



Caring Together

Young Adult Programs

2019 Stakeholder Engagement Sessions
July 24, 2019

Agenda

- Welcome Back
- Feedback Summary on Clinical Interventions
- Young Adult Programs and Practices Discussion

Feedback: Clinical Supervision

- ✓ Supervision needs to be mentorship, on the ground, coaching, training – in addition to weekly supervision.
- ✓ Good supervision encompasses family therapy, is trauma-informed, and can teach about diagnosing, prioritization of treatment goals.
- ✓ Basic requirement is independent licensure, with flexibility re: specific license (LICSW, LMHC, etc)
- ✓ Supervisor's experience:
 - can be less deep if the program director is experienced and holds the program clinically as well
 - can't require too many years because those people don't exist
- ✓ Need models of best practice for good supervision (e.g., Reflective, Yale)
- ✓ Pay attention to supervision of milieu staff in addition to clinical staff. Good milieu staff may be more important than clinicians. Parents learn as much from milieu staff as clinicians.

Feedback: Mobile Clinical Teams

- ✓ Main need is to consult with the family team /treatment team on a time-limited basis.
- ✓ Could be a “Connector Service” with a cadre of experts than can be matched to a request.
- ✓ Could include funds in program budget to support the agency’s ability to buy consultation when needed.
- ✓ Create a culture to support asking for, receiving, and offering expert assistance.
- ✓ Topics needed:
 - Eating disorders
 - Low IQ with substance abuse and possible psychosis
 - Transgender
 - Sex offender versus abuse reactive
 - Budding psychosis
 - Differential diagnosis re: mental health versus trauma

Feedback: Evidence Based Programs

- ✓ DMH does not plan to require specific EBPs to be used. Some providers have invested in EBPs already.
- ✓ Supporting any EBP requires investing in good supervision and time “off line” in order to attend training.
- ✓ Implications for matching youth to programs:
 - Some EBPs are not a good fit for a specific youth in the program
 - Consider accessing an external provider of the EBP that best meets a youth’s need
- ✓ How does a youth transition from one EBP to another (e.g., in a transition from placement to community)?
 - What should be the role of the Continuum in anticipating and managing that transition?
 - Should every child in placement have a Continuum attached in order to ensure continuity in clinical care?

Feedback: Training & TA

- ✓ State should offer training on the areas of knowledge and skills that everyone should have.
- ✓ When training providers, also train DMH staff.
- ✓ Instead of mandating specific training, require providers to demonstrate they have the expertise or will build it through their own in-house training in broad areas, for example, trauma informed, permanency and family therapy. Follow up on implementation.
- ✓ Support a train the trainer model.
- ✓ Add funds to contracts to support training.
- ✓ DMH-offered trainings should be to be more locally based and/or provided via webinars.
- ✓ DMH could convene learning communities.
- ✓ Keep in mind that different licensing bodies have training requirements.

Areas for Feedback

Focus Areas of Improvement

1. Continuum
2. Family-based Placement
3. Group Homes
4. Clinical Interventions
5. Young Adult Programs
6. Best Practices
7. Business Models
8. Performance Measures



- Independent Living and Pre-IL
- TAY Group Home
- Stepping Out
- Best practice for supporting transitions to adulthood

DMH *Age Reframe* Policy

What we've learned

- Young adults eligible under CYF criteria until they turn 22.
- Need to close the gap between CYF services and Adult services

Design considerations

- What are the implications for all programs serving young adults in supporting transitions to young adulthood?

Practices

What we've learned

- Staff need to be able to tolerate risk (harm reduction)
- Programs should have 24/7 on call
- Peer Mentors

Design considerations

- Permanency: If living with a family is untenable, how are we helping youth with staying connected, forgiveness and understanding
- What skills and training should staff have, e.g., Motivational Interviewing (MI); Illness, Management and Recovery (IMR)

Programs

What we've learned

- Young adults need day programming – especially when they are not in school anymore, but can't work
- Using staffed apartments is better than a GH setting because when in a GH setting, they often just graduate to an adult GH

Design considerations

- How could we build a “continuum” of services, e.g., group home (perhaps more of a dorm like setting), staffed apartments, respite and outreach
- How could we use foster homes for young adults?

Closing Remarks

- Debrief of Today's Meeting
- Outstanding Questions
- Next Meeting:
 - Date:** Tuesday, August 6th
 - Topic:** Best practices, including Integrating Lived Experience