community-based agencies and/or staff with whom the youth is already connected should actively support the individual as she or he makes the transition to the residential facility.

Sensitive and clear communication between staff and the youth receiving treatment is important throughout the youth's stay, but particularly early on.

5.1 To be "safe" means to be free from danger or the risk of harm. Youth should be confident that they will be free from discrimination and physical, psychological, or emotional violence, and that they are welcome to discuss sensitive personal issues. In addition, it is important that participants know that any personal belongings they bring with them to the facility will be secure. Program participants must know what to do in the event of an emergency (e.g., fire, earthquake).

The orientation may build on any previous introduction to the facility that the youth receiving service has had.

Current program participants may, where appropriate, provide support during the orientation period.

If possible, and if the individual wishes, supportive friends and family members may take part in the orientation. This may enhance the youth's engagement with the program. It also provides an opportunity for family members and friends to learn about the program. This could take place in person, or in the form of an orientation package that can be provided to families and supportive others outlining: components of the program; an overview of policies and rules, including contact with the individual while in the program; and, ways to support the person during and after the program.

5.2 Program rules should be reviewed immediately upon entering the residential program and as required throughout the youth's stay. To ensure that youth receiving treatment understand the program rules, staff may ask them to repeat the rules back, as appropriate.

In some residential programs the rule may be that contact with family and friends is not permitted initially.

Residential treatment and support facilities in B.C. are free from alcohol and illicit drugs and youth are expected to not use such substances during their stay. However, should a youth lapse and use an illegal substance, or break any other rules, the focus will be on respectful engagement with the youth to retain her or him in the program wherever possible. Any decision to ask an individual to leave the program should be decided on a case by case basis.

If a youth is asked to leave the program early, safe travel arrangements must be made, including contacting the responsible caregiver and arranging for them to meet the youth.

Standard 6: Medical Needs

Each residential facility ensures that youth have access to a physician while in the program.

Intent

To ensure that young people's medical needs are met while in a residential substance use program.

Required Elements

6.1 All participants receive a physician's or nurse practitioner's assessment of their health status shortly before attending a residential program.

6.2 A follow up assessment of the individual's health status and use of medications related to their physical, psychiatric and substance dependence needs is completed where needed, and as soon as reasonably possible after arrival at the residential program.

6.3 The youth's medication plan is reviewed on an ongoing basis.

6.4 All decisions taken as a result of medication reviews are recorded in the personal treatment plan.

6.5 Residential facilities with youth taking existing prescribed medication(s) support the individuals to continue to take medications that optimize health and support their recovery.

6.6 The program has policies and procedures in place to ensure that all medications are stored, dispensed and administered according to accepted standards and applicable policies, legislation and regulations.

Notes and Examples

6.2 For those clients that may need a further medical assessment shortly after arriving at the facility, the purpose is to check for any changes in the youth's health status and for an assessment of a client's medical needs while in the facility. The facility strives to compile the best possible medication history from as many sources as reasonably possible. The physical and medical assessment takes place as soon as reasonably possible. The assessment is carried out by a physician or a nurse practitioner: either attached to a facility, by the person's own general practitioner, or by a local walk-in clinic that the facility has established a relationship with. A registered nurse may carry out the initial assessment and then consult with a physician.

6.4 Any decision making relating to prescription medications has to be made by a physician or a nurse practitioner. For youth who already have a GP, or have an existing prescription from a doctor, consultation with that physician must occur. Pharmacists prepare medications in blister packs for safe storage at the facility.

Youth in residential treatment may not have access to unscheduled, self-administered medications, unless it is agreed to with the facility (for such items as Epi Pens, asthma inhalers). Individuals may have access to *prn* medications if monitored and dispensed by staff, per a physician's prescription. Over the counter *prn* may be included in the facility's standing orders such as nicotine replacement therapy. (The abbreviation *prn* stands for the Latin phrase, *pro re nata*, meaning "as the circumstance arises" or "as needed").

6.5 Some young people accessing residential substance use treatment will require prescribed medications for a number of different reasons. Medications may also form part of an individual's substance use treatment. Examples of concurrent conditions requiring medication include physical conditions such as: asthma, diabetes, arthritis, hepatitis or HIV/AIDS. Mental health conditions requiring medication may include: schizophrenia, anxiety and mood disorders, eating disorders, or other mental health problems with a biochemical basis. The treatment of problematic substance use may require medication for withdrawal, stabilization, or substitution.

Those residential facilities that provide service to youth on medication(s) support the youth to continue to take existing prescribed medications (e.g., methadone, SSRIs, insulin, psychotropics) that optimize health and support her or his recovery.

If the youth requests changes to their medication they are encouraged to contact her or his own physician.

