



Request for Tender: DJ 2017 - 181

Provision of: Rural Residential Adolescent
Alcohol and Other Drug
Rehabilitation Services – Coffs
Harbour and Dubbo

Part A – Attachment 1

Service Specifications

Attachment 1: Statement of Requirements and Specifications

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1. PROFILE OF YOUNG OFFENDERS IN NSW

1.1. General

Young offenders generally are a disadvantaged group who typically exhibit risk factors across multiple developmental areas.

There is substantial evidence that early life experiences of violence, abuse and neglect, family dysfunction and disruption, and low levels of cognitive functioning influence a young person's risk of involvement in crime.

Surveys of young people in custody have shown that the young people also demonstrate high rates of intellectual disability, mental health issues, alcohol and other drug use, educational disengagement and parental imprisonment.

A significant proportion of the young people in Juvenile Justice have been in care or are not living with their parents.

1.2. Aboriginal and Torres Strait Islander young people

The social, educational, health, law and justice outcomes for Aboriginal and Torres Strait Islander population are lower than that of the non-Aboriginal population. This disadvantage plays a significant role in Aboriginal young people coming into contact with the juvenile justice system.

Aboriginal and Torres Strait Islander young people are significantly over represented in the juvenile justice system. In 2016-2017, 53% of the young people in custody in NSW were Aboriginal and Torres Strait Islander.

The factors relating to this over representation are complex and result from many social, economic and political factors which may also include offending histories, age of commencing offending and family history of offending.

2. SERVICE LOCATIONS

Juvenile Justice currently administers two rural and regional Residential AOD Rehabilitation Services for adolescents at Coffs Harbour and Dubbo.

The Agency¹ will utilise the current premises at Coffs Harbour and Dubbo.

While the services are located in Dubbo and Coffs Harbour, the Agency will be required to accept referrals for young people who could reside anywhere in New South Wales.

¹ Where "Agency" is used please read as meaning the successful Tenderer(s).

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3. TARGET GROUP

Young people (both male and female) 13 to 18 years old who are clients of Juvenile Justice and who have a history of significant alcohol and other drug use related to their offending behaviour.

This includes young people who have a dual diagnosis, as well as young people on methadone, buprenorphine and/or other medically supervised medications.

The young people may also have concurrent issues such as family breakdown, homelessness, low levels of literacy and cognitive impairment as well as health, behavioural and physical safety issues.

Approximately 70% of the young people accessing the Service are Aboriginal or Torres Strait Islander and the majority will be male.

4. SERVICE CAPACITY AND DURATION

The Service caters for up to 8 adolescents, both male and female, in residence at any one time at each location.

It is a 12 week residential service with a maximum stay of 4 months followed by 12 weeks Aftercare support.

5. SERVICE MANAGEMENT

5.1. Roles of Joint Advisory Committee and Referral Committee

For each service location a **Joint Advisory Committee** and a **Referral Committee** will be established and will oversee the operation of the service.

5.1.1 Joint Advisory Committee

The **Joint Advisory Committee** membership will consist of the Juvenile Justice Regional Director, the Agency's regional manager and other relevant participants, as determined by the Juvenile Justice Regional Director and the Agency's regional manager.

The Juvenile Justice Regional Director and the Agency's regional manager will agree to the Terms of Reference for the committee in each location.

The **Joint Advisory Committee** will meet quarterly to oversee the management of the service.

At the **Joint Advisory Committee** meeting the Agency will provide: a Residential Rehabilitation Service Quarterly Report for the previous quarter; an updated

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Working with Children Check Clearance List²; reports on young people who have exited the service; and information regarding the current expenditure for the service³.

5.1.2 Referral Committee

The **Referral Committee** will include at least **two Juvenile Justice staff** and at least **one Aboriginal or Torres Strait Islander staff member** from the Agency as a cultural representative.

The Juvenile Justice Regional Director and the Agency's regional manager will agree on the Terms of Reference and the full membership of the **Referral Committee**. The **Referral Committee's** primary function is to discuss all referrals and make decisions regarding acceptance and entry priority of referrals. The committee will also refer any management issues to the Joint Advisory Committee.

The **Referral Committee** will **meet monthly** or on a needs basis in each location.

5.2. Referrals

The Agency will only accept referrals that are made by Juvenile Justice and reviewed by the **Referral Committee**. The **Referral Committee** may, in special circumstances⁴, seek approval from the Regional Director, Juvenile Justice to accept referrals from sources other than Juvenile Justice.

While the services are located in Dubbo and Coffs Harbour, they are required to accept referrals for young people who could reside anywhere in New South Wales.

