Full Service Partnership Tool Kit

California Institute for Mental Health 2011
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Full service partnership (FSP) programs were designed under the leadership of the California Department of Mental Health in collaboration with the California Mental Health Directors Association, the California Mental Health Planning Council, the Mental Health Services Oversight and Accountability Commission, mental health clients and their family members, mental health service providers, and other key stakeholders of the mental health system. Although they have been in existence since 2005, full service partnership programs are continuing to develop the distinguishing characteristics that lead to good outcomes for mental health clients and their families.

The FSP Tool Kit is intended to provide FSP supervisors and team members with written guidance to support the ongoing development of the programs and integration of practices. This publication series encompasses a Tool Kit for each age group — children, transition-age youth, adults, and older adults — in recognition of the programmatic differences that exist across the four age groups.
The Tool Kit has numerous unique characteristics that include:

- Development with close involvement of diverse, statewide advisory committees that represented all of California’s public mental health constituents, including clients, family members, counties, and mental health service providers

- Identification not only of service delivery models for age-specific full service partnerships, but also an overview of practices that can be integrated into full service partnerships

- Reference and access to website links that offer additional in-depth information on the majority of practices included in the Tool Kit

- Recommended resources to assist in the ongoing development of full service partnership programs that support clients in their recovery
Acknowledgements

This Tool Kit is dedicated to all the people with lived experience, whether children and their families, transition-age youth, adults, or older adults, who continually demonstrate their belief in possibilities.

This project was funded through California’s Department of Mental Health (DMH). Creation of this Tool Kit resulted from the ideas, experience, and suggestions from many groups and people throughout California. Participants from the statewide advisory committee, age-specific committees, and the performance measurement subcommittee demonstrated tireless dedication to ensure a practical outcome. Representatives from all 58 counties — through county departments, regional networks, and partner agencies — participated via meetings, conference calls, and interviews.
Additional appreciation is extended to the staff and consultants at the California Institute for Mental Health (CiMH) for their excellent leadership and compassionate guidance in this visionary endeavor.

TRANSITION AGE YOUTH (TAY) TOOL KIT
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We appreciate that no one term may fit the same situation. The writers also realize that one term does not convey the same meaning across all age groups. However, to facilitate the writing of this project, selection of only one expression for certain concepts became necessary. We thank the committee members who, for the sake of clarity, provided us guidance through this process.

For example, we designated the term “client” as the universal identifier for an individual with lived experience, even though we acknowledge that the term “consumer” or “person” may be more common in some areas or in some groups. Exceptions to this selected term may be found throughout the text if written within a direct quotation.
The Philosophy domain of the Transition-Age Youth (TAY) FSP Tool Kit identifies the values and principles that shape and inform TAY mental health program planning, development, and evaluation. California Code of Regulations (CCR), Title 9, Section 3200.280 defines TAY as youth 16 years to 25 years of age.
Transition to Independence Process (TIP)

Purpose
To use a TAY-specific set of guidelines that supports and directs program planning, development, implementation, and evaluation.

Definition
*The Transition to Independence Process (TIP)*\(^1\) is an evidence-supported model that has been developed and researched to respond to the many challenges that TAY and their families encounter as the TAY client moves toward greater self-sufficiency. This approach encompasses the “transition domains” of education, employment, living situation, community living skills, and personal effectiveness and well-being.

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\(^1\) Transition to Independence (TIP) system. Retrieved from http://www.tipstars.org/
Definition (cont’d)

- Engage young people through relationship development, person-centered planning, and a focus on their futures.
- Tailor services and supports to be accessible, coordinated, appealing, non-stigmatizing, and developmentally appropriate – and to build on strengths to enable the young people to pursue their goals across relevant transition domains.
- Acknowledge and develop personal choice and social responsibility with young people.
- Ensure a safety net of support by involving a young person’s parents, family members, and other informal and formal key players.
- Enhance young persons’ competencies to assist them in achieving greater self-sufficiency and confidence.
- Maintain an outcome focus in the TIP System at the young person, program, and community levels.
- Involve young people, parents, and other community partners in the TIP System at the practice, program, and community levels.\(^2\)

Purpose
To develop a relationship with TAY clients by building rapport and trust.

Definition
Engagement encompasses the systematic efforts and activities to outreach, welcome, and foster a positive connection between the TAY program or staff and TAY clients. Successful engagement of TAY clients is the critical first step in providing effective services and supports.
Implementation Strategies

- Design welcoming activities and rituals through which clients can be introduced to staff and clients (their choice) by identifying their strengths, interests, goals, and hopes.
- Incorporate fun, positive activities of interest to involve TAY clients. For example, use creative arts such as music, video, and sports to excite and interest young adults and build rapport.
- Use social networking sites and other Internet resources to engage and educate TAY clients.
- Recruit a diverse staff. Providers will be more effective if they can relate to youth culturally.
- Hire youth peer mentors to conduct welcoming and orientation services. A peer’s presence can signal hope that recovery can, and does occur, and lends legitimacy to the program more convincingly than the assertions of older staff members without lived experience.
- Train staff members to infuse their initial assessments with motivational interviewing (MI) techniques, which have been shown in research to increase the likelihood of clients returning for services and staying engaged longer. “MI is a collaborative, person-centered form of guiding to elicit and strengthen motivation for change”\(^3\) (Refer to Domain #2: Service Array, Tool: “Motivational Interviewing.”)
- Ensure that the TAY client can see an explicit connection between his or her expressed goals and the services offered.
- Adopt a person-centered treatment and care-planning approach that values the TAY client’s preferences. The goal is for TAY clients to own their plan because it represents their goals, needs, and aspirations.