6.6 At a minimum, written medication management policies and procedures should include:

- Procedures for dealing with medication errors and adverse medication reactions;
- Procedures for controlling access to drugs;
- Known medication allergy information is highlighted in the participant's record;
- All medications are administered with the authority of a physician;
- Policy establishing under what circumstances self-medication by the participant is permitted; and
- Specific routines for the administration of drugs, including standardization of abbreviations and dose schedules.

Residential services that are licensed under the *Community Care and Assisted Living Act* are required to follow regulations governing medication in that Act. Detailed requirements for medication storage and administration can be found in the Residential Care Regulation (RCR). Both the Act and Regulation may be found at: http://www.bclaws.ca/

Residential services that are accredited under the Commission on Accreditation of Rehabilitation Facilities (CARF) are required to follow standards governing medication in the latest edition of the Behavioral Health Standards Manual. Details regarding CARF accreditation may be found at: http://www.carf.org/home/

The *Community Care and Assisted Living Act* supersedes CARF. If there is any discrepancy, agencies that are licensed must follow the legislation.

Standard 7: Treatment Planning

The youth receiving service participates in creating a written personal treatment plan that clearly describes the supports and services she or he will receive that reflect her or his needs, goals, strengths and preferences.

Intent

To ensure that treatment planning is a collaborative process that accurately reflects the individual's goals and outlines the work to take place, and that these decisions are clearly documented and regularly reviewed.

Required Elements

7.1 Work on the personal treatment plan, with the youth's full participation, begins as soon as possible after the youth's arrival at the program and it is reviewed regularly and updated throughout the youth's stay to reflect her or his changing situation.

7.2 With the individual's permission, the community agencies and professionals with which she or he is already connected and/or those identified as part of her or his ongoing recovery are involved in developing and reviewing the treatment plan.

7.3 The written assessment that was completed prior to entering the residential program is used to help create the personal treatment plan.

7.4 The individual receives a copy of the treatment plan.

7.5 As well as focusing on substance use the treatment plan also addresses (as appropriate) the youth's:

- Physical, mental and emotional wellbeing;
- Understanding of her or his substance use and its impacts;
- Willingness to actively participate in changing her or his substance use and associated behaviours and thinking patterns;
- Relationships with family, friends, and others;
- Life skills development;
- Connection with her or his community, including transition planning;
- Housing needs;
- Education, training, and employment needs and wishes;
- Recreational interests (including opportunities for physical exercise);
- Spiritual and cultural practices;
- Involvement with the criminal justice system;
- Involvement with the child welfare system; and
- Other significant issues and/or goals.

7.6 The program supports the youth in learning and practising the skills needed to achieve the goals she or he set out the treatment plan.

7.7 The program helps the youth receiving service to manage her or his emotions and to cope with adjusting to significant changes.

7.8 Completing the residential program is an important part of building resilience and improving overall health and wellbeing. For this reason the youth receiving service is encouraged and supported to stay in the program, but any decision she or he makes to leave is respected.

7.9 Staff strive to develop warm, honest, and open professional relationships with the individual receiving service. As part of this, the youth's thoughts and feelings about the service she or he receives are listened to and inform ongoing treatments and supports.

Notes and Examples

7.1 Developing the treatment plan is a collaborative process which fully includes the youth. The plan will reflect the goals, preferences, strengths, and needs of the youth receiving service. Whenever possible and appropriate, other people who are supportive of the youth take part in developing the care plan. (These people may include, for example, family, friends, caregivers, teachers, counsellors, social workers).

Regular reviews of the care plan should be arranged in advance and detailed in the plan.

Youth receiving service should always know in advance who will be present at each review. Youth should be adequately supported to participate fully in, and to understand the outcomes of, each review.

7.2 The treatment plan should focus on reintegrating the youth into the community. This should include working closely with community service providers, and the youth's family, as appropriate, throughout the youth's stay in residential treatment.

7.4 With the youth's written permission, highlights of the treatment plan are shared with other agencies and/or professionals involved in her or his ongoing support.

7.5 Staff should be aware of the principles of harm reduction and associated interventions. Harm reduction education includes providing information about: relapse and relapse prevention, safe sex practices, safer substance consumption practices, reducing use, and possible substitution therapies. It may also include information on services available in certain areas, such as needle exchanges or supervised injection sites.

The service should organize a range of entertainment, social, recreational and sports activities that every youth receiving service may participate in if they wish.

Youth should be given the opportunity to practise their cultural, spiritual and religious beliefs. This may include contact with their faith community. The residential service should support youth in observing spiritual occasions, holy days and festivals.

7.6 All progress made by the youth receiving service should be carefully recorded in the care plan. These notes should be signed and dated. Anyone reviewing the care plan should be able to easily identify the goals and milestones that were met or modified during the individual's stay in residential treatment.