Juvenile Justice will refer young people 13 to 18 years old who have a history of alcohol and drug misuse related to their offending behaviour, and have been assessed as suitable by Juvenile Justice.

The Agency will accept young people if they have participated in rehabilitation services previously, either residential or as an outpatient. The Agency will also be required to cater for young people with a dual diagnosis (depending on severity) and those on methadone, buprenorphine and/or other medically supervised medications.

The Agency will cater for young people with other conditions such as cognitive impairments, mental health disorders and special dietary requirements.

² see the Funded Services Contractual Reporting Requirements, Appendix A
<http://www.juvenile.justice.nsw.gov.au/Pages/Juvenile%20Justice/funded-services/funded-services-contractual-reporting-requirements.aspx>

³ see the Funded Services Contractual Reporting Requirements
<http://www.juvenile.justice.nsw.gov.au/Pages/Juvenile%20Justice/funded-services/funded-services-contractual-reporting-requirements.aspx>

⁴ **Young people at risk of becoming a Juvenile Justice client AND a vacancy in the residential facility**

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Young people with more severe disabilities or conditions will be considered on a case by case basis by the Referral Committee with reasonable consideration given to accommodating the young person's special needs.

Services will be provided to the young people regardless of their gender, cultural background, sexual orientation, level of literacy or legal status, and include young people who are not Australian citizens.

5.3. Review/Exit and Aftercare Reports

The Agency will submit a completed *Rural Residential Adolescent Alcohol and Other Drug Rehabilitation Review/Exit and Aftercare Report* (the Report) for each young person every 6 weeks. The Report is available on the Juvenile Justice website at:

<http://www.juvenile.justice.nsw.gov.au/Pages/Juvenile%20Justice/funded-services/funded-services-contractual-reporting-requirements.aspx>

The Report is to be completed in consultation with the young person, their Juvenile Justice Caseworker, Agency staff and other key stakeholders.

The Report is to detail the work that has been done with the young person, the young person's parent/carer, the Agency staff, and the Juvenile Justice Caseworker. It must include details on the progress with target outcomes, X-Roads, the Aftercare Plan, family and stakeholder involvement, as well as the participation in the programs over the previous six weeks.

The Rural Residential Adolescent Alcohol and Other Drug Rehabilitation Review/Exit and Aftercare Report is also to be completed at the young person's exit and completion of their aftercare support.

6. SERVICE PARTICIPATION: PRE AND POST ASSESSMENT AND OUTCOME MEASURES

The Agency will be required to assess the young people both pre and post service participation, as well as at 4 and 8 weeks, using an assessment tool that is approved by Juvenile Justice.

Appropriate outcome measures will be negotiated with the Agency and agreed to as part of the contract negotiation. The Agency will be required to report against these outcomes.

The Agency is to develop specific strategies to assist young people to stay in the service, particularly in the initial 2-3 weeks after their referral.

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7. DISCHARGE AND AFTERCARE PLANNING

Providing consistency in the coordination and planning of discharge and aftercare is critical to the success of the service and to enable continuity of care for a young person.

Aftercare planning is to commence when a young person enters the service to enable a young person's smooth transition to aftercare and their return to the community on discharge.

An Aftercare Plan is to be developed in consultation with the Juvenile Justice Caseworker within the first four weeks of a young person entering the service.

It is recognised that the Aftercare Plan may change throughout the time a young person is participating in the service. To ensure the plan remains relevant the Agency is to review, update and report progress of the Aftercare Plan in consultation with the Juvenile Justice Caseworker.

Wherever there is a planned discharge, the young person will be provided with aftercare support. Aftercare support is to be provided for 12 weeks once a young person has been discharged from the residential component of the service.

It is acknowledged that sometimes young people choose to disengage with aftercare so the Aftercare Plan will also outline the grounds for a young person to be referred again in the future and detail a flexible re-entry period in cases of relapse.

What the Aftercare Plan is to include

Aftercare planning is to be an active process throughout a young person's involvement in the service and is a collaborative strategy involving the young person, their parent/carer, Juvenile Justice and other relevant stakeholders (e.g. elders, mentor). It is designed to support the young person when they return to their own environment.

The Aftercare Plan will outline the frequency and type of follow-up support that will be provided on exit from the residency component of the service. The support must include face-to-face work with a young person in their own environment, work with their families (when possible), access to community-based group work programs as well as links to treatment and support services in their community.