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Client-Driven Developmentally Appropriate Services and Supports

Purpose
To provide services tailored to TAY clients’ needs and preferences, as well as to remain sensitive to their developmental levels and stages of change.

Definition
Client-driven developmentally appropriate services and supports refer to meeting TAY clients in their comfort zone – in order to respond to their developmental needs, basic survival needs; their strengths, culture, and level of recovery – and then formulating an individualized care plan based on their stated preferences.
Implementation Strategies

- Attend to basic survival needs and concerns of TAY clients (such as food, shelter, and safety) before moving on to more psychologically oriented rehabilitative and therapeutic interventions. Be aware of and undertake specific difficulties that confront unserved and underserved youth. For example, some clients may risk legal consequences if they access services. Other clients may face violence and harassment if their sexual identity is discovered. Efforts should be made to maximize client safety and confidentiality.

- Train staff members to use empowering processes, in which the TAY client’s family members may participate, to identify both personal and community resources.

- Educate the staff on the developmental and maturational levels of TAY clients in order to customize their services appropriately. An example would be to offer drop-in hours for TAY clients who struggle to keep appointments.

- Encourage the staff to use a stages of change model, such as Prochaska and DiClemente’s “stages of change” model, or a similar model, as a way to match a client’s stage of change to intervention strategies when developing service plans to ensure meeting TAY clients’ expectations for desired changes. Five stages of change have been identified:
  - Pre-contemplation – not currently considering change or a need for change.
  - Contemplation – ambivalent about making change.
  - Preparation – attempts are being made to change.
  - Action – change has been made, new behaviors are being practiced.
  - Maintenance – commitment is made to sustain change and new behaviors.

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4 A guideline developed and adopted for use by the California Mental Health Directors Association (CMHDA) Adult System of Care Committee. Retrieved from: http://cmhda.org/committees/documents/ASOC/Handouts/0805_ASOC_documents_LOS_policy_and_guidelines_April_08.pdf

Implementation Strategies (cont’d)

- Create youth-friendly environments and places of belonging (e.g., informal settings; artwork; computer access) or emphasize alternative service environments such as parks, coffee houses, and recreation centers.
- Recognize obstacles inherent for cultural and ethnic minority youth as they navigate different worlds at home, school, and in treatment settings. Help youth develop strategies for bridging these worlds, and ensure that interventions are culturally congruent.
Discovery Versus Recovery

Purpose
To include the concept of discovery (gaining new skills, new experiences, and accessing new adult roles and opportunities) along with the paradigm of recovery (regaining lost functioning, lost roles, and relationships) in the design and delivery of TAY services.

Definition
A discovery orientation is an approach emphasizing interventions that teach TAY clients skills and coping strategies, then create opportunities for them to practice the skills and strategies in real-world environments. This discovery technique contrasts with the recovery approach, which is focused on regaining lost roles, lost functioning and lost relationships. Many TAY clients have not yet attained or experienced these adult roles and responsibilities.
Implementation Strategies

- Organize opportunities such as job, school, and apartment tours during which TAY clients can observe and experience adult environments and roles.
- Develop skills in real-world environments by using approaches such as *as in-vivo* teaching, which focuses on coaching TAY clients in their residences, jobs, and social environments.
- Seek opportunities for TAY clients to volunteer in the community and in the agency.
- Assist TAY clients in discovering their own strengths.
- Help TAY explore opportunities through virtual tours of workplaces, schools, and living situations available on the Internet.
Empowerment and Responsibility

Purpose
To work collaboratively with TAY clients by soliciting and valuing their preferences, opinions, and ideas, to consistently communicate that they are expected to learn how to make decisions and advocate for themselves, and are ultimately responsible for their own goals and choices.

Definition
When TAY clients are given access to essential information, education, support, and guidance, they can develop a sense of empowerment and responsibility through which to increase their confidence in their own ability to make decisions and choices concerning fundamental aspects of their lives. They also learn to be accountable for those decisions and/or choices. The learning process enables TAY clients to learn from natural consequences of their behaviors, and offers continuous opportunities to practice them.
Implementation Strategies

- Adopt a person-centered and goal-driven care and/or treatment planning approach, such as transformational care planning, or a similar model.
- Teach TAY clients problem-solving skills using techniques that assist them in evaluating the impact of their decisions.
- Work to reduce harm when TAY clients are engaged in high-risk activities, such as abusing drugs and alcohol, by identifying incremental changes they may choose to lessen their risk and improve their health.
- Train the staff in motivational interviewing (MI), stage-wise treatment and other techniques that focus on developing discrepancies between TAY clients’ stated goals and values and their behaviors.
- Offer support to TAY clients to help them develop their own wellness recovery action plans (WRAPs), one of several approaches to client self-management.
- Offer information, through program literature, classes, or the Internet, that describes the benefits and risks of psychotropic medications, and presents other available psychotherapies.
- Recognize cultural variation in attitudes toward choice, responsibility, treatment, and medication, and adapt an approach accordingly.
- Help TAY clients learn new skills to better connect their behaviors with likely consequences, through the use of TIP model core practices (e.g. “rationales”).
- Employ young adult peer mentors to serve as coaches and role models in teaching self-care skills.
Purpose
To recognize trauma as a consequential condition that influences many TAY clients’ lives; to promote understanding, healing, and safety; and to empower trauma survivors.

Definition
*Trauma-informed care* (TIC) is an approach to engage people with histories of trauma, by recognizing the presence of trauma symptoms and acknowledging the role that trauma has played in their lives. 