7.8 Motivational strategies should be used when working with youth. Strategies that have been identified to improve retention in residential treatment include:[55]

- Providing more intense support to youth for the first 72 hours after entry to the program — the period in which they are most likely to drop out of treatment;
- Providing information sessions in the early stages of residential treatment about the program's approach to treatment and recovery, its philosophy and expectations, and the benefits and potential challenges of completing treatment;
- Focusing on the individual's, rather than the program's, immediate concerns;
- Interacting with individuals in an objective, caring and respectful manner;
- Providing objective feedback about the individual's problems and the process of change, and, in so doing, fostering credibility and trustworthiness;
- Developing motivational strategies that focus on the individual;
- Developing realistic treatment goals that reflect the individual's stage of change and that are flexible enough to shift as the individual progresses;
- Creating an awareness of the heterogeneity of the participants in the program, particularly in the group treatment process;
- Identifying multiple strategies for individuals with multiple problems;
- Providing case-management services for individuals to provide holistic and ongoing support;
- Providing accommodation for children; and
- Reducing the length of the long-term residential treatment component and providing transitional/step-down accommodation and continuing care.

7.9 Using a *Client Directed Outcome Informed* (CDOI) or feedback informed approach to treatment, or other client satisfaction feedback, enables the youth receiving treatment and the staff to assess the therapeutic relationship, and informs ongoing revisions to the treatment plan. (Please see the Glossary for an overview of a CDOI approach.)

55 New South Wales Department of Health, 2007; New South Wales Department of Health, 2006

Standard 8: Evidence-based Practice

The program uses recognized promising practices and provides evidence- based supports and treatment to work with youth on the goals set out in her or his personal treatment plan.

Intent

To ensure that all interventions and supports offered at programs are informed by the best available evidence about what works in the field of residential substance use treatment.

Required Elements

8.1 The program facilitates access to a full range of evidence-informed supports and treatment that are appropriate to the youth's needs and preferences. Depending on the program, supports and treatment may be offered in the residence or may be accessed in the community.

8.2 The program takes a violence- and trauma-informed approach to all aspects of treatment and care.

8.3 The individual receiving service is given help and support with any mental health issues she or he may have. This help may be provided at the program, or the program may connect the individual with appropriate supports off-site.

8.4 The individual is given help and tools to strengthen her or his personal circle of support (including, as appropriate, relationships with family members, partners, and friends).

8.5 The residential facility develops and maintains strong linkages and relationships with providers of other health and social services.

Notes and Examples

"Evidence" includes both evidence-based practice (from research) and practice-based evidence (from clinicians', clients', and programs' experiences and knowledge).

8.1 Some examples of how a program may demonstrate that it is following evidence-informed practice include: making research literature available to staff; holding regular training and education sessions; and, taking part in knowledge exchange initiatives with other service providers.

Treatment and interventions offered at facilities, and the competencies and qualifications of staff, will vary according to the type and nature of the program. Some residential programs in B.C. provide in-depth, intensive treatment that addresses the underlying causes of substance use. Some programs offer supports and safe accommodation for individuals focusing on their immediate concerns around substance use and their integration back into the community. Treatment and supports may be offered on-site, or participants may access supports in the community through, for example, substance use outpatient, day treatment or groups, 12-step groups such as AA and NA, and 16-step groups. (Please see the Introduction/Service Model for a fuller description of the range of residential substance use services and supports currently available in B.C.)

Currently, research suggests that the following psychosocial interventions for substance use issues are particularly effective:

- Motivational Enhancement Therapy;
- Motivational Interviewing;
- Trauma-informed practice;
- Cognitive Behavioural Therapy;
- Relapse prevention and active practice of relapse prevention skills;
- Family work/family therapy;
- 12-Step and 16-step programs;
- Peer mentoring;
- Complementary therapies (e.g. acupuncture, massage, meditation);
- Mindfulness-based therapy; and
- Pharmacotherapy.

Providing a range of skills training through techniques such as cognitive restructuring, role play, active rehearsal, and repetitive practice are also considered to be best practice. Skills may include:

- Communal living skills;
- Problem-solving skills;
- Communication skills;
- Understanding the patterns and triggers to substance use;
- Coping skills (e.g., dealing with cravings);
- Boundary setting;
- Stress management;
- Identification of good nutritional choices
- Harm reduction; and
- Identifying and dealing with emotions and thoughts associated with substance use.

Please note that the first set of psychosocial interventions is more applicable to residential treatment facilities — which will also incorporate the second set of skills training into their programming. Supportive residential facilities tend to focus on the second set.

8.4 Where family issues are an underlying cause of a youth's substance use and where that youth will be returning to her or his family after leaving residential treatment, it is crucial to integrate family therapy into the youth's individual care plan.

