



EXECUTIVE OFFICE

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Truly Transitioning Transition Age Youth

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for Children's Mental Health Services
Annual Conference
December 2014



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Learning Objectives

Goal: To share how ICL's Livonia Residence helped transition age youth get better

• Objectives: Participants will leave this session having learned:

- What worked for us and what we are still learning about working with this population
- How Trauma Informed Care supports all interventions
- The key elements of effectively reaching young adults and helping them transition to full adulthood
- Creating a philosophy and culture of treatment
- How attendees might apply these ideas to their own program services



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Livonia Residence

- 82-bed CR/SRO, 22 are Transition Age Youth (pop C)
- Age 18-26, aging out of RTFs, RTCs or CRs, SMI, history of trauma, foster care, most haven't lived in the community in years
- Remaining beds are for adults with serious mental illness and a history of chronic homelessness
- Located in ENY section of Brooklyn
- Studio or 2 bedroom apartments
- Close to transportation and services



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Services and modalities

Services

- Cognitive remediation
- Vocational and educational services
- Entitlements education and support
- Rehabilitative services
- Enriched staffing

Modalities

- Motivational interviewing
- Trauma informed care
- Trauma informed CPI
- Integrated care
- Focus on personal responsibility & accountability
- Crisis management



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Successful Transitions

- Successfully transition young people from the child system to the adult system
- Enhance skills and functioning
- Move to more independent living with community and natural supports, including connections to family as identified by the young person
- Use of evidence based and best practices that have been identified as effective with this population
- Consistent support and consultation from a Transition Age Youth Clinical and Programming Specialist



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Trauma Informed Care (TIC)

- Recognizing who our population is & where they come from
- TIC informs everything we do (ties everything else together)
- *Trauma occurs in the context of relationships, must be healed in relationships*
 - Staff as healing agents
 - Review TIC TIPS in every staff meeting
 - Relevant articles discussed
 - Trauma Informed CPI
- Developing natural supports is key as well



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Integrated care

- Emphasizing whole health and preventive care from the start
- Healthy eating and physical activity are part of the basic set of skills needed for independent living
- Wellness group using ICL's Healthy Living workbook and toolkit
- Supporting youth with managing medications (if needed) is a team effort
- The young person is the leader of a multidisciplinary support team



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Creating a Culture of Care

- Hiring process led by Clinical Specialist
 - Creating a job model
 - Emphasis on philosophy, environment, treatment, culture
- Extensive staff training and engagement in the on-boarding process
- Support the process in supervision and team meetings
- Leadership on site to model behavior, provide training, assistance with supervision



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Leadership & Collaboration

- “All hands on deck” – leadership came from all parts of the Transitional Services Cluster (e.g. family reunification, Child CR, Family Supported Housing)
- Commitment from Executive Leadership to this model
- essential
- Involving Family Resource Center
- Collaborating with ICL support departments (e.g. Innovations) to build a culture of care
- Enhanced funding & internal ICL resources made it work
- Uniting with outside providers, family networks, key people to make it work



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Institutional vs. Community Behavior

- Tolerated institutional behavior while shifting to community behavior
- Educating and informing staff – helping them understand who the young adults are, what has happened to them, why they are at Livonia, what help they need to move on successfully
- Creates a deeper understanding of clients and their needs
- Encourages tolerance and compassion among staff



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“Thinking Outside of the Box”

- Meeting young adults where they are but also keeping in mind where they are going or need to be
- Not requiring medication, PROS, or therapy necessarily
- Being open to support and treatment that works for the young person
- Being flexible around therapy and psychiatric appointments
- Bringing some community-based services on site (e.g. psychiatry, therapeutic support) while maintaining focus on full community integration



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Vocational & Educational Services