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Implementation Strategies

“Although exact prevalence estimates vary, there is a consensus in the field that most consumers of mental health services are trauma survivors and that their trauma experiences help shape their responses to outreach and services.” Trauma-informed care (TIC) is based on a paradigm shift in how treatment services are provided and decisions are made. The question is no longer “what's wrong with you?” instead, it’s “what happened to you?” TIC is based on a collaborative partnership rather than a more traditional, expert-to-client treatment relationship.

- Offer ongoing training and education regarding trauma to TAY clients and staff members.
- Include a universal screening for trauma in initial assessments.
- Develop an understanding of which of the TAY client’s behaviors and responses that are currently classified as symptoms can be reframed and understood as adaptive coping.
- Ensure that services are delivered in a context of a collaborative and empowering relationship.
- Focus on establishing a sense of safety in the TAY client’s housing, relationships, and self-care.
- Recognize and confront the pervasive experiences of trauma for TAY clients in unserved and underserved communities.
- Train the staff in the diverse cultural manifestations of post-traumatic stress and in culturally responsive approaches for managing these symptoms at individual, group, and family levels.

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Family, Natural Supports, and Community Resources

**Purpose**
To maintain and expand TAY clients’ circles of support and to foster healthy interdependence between TAY clients and their peers, families of choice, fellow students, co-workers, and other community resources.

**Definition**
*Family, natural supports, and community resources* consist of people and institutions that are sources of non-paid social, financial, spiritual, and other aid to TAY clients.
Implementation Strategies

- Welcome family members and identify “families of choice” by TAY clients. Consider having regular opportunities for families to meet, share and obtain information, such as family nights.
- Use family-finding tools, especially for interested youth aging out of foster care, to help them locate and reconnect to extended family members and friends.
- Facilitate communication and problem solving.
- Offer support and education to parents and family members who may be struggling with the typical challenges of their child’s transition, in addition to complexities related to mental illness.
- Develop formal and informal relationships with resources such as community colleges, work-force development agencies, faith communities, and landlords. Consider initiating or joining neighborhood improvement projects or other community events to create opportunities for TAY clients to assume constructive roles.
- Gather information on various community-based, self-help groups, and make it available to TAY clients and the staff.
- Provide family members information and linkages to family self-help organizations and resources. Be aware of cultural differences in attitudes toward family and community involvement. Recognize that immigrant youth and families may have different levels of acculturation, which may influence the manner and extent to which they engage family and community involvement and support.
- Recognize the barriers that unserved and underserved TAY clients face when accessing community supports. Ensure that efforts to access support take place in an accepting social environment that protects youth from violence, discrimination, and harassment.
- Work with tribal, spiritual, and community leaders to identify supports for TAY clients.
Skills and Competencies

Purpose
To teach TAY clients needed skills that enable them to achieve greater self-sufficiency and confidence.

Definition
Skills and competencies are the behaviors clients need to acquire and practice to have their needs met, take care of themselves and others, and become productive citizens.
Implementation Strategies

- Develop the capacity to perform functional assessments of the skill sets of TAY clients in work, school, and social settings.
- Train the staff to recognize teachable moments and use coaching strategies such as *in-vivo* teaching.
- Utilize life skill curriculums such as Casey Life Skills and Thinking it Through or similar training.
- Perform side-by-side teaching and support activities, such as cooking lessons and/or housekeeping skills, at the TAY client’s apartment.
- Partner with job training resources such as the California Department of Rehabilitation, the California Labor and Workforce Development Agency, and career technology courses at community colleges that offer assessment and training services.
- Create opportunities to practice and reinforce skills through the use of role-playing common scenarios, such as asking for help from a teacher or landlord, interviewing, and saying “no” to friends who want to use drugs.
- Conduct and/or videotape mock interviews to enable clients to observe their own strengths and identify areas for improvement.
- Offer classes and/or access to Internet resources in financial literacy and money management functions, such as budgeting, paying rent and utilities, and cell phone service.
- Form partnerships with community-based sex education resources that routinely offer classes on safe sex and intimacy.
**Focus on Outcomes**

**Purpose**
To identify and measure indicators of TAY clients’ progress and programmatic strengths and weaknesses.

**Definition**
*Focus on outcomes* occurs through concentration on measures that result in continuous improvement of the quality of TAY programs, and that are incorporated into performance management tools.
Implementation Strategies

- Select outcome tools to train the staff and set up data collection and analysis procedures.
- Make commitment and specific plans through which to share outcome results, and identify with whom, how often, and in what format the information will be disseminated. Develop community-defined outcome measures that reflect community values and priorities.
- Develop and support youth-led evaluation strategies.
- Consider supplementing surveys with interviews or focus groups.
- Consider using data to advocate for community needs at the local level.
- Avoid data collection strategies that place an excessive burden on the respondents and/or result in respondent fatigue.
- Consider using outcome tools as a means of matching the intensity and nature of services to the client’s level of recovery.
- Brainstorm with TAY clients and staff about progress indicators (such as job interviews, social events, and school graduations) they would like to see monitored, shared, and celebrated.
- Review current program strengths and weaknesses using self-study instruments to initiate plans for quality improvement.
Stakeholder Input

Purpose
To maximize the opportunities and ensure that TAY clients, their families, and other representatives participate fully in the supervision and management of TAY programs.