The Aftercare Plan is to be tailored to a young person's individual goals and include strategies for relapse prevention, along with broad life needs and may include such elements as:

- Identifying and linking the young person to treatment and support services in their community
- Assessing what work with their families (where possible) may be required

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- Assisting the young person to secure safe and affordable accommodation if required
- Assisting the young person to obtain employment, education and/or training
- Assisting the young person to receive assistance from Centrelink or other government and/or non-government organisations if required
- Assisting the young person to access community based groupwork programs
- Identifying what face-to-face work with the young person in their own environment will be required
- Identifying who has the responsibility for following up with young people, how and when this will occur
- Identifying how the young person can get support from relationships (and from whom).

The Agency is required to establish relationships with local community organisations and groups where a young person will be residing. This ensures the development of local referral pathways to address the needs of a young person and facilitate opportunities for them to engage in programs and community activities.

The face-to-face component of the Aftercare Plan may be provided by staff in the Agency based near where a young person is living. The Agency can also engage other local agencies to provide this service as sub-contractors or as a consortium.

Aftercare is to be coordinated by the Agency, even if the management of aftercare is subcontracted, or if there is a consortium. The Agency needs to check that the support is being provided and regularly check in with a young person to adjust aftercare to their developing needs.

The Agency is to provide individual firsthand support to the young person at the commencement of aftercare. The Agency is to ensure that a staff member is available for a period of 2-3 days to accompany the young person back to their community, arrange initial appointments, accompany the young person to these appointments where possible and assist with initial integration back into their communities.

The Agency is to arrange a meeting to be held with the Juvenile Justice Caseworker, the young person, their family/carers, and other relevant stakeholders during this 2-3 day period.

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7.1. Unplanned Discharge

The Agency is not to make a decision regarding discharge without consulting Juvenile Justice.

The Agency will contact the relevant Juvenile Justice Caseworker immediately when the Agency is considering a disciplinary discharge to discuss the issues regarding the young person.

The Agency is to provide a follow up report to the Juvenile Justice Caseworker/Assistant Manager outlining the situation leading to the unplanned discharge. The reports may also be reviewed by the Referral Committee and/or Joint Advisory Committee.

The Agency must also contact the relevant Juvenile Justice Caseworker/Assistant Manager immediately when a young person has self-discharged.

7.2. Critical Incidents

The Agency will contact the relevant Juvenile Justice Community Office immediately when there has been a critical incident and provide a detailed report.

Juvenile Justice considers that a critical incident is when:

- The Agency is considering a disciplinary discharge
- The young person is not complying with their Bail Conditions and/or other Legal Orders
- The Agency is considering contacting an external agency e.g. the police, medical services or other emergency services.

8. PROGRAM REQUIREMENTS

8.1. AOD Intervention Programming

The Agency is to deliver the *X⁵Roads – A CBT Based Intervention targeting substance misuse for young people (X-Roads)* under licence from Juvenile Justice.

X-Roads is currently implemented in the Rural Residential Adolescent Alcohol and Other Drug Rehabilitation Services in Dubbo and Coffs Harbour.

In 2016 *X-Roads* was reviewed and amended. The new version of *X-Roads* is an interactive, cognitive-behavioural model of intervention designed for young people assessed as having significant substance misuse issues.

X-Roads is a strengths based intervention, allowing facilitators to work collaboratively with a young person to develop personal insights, identify strengths

⁵ Pronounced Cross Roads

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and learn skills to address their substance misuse. *X-Roads* engages young people in role plays, activities and skill building exercises.

X-Roads contains seven mandatory modules, with each module containing 2-3 sessions. While the modules and sessions provide structure to *X-Roads*, facilitators should be responsive to the needs of a young person when working through sessions.

A 'session' as outlined in the *X-Roads* manual does not always equate to a single face to face session. For example, it may span over multiple sessions – dependent on the needs of the young person and the time required to ensure that they understand concepts sufficiently.

Sessions are designed to be delivered over a 30-45 minute period based on the responsiveness of the young person – some objectives and sessions may be covered in less time and others may take longer depending on the young person.

Four sessions of *X-Roads* should be delivered each week.

The facilitator manual provides an introduction and overview to *X-Roads* and each of the modules. Each module has accompanying worksheets to assist when working on module objectives with young people. Delivery of *X-Roads* is expected to be dynamic and alternative resources and tools can be used to work through sessions and modules when appropriate.

The Agency will be licensed free of charge to use *X-Roads* for the term of the *Agreement for Funding of Services* and will be responsible for training and supervising staff in the implementation of the program.

Juvenile Justice will provide the *X-Roads* package and 'Train the Trainer' sessions on *X-Roads* to the Agency.

The Agency will be responsible for all the costs of printing of the *X-Roads* manuals, workbooks and associated materials); as well as all other programming costs associated with operating the rehabilitation program.

The Agency will not be permitted to make changes to either the content or the delivery of the *X-Roads* but will be required to implement any changes to the program that Juvenile Justice requires.