8.5 Linkages and relationships may be built through both informal and formal communication and information exchange. Some examples of formal approaches to relationship-building include regular meetings between representatives of services across the spectrum, individual case conferences, and joint training and education sessions.

Standard 9: Safety

The program is committed to providing a safe, supportive environment.

Intent

To ensure that all youth are safe and respected in the environment.

Required Elements

9.1 The program and its staff respect the individual rights of each youth receiving service. It is the responsibility of each participant in the program to treat staff and peers with respect.

9.2 The program and its staff do everything possible to ensure the personal safety of each youth receiving service.

9.3 The service has a complaints procedure in place that is clearly communicated to each individual receiving service. The service deals with complaints promptly and sympathetically, and individuals are fully informed about the outcomes. Making a complaint will not have any negative impacts on a participant.

9.4 The service has policies and procedures in place that outline what will happen in case of emergency.

Notes and Examples

9.1 Individual rights refer to the rights enshrined in the Canadian Charter of Rights and Freedoms and the United Nations Convention on the Rights of the Child. Treating a person with respect includes, being polite, honouring her or his diversity and preferences, preserving her or his dignity and respecting different cultures and gender identities. It may be helpful to give youth concrete examples of what respectful behaviour does and does not entail. Such examples may usefully include: not using words as weapons, and not being physically aggressive or threatening.

Staff should not assume that every aspect of a person's behaviour is related to her or his substance use problem.

9.2 To be "safe" means to be free from danger or the risk of harm. Individuals receiving service should be confident that they will be free from discrimination and physical, psychological, or emotional violence, and that they are welcome to discuss sensitive personal issues. In addition, it is important that individuals know that any personal belongings they bring with them to the facility will be secure.

To be "safe" also means that facilities will assess for the risk of suicide. If someone is deemed to be at risk, facilities will:

- Address the immediate safety needs;
- Identify and document any treatment and monitoring strategies;
- Help the person access appropriate services, such as emergency crisis teams or mental health professionals, when needed.

Any suicide attempts are to be reported to the health authority immediately. With client consent and where appropriate, it is important to involve her or his caregivers and any service providers involved in the youth's care.

9.3 The program should have a complaints procedure in place and this should be clearly communicated to each individual receiving service. The program should deal with complaints promptly and sympathetically, and individuals should be fully informed about the outcomes.

9.4 The policies and procedures include what to do in the event of an emergency (e.g., fire, flood, or earthquake) and what provisions are in place for clients if there is an unexpected closure of the facility.

Standard 10: Monitoring and Evaluation

The residential program is committed to ongoing monitoring, evaluation and improvement in order to ensure that youth receiving service are provided with effective treatment and supports.

Intent

To ensure that all programs in British Columbia follow a continuous quality improvement process.

Required Elements

10.1 There are regular opportunities for participants to provide feedback on program activities and interventions.

10.2 There are regular opportunities for other service providers who link with the residential program to provide formal feedback.

10.3 Upon leaving the program, each participant is asked to fill out a satisfaction questionnaire. This is used to help inform the program about how well it is doing and how it can improve.

10.4 Programs participate in regular contract monitoring and reporting procedures with the health authority.

10.5 Residential service providers participate with health authorities in regular program evaluations.

Notes and Examples

10.1 Participant feedback may be done on an informal basis and may include verbal as well as written feedback. Seeking ongoing participant feedback supports inclusivity and program/participant collaboration. It allows program staff to make modifications to activities and interventions in order to best meet group and individual needs. Feedback is intended to measure participants' impressions of the quality of service they receive and how well the program met her or his needs.

10.3 The satisfaction questionnaire is a more formal way to seek participants' input and impressions on how well the service is meeting the *Standards*, particular strengths of the service, any challenges, and any gaps in the system of services and supports.

10.4 Health authorities will monitor how well programs are meeting the *Standards*. They will identify particular strengths of each program as well as where programs need to make changes in their practice and/or receive additional support in order to meet the standards.

10.5 Each facility has an approved process to measure client outcomes, which includes follow up with the client after leaving the program at agreed upon timeframes.

The regional health authorities will work with direct services and contracted agencies to develop and implement appropriate evaluation frameworks and protocols.

In addition to participating in health authority evaluations, residential services that are licensed under the *Community Care and Assisted Living Act* will take part in the inspection process required under the Act. The Act and Residential Care Regulation may be found at: http://www.bclaws.ca/

Residential services that are accredited under the Commission on Accreditation of Rehabilitation Facilities (CARF) will participate in that organization's regular survey and review process. Details of this process may be found at: http://www.carf.org/home/

Returning to the community: Building upon the individual's success

How can the youth receiving service feel safe and supported in her or his return to the community?