Definition
*Stakeholder input* refers to routinely soliciting reactions from clients, families, and other individuals and/or representatives regarding agency policies, procedures, and outcomes. It also creates opportunities for stakeholders to be informed, join in discussions, and participate regularly in decision making.
Implementation Strategies

- Create structures such as advisory committees with client, family, and community representation to ensure a two-way exchange of information and concerns.
- Adopt total quality management (TQM) and continuous quality improvement processes that reveal meaningful, measurable indicators of progress and problem identification.
- Ensure that TAY clients and young adults, and their families are represented on advisory boards and community councils, and that their opinions are considered in decisions regarding the agency mission, programs needed, rules, décor, and activities.
- Hire and train peer mentors and youth advocates. Devote efforts to recruit ethnic and cultural minority clients and families, because they typically are underrepresented in leadership positions.
- Create support groups consisting of program graduates and/or alumni who “give back” by visiting with current TAY clients and sharing their experiences and wisdom.
- Support the formation of peer support groups that may be organized around common goals or areas of interest such as job and school clubs, 12–step help groups, ethnic pride, gay and lesbian issues, and other topics.
- Encourage TAY clients to participate in developing a website or connecting with existing ones.
- Engage community leaders and community-based organizations in facilitating and promoting youth and family involvement and leadership for marginalized communities that face barriers to participation.
- Develop clear grievance procedures that clients can easily access at convenient hours. Consider including clients and family representation on a grievance committee.
- Regularly share outcomes with stakeholders.
Purpose
To offer guidance and advocacy services to TAY and their families when transitioning out from children’s systems of care.

Definition
Continuity between children’s systems of care and adult systems of care can be attained by ensuring that the community and referral sources have up-to-date information on how to access services. TAY programs can serve as a vital link between children’s mental health and adult mental health services. Informing families, school mental health personnel, children’s mental health agencies, foster care and probation agency officials about available services can be an important step in creating a seamless transition and minimizing potential interruption of services.
Implementation Strategies

- Educate the community and referral sources about referral processes, available services, and limitations.
- Develop and communicate an eligibility determination process that is transparent and reports promptly to referral sources in the event of inability to enroll a client.
- Conduct continued outreach and consultation to schools, department of child and family services personnel, family groups, and others to keep them informed about service options.
- Act as navigators and transition facilitators who accompany youth from children’s mental health to adult supports and services.
- Consider asking groups of TAY clients to perform outreach in foster group homes by:
  - Encouraging residents about future possibilities and opportunities;
  - Describing the common impediments and risks they will likely face when making the transition.
- Participate in discharge planning from hospitals, court hearings, and transitional living planning with foster care representatives to improve continuity of care.
- Collect and summarize data on referral sources to identify potential gaps in referral networks.
- Ensure that up-to-date information, referral forms, and eligibility criteria are posted on the Internet and available in threshold languages.
Purpose
To present strategies for developing a culturally responsive approach for working with diverse clients in FSPs.

Definition
Cultural responsiveness means the ability to work effectively and sensitively within various cultural contexts. Ensuring cultural responsiveness of interventions entails promoting a set of congruent behaviors, attitudes, and policies in a system or agency, or among client providers, family member providers, and professionals, that enable them to work effectively in cross-cultural situations.8

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Implementation Strategies

The effective engagement of diverse communities requires a dedicated, long-term, multidisciplinary approach. Some initial strategies for promoting cultural competence in FSPs at the organizational, systemic, provider, and client levels are listed below.

Organizational and Systemic Level

- Recruit and train, at all levels, a workforce that is reflective of the cultural groups in the county.
- Develop leadership capacity for employees from diverse cultural groups.
- Ensure that all materials are furnished in threshold and other languages, and that an effective and timely system for translation services is in place.
- Require contracting agencies to demonstrate a standard of cultural competence in service delivery.
- Collect data including race, ethnicity, and language of clients to enable systems to identify unserved communities and rectify disparities.
- Involve target communities in leadership roles in planning, developing, and implementing FSP programs.

Provider Level

- Create opportunities and training for providers to develop:
  - **Awareness** — Providers must have an awareness of their own cultural experiences and background, and the ways in which these affect their beliefs, values, and behaviors in the clinical setting.
  - **Knowledge** — Providers must have knowledge about the historical background and cultural worldview of communities served.
  - **Skills** — Providers must have skills in communicating effectively, understanding nonverbal and verbal communication differences, and building rapport in cross-cultural interactions.
Implementation Strategies (cont’d)

Client Level

- Be aware that distrust and fear of mental health systems prevent many ethnic and cultural minority clients from seeking care and advocating effectively for the services they need.

- Empower clients of all cultures to be active participants in planning their care, and to obtain care that is consistent with their cultural values and beliefs.

- Develop strategies to assist clients in navigating systems of care, such as client navigator and parent partner programs.
Each of the tools listed below has specific resources that you can locate in the general resource section on pages 38–45. This guide enables you to focus on the pertinent resources linked directly to each tool.

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✓ Articles (cont’d)


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✓ Books


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✓ Books (cont’d)


✓ Manual

Resources (cont’d)

✓ **Matrix**


✓ **Recovery Scale**


✓ **Report**


✓ **Resource Guides**

Resources (cont’d)

✓ Resource Guides (cont’d)


Resources (cont’d)

✓ Tools


Resources (cont’d)

✓ Tools (cont’d)

31. *Training resource on transitional independent living plan.* Retrieved from [http://calswec.berkeley.edu/calswec/OtherTraining_i.html](http://calswec.berkeley.edu/calswec/OtherTraining_i.html)


✓ Video


✓ Websites


38. Human Development Institute – University for Excellence in Developmental Disabilities: [http://hdi.uky.edu/SF/Home.aspx](http://hdi.uky.edu/SF/Home.aspx)
**Resources (cont’d)**

**✓ Websites (cont’d)**

39. NAMI, Cultural Competence in Mental Health:  

40. National Center for Trauma Informed Care:  

41. National Children’s Traumatic Stress Network, Complex Trauma Speaker Series:  
   [http://www.nctsn.org](http://www.nctsn.org)

42. Portland Research and Training on Family Support and Children’s Mental Health:  
   [http://www rtc.pdx.edu/](http://www rtc.pdx.edu/)