To ensure program integrity, Juvenile Justice will review the delivery of the *X-Roads* in each Service from time to time. The Agency will be responsible for training and supervising staff in the implementation of *X-Roads*.

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8.2. Family and Other Stakeholder Involvement

To enable additional ongoing support during a young person's participation in the service and during aftercare, the Agency is to work with a young person's family, carer and other key stakeholders (e.g. elders, mentor) at the commencement of the young person's placement and on a regular basis.

Arrangements for regularly supervised contact/meetings between a young person and their family, carer and other key stakeholders are to be integrated into a young person's care plan for the duration of their participation in the service.

The frequency of contact is to be negotiated and agreed to in consultation with a young person and their family and/or significant others and included in the Aftercare plan. It is envisaged that a **minimum of one session per fortnight** will be held.

Details regarding frequency and outcomes of these contacts are to be recorded and reported in the 6 weekly Residential Rural Rehabilitation Review, Exit and Aftercare Reports.

Contact may include face-to-face meetings, or via AVL, computer and mobile phone applications such as Skype, FaceTime and Facebook Live.

Where it may not be appropriate for a young person to have contact with specific family members or individuals, or where family members are not able or choose not to be involved, steps are to be taken to identify suitable people in the young person's life who may be able to encourage and positively support the young person's involvement in the service and their return to the community. Once these people are identified steps are to be taken for ongoing contact as outlined above.

8.3. Further Program Requirements

As approximately 70% of the young people accessing the Service are Aboriginal and Torres Strait Islander, the Agency must provide culturally specific programs and activities for Aboriginal and Torres Strait Islander young people.

The Agency will also implement programs to improve the social and community living skills as well as the education and vocational skills of the young people in the Service.

The Agency needs to have a detailed strategy to manage co-offenders, gang issues and bullying within the facility.

The Agency will have detailed behaviour management processes to manage the young people in the Service. As part of this process the Agency will be required to develop individual behaviour management plans for each young person that outlines and addresses their issues, triggers etc.

The Agency will provide individual and family focussed counselling, as well as general health, recreational and other programs to facilitate reintegration.

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The Agency will develop individualised weekly plans that include a minimum of 10 planned sessions per week which includes at least four AOD intervention sessions per week.

The Agency will be required to establish relationships with local community agencies and groups to ensure local referral pathways to address the needs of the young people and facilitate opportunities for the young people to engage in community activities.

The Agency should incorporate a peer support program and encourage peer role models within the service.

8.4. Male and female residents

The Agency's facility will accommodate both male and female residents; however the expectation is that the majority (up to 80%) of the referrals will be for young males.

Programming must include some gender-specific sessions in mixed gender units including sexual health and behaviour issues.

The Agency will develop strategies to promote and manage young women's access and participation in the service.

The Agency will implement comprehensive policies to manage the dynamics which may arise with a mixed gender facility.

The Agency will implement clear and enforceable policies to prevent and manage allegations of sexual assault and mandatory reporting responsibilities.

9. DETOXIFICATION (DETOX)

The Agency will accept young people on methadone, buprenorphine and/or other medically supervised medications.

The Referral Committee will assess for each young person referred, whether clinically supervised detoxification is required prior to entering the service.

While it is recognised that there are limited detox facilities throughout the state, the Agency is required to explore all possible options to facilitate clinically supervised detox when required (e.g. General Practitioners, local AOD services and hospitals).

Where detox facilities are not locally available, an assessment of the young person's circumstances is to occur in consultation with the Referral Committee. If agreed that it is appropriate, the Agency is to make arrangements and transport the young person to detox services available outside of the area.

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10. NICOTINE ADDICTION

Nicotine addiction will be considered a substance abuse for the purpose of this service.

The Agency will arrange for clients to visit a General Practitioner on entry to the service for Nicotine Replacement Therapy.

The Agency will develop strategies to address nicotine addiction that do not compromise the opportunity for Alcohol and Other Drug treatment of the young person at the residential facility.

11. RESIDENT SERVICE FEES

The Agency may collect resident service fees from young people who are receiving Rent Assistance through Centrelink. The amount that is collected is to be no more than the amount of Rent Assistance that the young people receive.

If a resident is not receiving Rent Assistance, they are not to be charged any service fee. Referrals cannot be excluded due to incapacity to pay a service fee or any other prescribed fees that they may incur from time to time.

Details regarding each young person and the resident service fees they pay are to be discussed at Referral Committee meetings.

The Agency must have a written policy on collection of resident service fees.