Successful residential treatment and support programs focus from the very beginning on what happens after the youth leaves the treatment facility.

Transition planning should form part of the individual treatment plan. It should be done carefully and thoroughly, and in full collaboration with the youth, the youth's circle of support, and appropriate community-based substance use services.

The transition plan should pay attention to the youth's immediate and longer-term needs and goals in areas such as: ongoing community-based treatment; access to appropriate social services, including education and training; and, strengthening personal and social supports. Relapse prevention may also form part of transition planning, but this needs to be done sensitively. The message should not be that relapse is inevitable. Indeed, transition planning is an opportunity to focus on the strengths that each youth has and the skills she or he has developed during residential treatment.

All youth leaving residential treatment, no matter why or when they leave, should be adequately supported in making a safe and successful move back to the community. This includes facilitating a smooth transition from the residential program to any available community services. In addition, it is especially important that appropriate, stable accommodation be found for youth in the community to which they are returning.

Successful transitions back to the community rely on good linkages and relationships between residential facilities, community-based substance use services, and other health and social service agencies.

Standard 11: Transition Planning

The youth receiving service participates in creating a written plan for her or his return to the community.

Intent

To ensure that each youth's transition back to the community is adequately supported.

Required Elements

11.1 Work on the transition plan begins early in the youth's stay at the residential facility and is a collaborative process between the youth receiving service, residential staff, the appropriate community-based resource(s), and, where appropriate, the individual's circle of support (e.g., family, friends and/or supportive others).

11.2 The transition plan reflects the youth's successes, preferences, and ongoing goals, and addresses any concerns she or he may have about returning to the community.

11.3 The transition plan includes a travel safety plan and details any financial support the youth may receive to help cover the cost of travel.

11.4 The plan may deal with any or all of the following elements, as appropriate to each youth's situation:

- Ongoing substance use treatment and support;
- Mental health;
- Life skills;
- Relationship with family;
- Personal and social supports (including community groups);
- Connection to a family doctor;
- Spiritual and cultural practices and preferences;
- Education and/or vocational training;
- Housing;
- Employment;
- Recreational interests (e.g. arts, sports, social activities);
- Safety from violence and abuse; and
- Parenting skills.

11.5 The individual receives a copy of her or his transition plan, and with the individual's written consent, the plan is shared with the appropriate community-based supports and services.

11.6 If the individual receiving service chooses to leave, or is asked to leave, the residential program before completing treatment or achieving her or his treatment goals, this is managed in a sensitive and respectful way. The individual is also given help and support to return to the community.

Notes and Examples

11.1 Preparation for an individual's return to the community should begin early in the treatment process. All treatment should be focused on facilitating the person's successful reintegration into the community. Existing connections should be continued throughout a person's stay at the facility so that their transition back to the community is adequately supported.

It is crucial to the success of the youth's transition that an appropriate community-based resource participates in the transition planning process. Ideally, this resource is someone with whom the youth is already connected, for example, her or his referral agent or case manager. In addition, community services that the youth will access for the first time after leaving the residential program may be actively involved in the transition planning process.

It is equally important that the youth's circle of support be involved in transition planning, as these are the people who will be providing ongoing help and care to the individual after she or he leaves the residence. By being involved in the transition planning, family, friends and supportive others will have the necessary time and knowledge to prepare for the individual's return to the community.

In transition planning for youth involved with the Ministry of Children and Family Development, guardianship responsibilities will depend on the legal status of the youth. In such cases it is important to work closely with the youth's child welfare worker.

11.2 The youth's safety (and the safety of any children she or he may have) is one of the main focuses of planning the youth's return to the community.

The youth is given help to identify and reflect on what she or he has learned while at the residential program, including the skills she or he has developed to deal with challenging situations and to make positive choices.

11.4 Depending on the person's needs, ongoing substance use treatment and support may mean stepping up to a higher tier or down to a lower one. An individual may, for example, move from a supportive residential program up to more structured residential treatment, or vice versa. For people who are returning to the community, appropriate community-based supports and services should be identified. These may include, for example: community counselling, access to primary care, drop-in centres, and 12- and 16-step programs.

11.6 The youth is given help and support to return to the community.

Standard 12: Aftercare Treatment and Supports

The program helps each youth receiving service to connect with the community-based supports and services identified in her or his transition plan.

Intent

To ensure that youth experience a seamless transition from the residential program to the community and are supported in the community to continue building on the progress they have made at the residential program.

Required Elements

12.1 The residential program actively supports the youth receiving treatment to maintain or establish relationships with the substance use service providers she or he will work with in the community.

12.2 The residential program actively supports the individual to make contact with other health and social service agencies and community organizations (e.g., primary care, housing, child care, employment services and support groups) as needed.

12.3 The residential program makes sure that the responsible adult the youth identified during the first assessment is able to support the youth on leaving.