43. Recovery Support Groups: Family to Family:  
   [http://www.nami.org](http://www.nami.org)

44. Transition to Adulthood Program Information System – TAPIS:  
   [http://www.tipstars.org/Portals/0/pdf/TAPIS%20Progress%20Tracker%20v4.1%20OVERVIEW%20101510%20GOOD.pdf](http://www.tipstars.org/Portals/0/pdf/TAPIS%20Progress%20Tracker%20v4.1%20OVERVIEW%20101510%20GOOD.pdf)

45. Transition to Independence Process (TIP) System:  

46. Y.O.U.T.H – Youth Offering Unique Tangible Help:  
Domain #2

Service Array

The Service Array domain identifies specific practices, tools, and interventions associated with TAY FSP programs. These practices place the philosophy domain into operation.
Purpose
To select trauma interventions that effectively treat a large percentage of TAY clients with significant trauma histories.

Definition
Trauma-specific interventions are actions taken to amend threats to safety, educate about trauma, teach relaxation, emotional regulation, and demonstrate cognitive coping skills.
Implementation Strategies

- Make an organizational commitment to become informed about trauma by fostering a collaborative organizational culture in which staff members and TAY clients learn from one another.
- Educate TAY staff members and clients about trauma and its impact.
- Consider the effects that potential acts of trauma exert on unserved and/or underserved communities, including but not limited to exposure to neighborhood violence, the experience of intergenerational historical trauma, racism, discrimination, homophobia, exposure to war-related trauma, and immigration trauma.
- Consider how a sense of safety can be promoted at the agency site, in housing, and in collaborative relationships.
- Review and select evidence-based, trauma-specific interventions. Consider cultural adaptations to these approaches, and implement them when indicated.
- Identify and start trauma study groups to sustain effort.
Early Intervention and Treatment of Psychosis

Purpose
To effectively engage young people in treatment who are experiencing a recent onset of psychotic symptoms and to minimize the duration of untreated psychosis.

Definition
Services for early intervention and treatment of psychosis can consist of intensive outreach and engagement, psychoeducation of youth clients and their families, and managing of symptoms and medications. Research indicates that early intervention services directed toward young people between the ages of 16 and 30 while experiencing a first episode of psychosis can reduce hospital stays, relapses, and suicides.⁹

Implementation Strategies

- Offer education to TAY clients and their families on the potential benefits of early treatment for improving social, occupational, and educational outcomes. Also make information available regarding the poorer outcomes associated with long periods of untreated psychosis.

- Deliver respectful and collaborative support that includes developing a “shared explanatory model” of psychotic episodes that follows Early Psychosis Prevention and Intervention Centre (EPPIC) or similar guidelines.

- Remain engaged with TAY clients who may be resistant, disoriented, and not ready to acknowledge psychiatric problems. Positive relationships with providers are essential for shortening the duration of untreated psychosis.

- Work with TAY clients and their families to develop crisis plans through which to avoid the use of involuntary hospitalizations and other coercive interventions whenever possible.

- The service culture should be hopeful, recovery-oriented, and accepting of young people who may not be aware of need for services.
Purpose
To teach and empower TAY clients to learn the skills and strategies to help themselves become and remain well.

Definition
A wellness recovery action plan (WRAP) embodies an approach to client self-management, facilitated by trained WRAP leaders who usually are clients in recovery. In this approach, clients help other clients by developing:

- Daily maintenance plans that list the characteristics of clients when they are feeling good, daily activities that maintain wellness, and additional activities that can contribute to wellness.
Definition (cont’d)

➢ A wellness tool box that could be a notebook or container where daily maintenance plans, triggers, trigger plans, and plans for crisis and post-crisis responses are kept.
➢ Ways to identify early warning signs that symptoms are increasing.
➢ An action plan defining what to do when triggers develop.
➢ A crisis plan that identifies key components: what the client is like when he or she is feeling good; symptoms that indicate that others need to take over full responsibility for care and make decisions on their behalf; who those trusted individuals are and how to contact them; medications and supplements the client takes, including preferences and those that must be avoided; treatments that reduce symptoms and those that should be avoided; and preferred treatment facilities.
➢ A post-crisis plan indicating the signs or symptoms that the crisis plan may be suspended.
Implementation Strategies

- Develop a training and implementation plan that involves the role of all team members and that focuses on what WRAP uniquely brings to the services that already are being provided. Involve the client’s community and family support network in the implementation plan.

- Use WRAP strategically to assist clients in transitions — for example, in living independently, obtaining employment, returning to school, or making the transition from mental health services.
Shared Decision Making

Purpose
To encourage and assist TAY clients in becoming involved in their own treatment and rehabilitative care planning.

Definition
*Shared decision making* emphasizes choice, self-determination and empowerment, and seeks to increase active participation in treatment and minimize passive compliance by the client. This collaborative process between a mental health professional and a client is intended to help clients understand the advantages and disadvantages of mental health treatment options, with the goal of creating decision aids to guide clients in making informed choices.
Implementation Strategies

- Convey basic information in written materials and educational groups (in layman’s terms and appropriate languages) on diagnoses and treatment options, accompanied by their associated advantages and/or disadvantages. Create opportunities for TAY clients to discuss, question, and disagree with materials.

- Enable TAY clients to access websites where they have opportunities to gather additional information and alternative views, and share with other peers their concerns and experiences.

- Train psychiatrists and staff members in shared decision making approaches that include TAY clients as partners in their own treatment. Under this approach, for example, TAY clients would be able to voice their opinions about medication options, including taking medication vacations. This interactive model differs from a more traditional emphasis on medication compliance and demands for adherence.