An income and expenditure statement including details regarding income from resident service fees is to be provided at the Joint Advisory Committee meetings. (Please refer to clause 5). All details regarding the income and expenditure of resident service fees must be clearly itemised in the annual audited statements.

12. DEPENDANTS

Children of residents will not be housed in the rehabilitation facilities.

13. PETS

Pets of residents and staff will not be allowed at either property.

14. STAFFING

Both rehabilitation facilities must provide 24-hour staffing and supervision of the young people. There must be at least two service staff on duty every day between

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7:00am and 10:00 pm. There must be at least one staff member on duty from 10:00 pm to 7:00 am and there must be a manager on call who can be called in to assist as required at any time.

There must be at least one staff member with a current first aid certificate on duty at all times.

All staff must be appropriately qualified with minimum standards of training, experience, competence and attitudes appropriate to their position.

All program staff must have relevant tertiary qualifications.

All staff must possess a current Working with Children Check clearance and provide Juvenile Justice with a copy of the clearance as outlined in *Appendix A* of the *Summary of Funded Services Contractual /Reporting Requirements* available on the Juvenile Justice website at:

http://www.juvenile.justice.nsw.gov.au/community_funding.htm.

As far as possible, the staff mix should reflect the gender and cultural mix of the young people. Every reasonable effort should be made to recruit and retain Aboriginal and Torres Strait Islander staff. All staff will be expected to be culturally competent in working with Aboriginal and Torres Strait Islander young people and young people from other cultural groups.

Training in cultural respect and competence must be provided to all staff to ensure they are sensitive to the needs of all cultural groups.

Salaries must be in a range that will attract and retain professional staff. Professional development of staff must be maintained through on-going training and supervision.

The Agency must have in place a clear and enforceable Code of Conduct policy detailing the ethical standards expected of staff.

15. REPORTING

The Juvenile Justice *Summary of Funded Services Contractual/Reporting Requirements* and appendices outline the current general reporting requirements for services funded by Juvenile Justice.

The documents are available on the Juvenile Justice website at:

<http://www.juvenile.justice.nsw.gov.au/Pages/Juvenile%20Justice/funded-services/funded-services-contractual-reporting-requirements.aspx>

The Agreement for Funding of Services (refer Part D of the RFT documents) will outline the additional reporting requirements for the services.

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The Agency is required to complete and submit the *Rural Residential Adolescent Alcohol and Other Drug Rehabilitation Review, Exit and Aftercare Report* for each young person for review by Juvenile Justice every six weeks during a young person's residency and Aftercare Support.

These reports must also be completed when a young person exits and when a young person's Aftercare Plan and support concludes.

The Agency will be required to complete and submit the *Rural Residential Adolescent Alcohol and Other Drug Rehabilitation Service Quarterly Report* prior to the **quarterly** Joint Advisory Committee meeting.

The Agency will be required to complete and submit a report to the Juvenile Justice Caseworker/ Assistant Manager on each unplanned discharge. The report is to outline the situation leading up to the unplanned discharge. The reports may also be reviewed by the Referral Committee and/or Joint Advisory Committee.

The Agency will provide an updated WWCC Clearance List and every six months a YTD income and expenditure statement for the service.

Please also see the requirements outlined in Section 10 Resident Service Fees.

16. PERFORMANCE MONITORING AND REVIEW

The regular collection of information about the efficiency, effectiveness and quality of outcomes allows Juvenile Justice to measure the success of the service in meeting its objectives. The collection of data is the responsibility of both Juvenile Justice and the Agency.

The Agency will conduct assessments of the young people both pre and post service participation, as well as at 4 and 8 weeks, using an assessment tool that is approved by Juvenile Justice. These assessments will provide evidence for measuring the effectiveness of the service.

The Agency will also be required to meet the performance requirements outlined in the Draft Agreement for Funding of Services (RFT Part D) and the Funded Services Contractual and Reporting Requirements (see the Juvenile Justice website:

<http://www.juvenile.justice.nsw.gov.au/Pages/Juvenile%20Justice/funded-services/funded-services.aspx>).

The purpose of performance monitoring is to provide Juvenile Justice with evidence that funded services are complying with the funding agreement, achieving the intended results and service levels.

If there are concerns regarding the Agency meeting service specification requirements or conditions of funding identified through regular performance

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monitoring, Juvenile Justice has a responsibility to implement a performance management process. In such cases, the Agency will be notified in writing and requested to prepare relevant documents and have appropriate staff in attendance.

The Agency will also be required to participate in any other evaluation or reviews that Juvenile Justice may decide to undertake of the funded service.

The Agency will implement a client feedback process and all client feedback will be provided to Juvenile Justice at the Joint Advisory Committee meetings.