12.4 The supportive people in the youth's life (e.g., family, caregivers, significant others, friends) know what the youth's plans and goals are and how best to provide support upon her or his return to the community.

Notes and Examples

12.1 This element makes ongoing provision for relationship-building or maintaining existing connections between the youth receiving treatment and the community-based substance use supports and services that she or he will access after leaving the residential facility.

In order to help ensure continuity of care, youth who access residential treatment via a referral from an outpatient substance use counsellor, should at the time of referral be given an appointment to see that counsellor upon leaving residential treatment. Youth who enter residential treatment without having a substance use counsellor, should be given support by the residential program to schedule a post-treatment appointment with such a counsellor before they leave the program.

Where possible, youth in residential treatment should be able to begin attending some community-based supports while still in residence.

12.2 At a minimum, youth should be given up-to-date and accurate telephone numbers, contact names, email addresses, and websites for ancillary services in the community to which they are returning. These could be part of a leaving package that may also include harm reduction information.

Wherever possible, and as needed, youth are given information on how to access practical and financial assistance with travel back to their community.

Access to stable and affordable housing is a concern for many youth receiving substance use services and supports. The residential program should connect participants with agencies that can assist them in finding housing early on in the program.

When a youth receiving service is a parent of a young child or children, the residential program should help her or him link to parenting services and supports as required. If necessary, the residential program should also work with the appropriate child welfare authorities to help ensure the safety of the child/children after the youth returns to the community.

Youth who identify with a particular population group (e.g., according to ethnicity, gender identity, sexual orientation, faith, etc.) should be given support to connect with appropriate groups in the community.

Glossary

Aftercare/Continuing Care:

Both the terms "aftercare" and "continuing care" are used to describe the ongoing treatment and recovery program components offered to clients after discharge from residential treatment. Recent studies propose the exclusive use of the term "continuing care" in order to more accurately describe the active and ongoing recovery process, which may or may not involve a client's transition from one tier or level of treatment to another.

Animal Assisted Therapy (AAT):

A goal-directed intervention in which an animal is incorporated as an integral part of the clinical health-care treatment process. Trained animals and handlers work with patients to achieve physical, social, cognitive and emotional goals and benefits.

Best Practice:

A practice that, upon rigorous evaluation, demonstrates success, has had sustainable impacts, and can be replicated in other contexts.

Bio-psycho-social-spiritual Model:

The bio-psycho-social-spiritual model has been developed to explain the complex interaction between the biological, psychological, social and spiritual aspects of problematic substance use. It is the model that is most widely endorsed by researchers and clinicians. The model promotes an approach to assessment that seeks to capture the full range of underlying causes of an individual's substance use, including (but not limited to): genetic predisposition; learned behaviour; social factors, such as relationships with family, peers and the larger community; and, feelings and beliefs about problematic substance use. Treatment plans developed from such assessments seek to address the impacts of substance use on an individual's physical and mental health, social support circle, and spiritual or moral values.

Client-Directed Outcome-Informed Approaches:

CDOI or other feedback informed approaches purposefully forms a partnership with clients and helps to tailor the treatment to fit the client's particular therapeutic goals and preferences. It measures the client's experience and outcomes, which is used to inform future work. CDOI therapy places emphasis on developing a strong therapeutic alliance and using the client's experience of the treatment to guide the treatment planning and journey.

Cognitive Behavioural Therapy (CBT):

A type of psychotherapy that helps individuals to change the way they think and behave in certain situations. It is a widely accepted therapy that can be used to treat any distressing or harmful practice or habit and is commonly used to treat problematic substance use. CBT is a goal-orientated process and treatments range from a few weeks to a few months in duration.

Complementary therapies:

Refers to a broad range of non-medical, alternative therapies that are often used to supplement or enhance conventional, medical treatments and interventions, and promote overall wellbeing. Examples of such therapies include: massage, acupuncture, T'ai Chi, aromatherapy and yoga.

Diversity:

The concept of diversity encompasses the recognition of and respect for the unique characteristics and preferences of every individual. These characteristics and preferences can be along the dimensions of race, ethnicity, culture, gender, sexual orientation, gender-identity, age, physical and mental ability, faith, and socio-economic status.

Evidence-Informed:

The integration of the best available evidence from systematic research with experience, judgment and expertise to inform the development and implementation of health and social policy and programs.

Family:

While the word "family" traditionally refers to persons related by blood, marriage or adoption, it is used in this document in a broader sense to encompass partners (including common-law and same-sex), friends, mentors

and significant others. Increasingly, the term "family of choice" is being used to describe the circle of supportive and trusted people that an individual has assembled to replace or to augment her or his family of origin.