- Engage TAY clients in use of the TIP core competency of social problem solving, or a similar model, to encourage them to weigh advantages and disadvantages of taking medications or participating in other forms of therapy.

- Communicate in plain language without using psychiatric jargon and acronyms to achieve “shared explanatory models” of behaviors and symptoms.
Motivational Interviewing

Purpose
To help TAY clients make changes in their lives (particularly regarding substance abuse) by enhancing their intrinsic motivation and resolving ambivalence.

Definition
Motivational interviewing (MI) is an evidence-based practice that is “a collaborative, person-centered form of guiding to elicit and strengthen motivation for change.”

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Motivational interviewing is well suited for use with young adults due to its empowering, non-authoritarian, collaborative style. MI helps providers avoid the urge to lecture and persuade; instead seeking to elicit from the young adult their reasons for behavioral change. It also assists providers in recognizing and matching their intervention to the TAY clients’ stage of change, which tends to lessen the common perception of them as being “unmotivated.”

- Train staff and supervisors in MI techniques, and incorporate principles into clinical supervision.
- Sustain MI training by scheduling ongoing booster sessions such as role-play, pizza parties, and watching videos.
- Include assessment of stage of change when formulating treatment and care plans to align specific interventions. For instance, when working with a TAY client who is identified as a “contemplator” (Refer to Domain #1: Philosophy, Tool: “Client-Driven Developmentally Appropriate Services and Support.”) regarding alcohol abuse, continued discussion of the advantages and/or disadvantages of behavioral change may be a more appropriate focus than referring out to AA group or residential treatment.
- Infuse MI concepts into team meetings and case conferences to continue educating staff and reinforcing their skills.
Purpose
To help TAY clients set and pursue goals, identify barriers, and implement wellness strategies.

Definition
Illness management and recovery (IMR) is a SAMHSA evidence-based practice for teaching clients, either individually or in groups, how to identify and manage symptoms effectively. Approaches include relapse prevention training, psychoeducation, coping skills training, and social skills training.
a. Recruit a consultant and train a cadre of staff members in illness management and recovery.
b. Visit an existing TAY program that is implementing IMR components.
c. Schedule five to 12 months of monthly or bi-weekly sessions focused on recovery strategies, facts on mental illness, building social support, using medication effectively, reducing relapse, coping with stress, coping with symptoms and problems, and responding to needs with the mental health system.
d. Encourage clients to set personal recovery goals.
e. Remember, the client is the expert, with the FSP staff facilitating the client’s learning in a partnership.
Integrated Services for Clients with Co-Occurring Substance Use and Mental Health Disorders

Purpose
To integrate substance abuse and mental health services into one treatment plan. Doing so is critically important to the recovery process for both disorders.

Definition
The concept of integrated services for clients with co-occurring substance use and mental health disorders (COD) involves “providing both substance use and mental health interventions concurrently and in relation to each other, as part of one treatment plan provided by one team or within a network of services with shared goals. These integrated services must appear seamless to the individual and family participating in services.”

Implementation Strategies

TAY service providers assume that drug and alcohol use and abuse among its TAY clients are expectations, not exceptions. Based on this premise, administrators of TAY programs should consider investing the time and resources to enable their staff members to become knowledgeable and proficient in providing dual disorder services.

Developing the Capacity for Integrated Services

- Consider hiring a specialist in dual disorders who assists and leads the team with developing co-occurring disorders (COD) services.
- All team members should participate in specialized dual recovery training initially and at least annually.
- All staff members should be trained in and practice motivational interviewing (MI) and stage-wise treatment.

Integrated Service Strategies

- Begin the integrated services process with an assessment of a client’s patterns of use of alcohol and other substances, and their impact on mental illness.
- Use a stages of change model, such as Prochaska and DiClemente’s Stages of Change model, or a similar model, as a way to match a client’s stage of change to intervention strategies. Approach services from the perspective of the client and his or her degree of perception that substance abuse is a problem, resolution of which is crucially important.
- Coordinate and match interventions and services to the client’s readiness or willingness to change.
Use MI, after identifying a client's stage of change. MI can serve as a strategy to stimulate conversation about readiness for change and therapeutic commitments.

Offer an array of services options. Services should range from outpatient individual and group COD services, 12-step programs, sober-living homes and residential drug treatment programs. These options are often useful living arrangements as long as alignment exists between the client’s agreement to the approach and the treatment strategies.

Develop integrated assessments, service plans, and crisis plans that promote recovery.
Purpose
To ensure access for all TAY clients to needed health and dental care, as well as to family planning services. Access to these services is critically important because mental health clients often have undiagnosed and untreated medical conditions that result in chronic medical conditions and premature death.

Definition
*Linkage to and coordination of health and dental care* entail engaging in activities that result in a client-patient relationship with a primary-care physician for health care and with a dentist for dental care.
Implementation Strategies

- Determine which health-related services the FSP team will offer. Such functions may include health screenings, health promotion and prevention activities, on-site diagnostic and treatment services, and assistance in understanding the interactions between medical and psychiatric medications.
- Identify prevalent health conditions among the FSP client population, and create education, prevention, and linkage services to help resolve them.
- Develop collaborative relationships with local health-care organizations that accept clients without a payor source or those with Medi-Cal. Identify local community clinics that accept clients without a payor source.
- Identify the role of a nurse, nurse practitioner, or psychiatrist on the FSP team when determining the health needs of clients. Such an individual may act as a liaison to primary-care programs.
- Consider different strategies that convey to clients the importance of paying attention to health status, including the presence of groups focused on managing health conditions, smoking cessation, weight loss, and healthy eating and living.
- Assist clients in developing health literacy: knowing how to communicate with health-care providers, navigating the health-care system, asking the right questions, and receiving adequate translation services when appropriate.
- Accompany clients to their first medical appointments and subsequent appointments, as necessary.
- Attend dental appointments with clients, with the understanding that years may have elapsed since the client’s previous dental appointment.
- Consider adding healthy living activities, such as handing out dental floss and teaching clients about proper flossing.
Implementation Strategies (cont’d)

- Prepare clients about the information they will need to present to their primary-care provider regarding their medical histories.