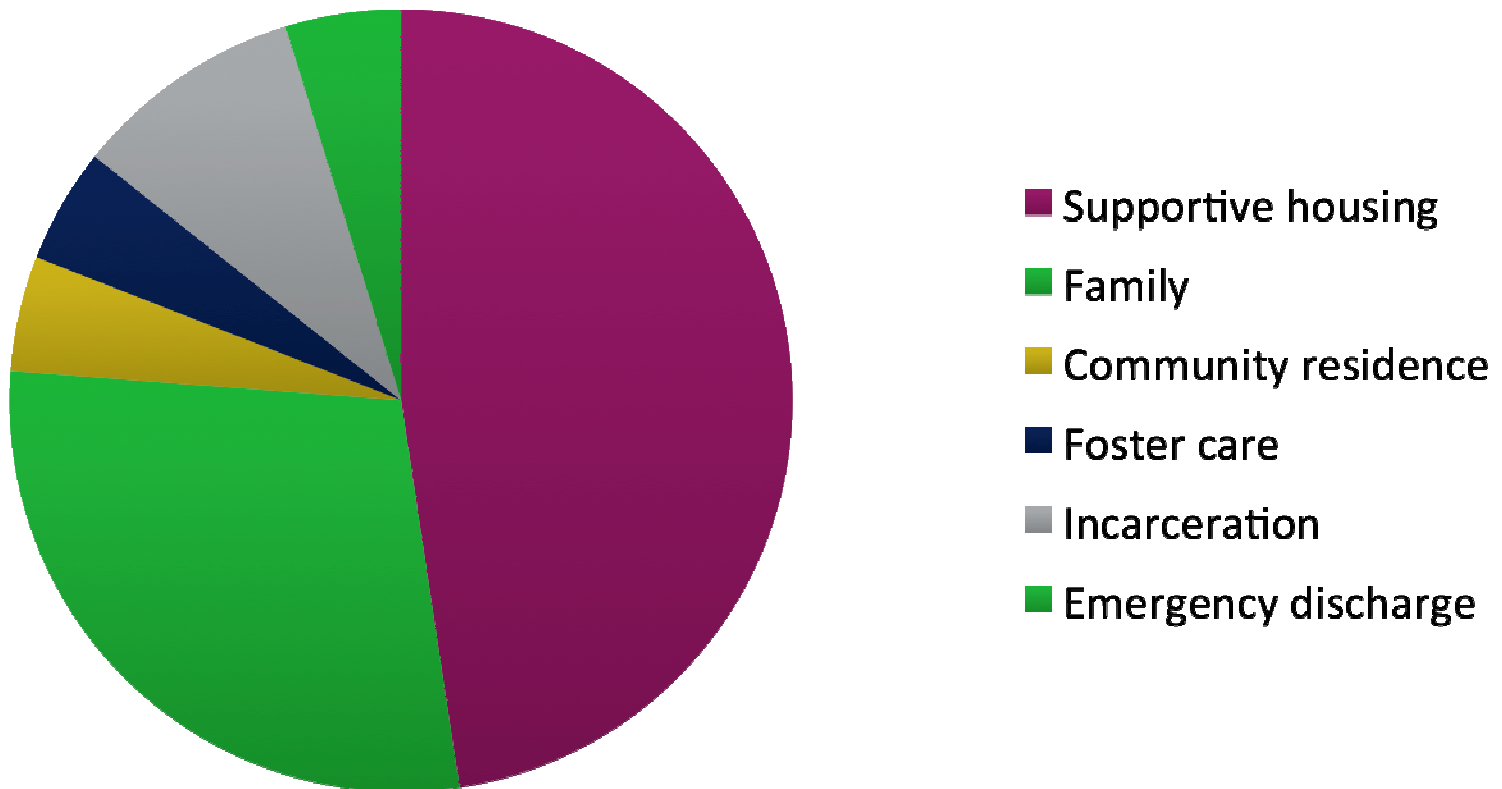
- Key element to success
- Vocational/Educational Specialist is a vital position
- Bridge gap between mental health needs and the “real world”
- Help young people think through what they want (their dreams) – see how it is all connected
 - How do you use treatment to get where you want to be?