Family Therapy:

The involvement of spouse, family members and/or significant others in the therapeutic process in order to improve communication, problem-solving and other skills in the family, and thereby nurture positive change and development. Family therapy emphasizes personal and intimate relationships as an important factor in psychological health.

Harm Reduction:

The International Harm Reduction Association defines harm reduction as policies, programmes and practices that aim primarily to reduce the adverse health, social or economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption. Initiatives include needle exchange programs, supervised injection sites, substitution therapies (such as methadone maintenance), health and drug education, and safe housing options. A harm-reduction approach to substance use accepts that abstinence may not be a realistic goal for some people.

Limits of Confidentiality:

Confidentiality between a healthcare or social service professional and client is not absolute. There are a number of exceptions to the obligations of confidence. In British Columbia, the legal limitations on an individual's right to confidentiality include:

- If the individual is planning to harm her- or himself or others;
- If the person providing service is subpoenaed by a judge to testify in court; and
- If the individual is endangering or neglecting a child or knows of someone that is.

Mindfulness-Based Therapy:

A form of psychotherapy sometimes referred to as Mindfulness-Based Cognitive Therapy that combines elements of cognitive therapy with meditative practices and mindfulness techniques. The therapy prioritizes learning how to remain "in the now" and to accept thoughts and feelings without judgement. The aim of the therapy is to enhance clients' self-knowledge and self-acceptance and ability to deal more effectively with overwhelming thoughts and emotions, and change and uncertainty.

Motivational Enhancement Therapy (MET):

A client-centred, directive counselling style that promotes positive behaviour modification by helping clients to examine and resolve their ambivalence towards the process of change. The counsellor uses empathic listening, mirroring, and guiding questions to evoke the client's intrinsic motivation and commitment to change and to help the client develop a sense of self-efficacy.

Opioid Substitution/Replacement Therapy (OST/ORT):

The medical procedure of replacing an illegal opiate, such as heroin, with a longer-acting but less euphoric opioid, usually methadone or buprenorphine, that is taken under medical supervision. Substitution therapy seeks to assist drug users to switch from illicit drugs to legal drugs obtained from health service providers and thus reduces the risk of overdose, HIV risk behaviours and the need to commit crime to obtain drugs. Substitution therapy helps opiate drug users to regain a normal life and schedule while being treated with a substance that eliminates withdrawal symptoms and cravings, but does not provide a strong euphoric high.

Peer mentoring:

Mentoring is a relationship between an experienced person and a less experienced person for the purpose of helping the one with less experience. Peer mentoring assigns mentees to someone with experience who is comparable to them in a number of possible realms, including age, personal experiences, substance use history, social background, treatment goals and preferences.

Pharmacotherapy:

Treatment of disease through the administration of drugs.

Prescribed Medication:

A medication that has been prescribed by an authorized physician or nurse practitioner for a patient.

Promising Practice:

A practice that has not necessarily undergone rigorous evaluation or replication in different contexts but that has nevertheless shown positive results and offered ideas about what works best in a given situation.

Psychotropic Medications:

Drugs that affect the mind/perception, behaviour and mood. Common types of psychotropics include antidepressants; anti-anxiety agents; antipsychotics; and mood stabilizers.

Relapse:

In the context of substance use, relapse refers to the process of returning to the use of alcohol or drugs after a period of abstinence. Relapse is possible no matter how long an individual has been abstinent and is most helpfully regarded as a normal part of the recovery journey.

Relapse Prevention:

In the context of substance use, a set of skills designed to reduce the likelihood that a person will return to using alcohol or drugs. Skills include, for example, identifying early warning signs of relapse; recognizing high risk situations for relapse; managing lapses; and employing stimulus control and urge-management techniques.

Role Play:

A technique in training or psychotherapy in which participants assume and act out roles in order to develop particular skills, resolve conflicts and practise appropriate behaviour for various situations.

Screening and Assessment:

Screening is a brief process that determines whether an individual has a substance use issue — and/or related mental health problem — that requires further exploration and intervention. A positive screen indicates the need for a more comprehensive assessment. The assessment is a collaborative process between client and clinician that explores the nature and extent of the problem, and gathers information to inform the development of a treatment plan.

Trauma-Informed:

Trauma-informed services take into account knowledge about the impacts of trauma and paths to recovery from trauma and incorporate this knowledge into all aspects of service delivery, policies and procedures. Trauma survivors are involved in designing and evaluating services; and priority is placed on trauma survivors' safety, choice and control. Specific trauma-informed interventions are designed to address the consequences of trauma in the individual and to promote and facilitate healing. Treatment programs recognize the interrelationship between trauma and the symptoms of trauma; the survivor's need to be respected and informed; and the need to work in a collaborative and empowering way with survivors (and their significant others).