- Ask each client to sign releases of information and authorization, as a matter of practice, to help initiate comprehensive, integrated health and mental health treatment and to ensure that information on health and mental health care is shared appropriately. Authorizations should be specific to a primary-care physician to achieve coordination of care and help maintain compliance with HIPAA regulations.
Purpose
To ensure that someone known to the client is available to respond during a crisis 24 hours per day, seven days per week.

Definition
Providing crisis intervention and 24/7 availability is the responsibility of the personal services coordinator (PSC) and the entire FSP team. The team shares responsibility for each client, but the PSC is immediately accountable for 24/7 response to client needs. The team approach ensures continuity of care for clients, and creates a supportive organizational environment for practitioners. The team ensures that a PSC is available 24/7 to respond to crisis needs if and when they arise. This team approach to around-the-clock availability helps to minimize the impact of staff absences or turnover and assures that a PSC who is known by the client always is available.
Implementation Strategies

- In team meetings, identify clients who are likely to need response during the workday or after hours.
- Develop plans with clients to reduce the need for after-hours crisis response, including:
  - Using wellness recovery action plans. (Refer to Domain #2, Service Array, Tool: “Wellness Recovery Action Plan.”)
  - Helping clients to identify positive and useful coping strategies.
  - Identifying early signs or precursors of an increase in symptoms.
  - Assisting clients in receiving support from other clients or peer providers.
- Ensure that bilingual staff members are available to meet the needs of clients with limited English-language proficiency.
- Consider use of 23-hour urgent care centers associated with FSP programs to manage crises after hours. These programs can treat clients for up to 23 hours, 59 minutes, and can provide crisis services, medication, and linkage to immediate needs such as housing or outpatient mental health services. Be aware of language limitations at the centers, and prepare for potential linguistic complications before they occur.
- Consider creating crisis respite centers with staffs composed of peers who can furnish care support and housing during a mental health crisis.
Purpose
To assist TAY clients in accessing financial aid, entitlements, and housing subsidies to meet survival needs while continuing their rehabilitation, education, and training.

Definition
*Benefits advocacy* encompasses assessment, case management, and assistance to qualify and connect TAY clients to income supports.
Implementation Strategies

- Immediately help TAY clients obtain general relief when they have no income or family supports.
- Inform and educate TAY clients about Supplemental Security Income (SSI) eligibility and the application process. This includes
  - Discussing with TAY clients and their family members the meaning of “completely and totally disabled” in the context of SSI’s eligibility determination.
  - Promoting understanding that they may pursue education and career training options while continuing eligibility as needed.
- Maintain updated resource information and applications for subsidized housing options.
- Accompany clients to appointments when indicated.
- Assemble information on community college financial aid, and on available scholarships.
Exposure to Adult Roles and Opportunities

Purpose
To inform TAY clients about adult roles and expectations, and help them gain understanding through experiences.

Definition
*Exposure to adult roles and opportunities* enables TAY clients to develop understanding of methods for obtaining work as well to gain exposure to numerous job choices. It also includes learning about ongoing education, training, and housing options in order to make meaningful choices.
Implementation Strategies

- Contact businesses in the community (HR directors for large companies, owners for small businesses) to request job tours for small groups of clients. Ask company representatives to present an overview of the types of jobs, pay, benefits, and characteristics they seek in employees.
- Contact department heads and instructors at local community colleges to give school tours that demonstrate different career technologies and academic opportunities.
- Coordinate with local organizations to see about scholarships and opportunities for interested clients.
- Discover local community resources related to arts, sports, music, and fashion about which clients may be passionate enough to build relationships.
- Do “virtual tours” on-line through web-based resources that present detailed information, videos, and interviews of workers in that field.
Each of the tools listed below has specific resources that you can locate in the general resource section on pages 73–79. This guide enables you to focus on the pertinent resources linked directly to each tool.

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<thead>
<tr>
<th>Name of Tool</th>
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<td>Early Intervention and Treatment of Psychosis</td>
<td>21, 29, 30, 31, 32, 39, 43, 45</td>
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<td>Wellness Recovery Action Plan (WRAP)</td>
<td>33</td>
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<tr>
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<tr>
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<td>Integrated Services for Clients with Co-Occurring</td>
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<td>Substance Use and Mental Health Disorders</td>
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<td>Crisis Intervention and 24/7 Availability</td>
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</tr>
<tr>
<td>Benefits Advocacy</td>
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✓ Articles


Articles (cont’d)


Books


Resources (cont’d)

✓ Books (cont’d)


✓ Career Development Centers

11. Contact any local community college to attend a 1-unit course.

✓ DVDs/Video


✓ Reports

Resources (cont’d)

✓ Reports


✓ Resource Guide


✓ Toolkit


Resources (cont’d)

✓ Tools


✓ Websites

23. Attachment, Self-Regulation and Competence (ARC) from the Trauma Center at Justice Resource Institute: http://www.traumacenter.org/research/ascot.php


27. Complex Trauma in Children and Adolescents: http://www rtc.pdx.edu/PDF/fpW0702.pdf
Resources (cont’d)

✓ Websites (cont’d)