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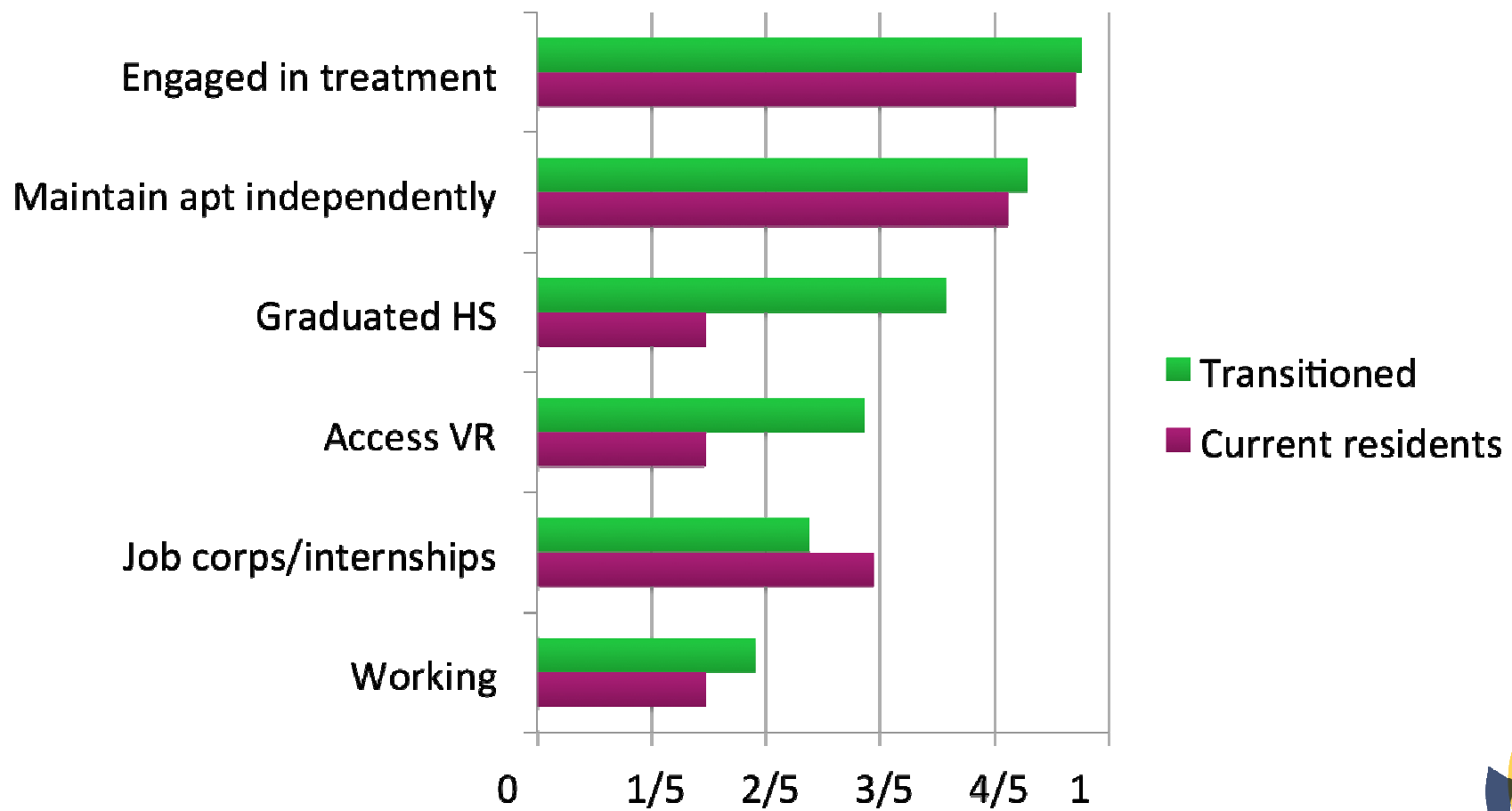
Livonia Discharges

Disposition



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Achieving Independence



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Personal Responsibility & Accountability

- Emphasis on natural and logical consequences connected to behavior and choices
- Sincere belief and faith that this is possible
- Young people can learn to do this – in fact they must in order to succeed
- Providing empathy, support and redirection around real world consequences (again and again!)
- Fostering independence while supporting ownership of self



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Challenges

Did not work for everyone – some common themes:

- Engagement challenges
- Anger, rage
- Long histories of trauma and institutionalization
- No true connections to natural supports
- Severe psychiatric illness and symptoms
- Cognitive limitations



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“Everything is Treatment”

- Every interaction, every decision, every thing we do is part of treatment
- Psychiatric + “clinical” + residential treatment (aka the 1915i-like services)
- Individualized package of care that helped people get better quicker
- Nothing is compartmentalized so everything flows together
- Whatever it takes to help the young person get better



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