Treatment Plan:

The treatment plan is a written document developed collaboratively between a clinician and a client for the purpose of informing the client's course of treatment. Typically, the treatment planning process involves the identification of short- and long-term goals for treatment; the most appropriate interventions to meet the client's needs and preferences; and any perceived barriers to treatment. The plan is a living document in which the client's progress, as well as her or his changing needs and situation, are recorded.

12- Step and 16-step programs:

Self-help group programs that treat substance use problems by following a number of key steps. 12-step programs are comprised of people who work together to overcome their own, and help others overcome, their dependence on substances. The 16 step empowerment model is a holistic model and encourages people to view themselves as having the power to stop being dependent on substances.

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Appendix 1:
National Treatment Strategy Tiered Service Model

Tier	Types of Services	Eligibility
1	▶ Health promotion initiatives ▶ Resources and supports to help people manage and recover from less severe substance use problems on their own ▶ Aftercare or continuing care for people who have previously accessed services and supports in higher tiers ▶ Services and supports in Tier 1 function as doorways to those in higher tiers	Broad eligibility criteria - anyone can access these services
2	▶ Early identification and intervention for people whose substance use issues have not previously been detected or treated ▶ Ongoing support to individuals waiting to receive services from other tiers ▶ Consultation and assistance with transitions between services ▶ Serves as a doorway to Tiers 1, 3, 4 and 5	Tier 2 is about early identification and intervention. This means that most of the time people in this tier are being identified by the following systems: primary care physicians, social services, emergency care services, public health and employment programs
3	▶ Active outreach, risk management, and basic assessment and referral services. Specific services may include: ▶ General outpatient counselling ▶ Home-based withdrawal management ▶ Supervised injection sites and methadone and buprenorphine maintenance treatment ▶ Serves as a doorway to Tiers 1, 2, 4, and 5	Tier 3 services are designed to work with people who have a wide range of substance use issues but who do not necessarily require intensive services
4	▶ Stabilized services ▶ Comprehensive assessments to help build treatment plan ▶ Case management ▶ Outpatient counselling ▶ Intensive day programming for early recovery ▶ Structured residential services ▶ Services that link people with concurrent mental health and substance use problems to the full range of needed assessment, treatment and support services ▶ Active outreach services ▶ Serves as a doorway to Tiers 1, 2, 3, and 5	Service users in this tier likely have multiple problems that need services and supports from more than one sector or tier
5	▶ Services that link people with concurrent mental health and substance use problems to the full range of needed assessment, treatment and support services ▶ Intensive treatment in correctional facilities ▶ Residential or hospital-based services ▶ Serves as a doorway to needed follow-up services and supports in lower tiers	Services in Tier 5 are reserved for those individuals with highly acute, highly chronic and highly complex substance use and other problems

Appendix 2:
Relevant legislation, standards, and organizations which may apply to residential substance use services in British Columbia

Accreditation Canada. (2010). *Mental Health Services Standards.*

Accreditation Canada. (2010). *Substance Abuse and Problem Gambling Services.*

Accreditation Canada. (2010). *Mental Health Populations Standards.*

British Columbia. *Child, Family and Community Service Act.* (1996).

British Columbia. *Community Care and Assisted Living Act.* (2002).

British Columbia. Office of the Assisted Living Registrar. http://www.health.gov.bc.ca/assisted/

British Columbia. *Youth Justice Act*. (2003).

Canada. *The Constitution Act* (1982). *Canadian Charter of Rights and Freedoms*.

Canada. Youth *Criminal Justice Act*. (2002).

Canadian Centre on Substance Abuse. (2010). *Competencies for Canada's Substance Abuse Workforce.*

Canadian Council on Health Services Accreditation. (2009).
Substance Abuse and Problem Gambling Services Accreditation Standards.

Commission on Accreditation of Rehabilitation Facilities. *Accreditation Standards.*

Council on Accreditation. *Services for Substance Use Conditions.*

Council on Accreditation. *Residential Treatment Services.*

United Nations. (1989). *Convention on the Rights of the Child (UNCRC).*

The *Provincial Standards for Youth Residential Substance Use Services* are guided by a number of articles under the UNCRC including:

- Article 2, right to non-discrimination which emphasises access to services;
- Article 6, right to live, survival and development which emphasises that governments must ensure to the maximum extent possible the survival and development of the child;
- Article 12, right to participation which promotes the effective participation of children and youth in decisions that directly affect them;
- Article 17, right to access to appropriate information for the promotion of the child's health;
- Article 24, right to health which emphasises the prevention and treatment components and the particular needs of youth;
- Article 28, right to education which is broad enough to include the right to harm-reduction education; and
- Article 33, protection from drug use and involvement in the drug trade; and as a foundation to supporting all other rights.

Notes

BRITISH
COLUMBIA