29. Early Assessment and Support Team: http://www.eastcommunity.org/

30. Early Intervention in Psychosis: http://www.iris-initiative.org.uk/


34. Motivational Interviewing – Resources for Clinicians, Researchers & Trainers: http://www.motivationalinterview.org/

35. National Association of State Mental Health Program Directors: http://www.nasmhpd.org/


Resources (cont’d)

✓ Websites (cont’d)

39. Psychosis Sucks: http://www.psychosissucks.ca/epi/

40. Office of Consumer Affairs Website SAMHSA: http://mentalhealth.samhsa.gov/consumersurvivor

41. Recognition and Prevention Program: http://www.rapprogram.org/

42. Seeking Safety –Lisa Najavits, PhD.: http://www.seekingsafety.org/

43. The Center for Shared Decision Making, Dartmouth Hitchcock Hospital: www.dhmc.org

44. The National Council: Integrating Health and Mental Health Care: http://www.thenationalcouncil.org/

45. Trauma-Focused Cognitive Behavior Therapy (TF-CBT) course from Medical University of South Carolina: http://tfcbt.musc.edu/

46. UC Davis Center for Reducing Health Disparities: http://www.ucdmc.ucdavis.edu/crhd/
Team Structure

The term *Team Structure* refers to the staffing, operations, decision-making, and organization of adult FSP teams, and to their overall approach to the coordination of client care.
Team Service Approach

Purpose
To guide TAY service teams on the development of their service delivery values, practices, and policies.

Definition
A team service approach is an essential element of a team-based approach to service planning and delivery in an assertive community treatment context.
Implementation Strategies

- Adopt the assertive community treatment (ACT) model, which is designed to deliver comprehensive community-based (in-vivo) services (including symptom management, housing, employment, and substance abuse) using small, shared caseloads. Staff and TAY client ratios are recommended to be no greater than 10:1, according to ACT standards.

- Review the transition to independence process (TIP) guidelines, which recommend a ratio of 1 “transition facilitator” to no more than 15 TAY clients. TIP also suggests four levels of coaching:
  - Initial assessment and planning – typically completed within the first three to eight weeks
  - Active coaching status – average of nine months after the initial assessment – with a typical range from four to 24 months
  - Maintenance coaching status – average of 10 months following the active coaching status – with a typical range from four to 48 months
  - Follow-along status – Ongoing, with young person and/or informal key players maintaining services and supports as required in the community

- Use a recovery scale to regularly evaluate the progress and status of each TAY client, and to tailor service type and intensity to respective levels of recovery.

- Organize clients into shared caseloads to optimize the chances for forming multiple relationships based on cultural relevance, skill sets, shared interests, and other qualities. Such an arrangement also can help counteract the disruptive effects of staff turnover.

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Team Staffing and Training

Purpose
To recruit, train, and retain a diverse group of professionals and paraprofessionals capable of delivering high-quality, comprehensive services to TAY clients.

Definition
The team staffing and training concept refers to furnishing the tools, education, skills, and other components that TAY providers need to effectively serve the TAY population.
Implementation Strategies

- Continuously identify gaps among staffing in skill sets, cultural competencies (in age, ethnicity, sexual identity, gender, lived experience and other criteria) and language competencies.
- Develop a comprehensive training plan through which TAY staff members can gain critically important knowledge and skills in all transition domains.
- Distinguish between general job skills that all staff members should have and specialty skills for designated staff members.
- Use tools such as competencies and performance standards for TAY service providers to assess needs and determine priorities.
- Hire peer mentors who can play a vital role in creating a welcoming, hopeful environment and can offer meaningful coaching to TAY clients.
- Offer training and job supports to peer mentors to help them acquire new skills that can prepare them for new roles. Make specific efforts to recruit peer mentors from underrepresented groups.
- Remind the TAY staff of the importance of being teachers and coaches for skill development rather than seeing their roles as providers of services and supports. This perspective includes cultivating the ability to recognize teachable moments, and understanding the learning styles of their TAY clients.
- Help staff members become “practice champions” in areas of programmatic need and their interests, and assign them to educate other staff members in trauma, cultural competence, housing, motivational interviewing, supported education, employment, and other subjects in which they have gained knowledge.
Each of the tools listed below has specific resources that you can locate in the general resource section on pages 86–87. This guide enables you to focus on the pertinent resources linked directly to each tool.

<table>
<thead>
<tr>
<th>Name of Tool</th>
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<td>Team Service Approach</td>
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<td>Team Staffing and Training</td>
<td>6</td>
</tr>
</tbody>
</table>
✓ Book


✓ CD


✓ Recovery Assessment Scale

Resources (cont’d)

✓ Toolkit

4. Assertive Community Treatment (ACT) – SAMHSA Tool Kit. Retrieved from
   http://mentalhealth.samhsa.gov/cmhs/CommunitySupport/toolkit
   s/community/default.aspx

✓ Websites

5. California Department of Social Services – Wraparound:
   http://search.ca.gov/search?q=wraparound&output=xml_no_dtd&
   site=ca_dss&client=ca_dss&proxystylesheet=ca_dss

6. 5 Skills of an Ally – Bruce Anderson:
   http://www.communityactivators.com/downloads/5SkillsOverview
   .pdf

7. Transition to Independence Process: http://tip.fmhi.usf.edu/
Domain #4

Community Functioning

Community Functioning focuses on housing, employment, education, social supports, and other aspects of the TAY client’s life domains that services and supports are intended to enhance.
Purpose
To teach independent living skills, assist TAY clients in obtaining housing subsidies, and in gaining and maintaining access to safe, affordable housing in the community.

Definition
Supported housing refers to living arrangements that may include living with family; board-and-care facilities; sober-living homes; transitional residential programs; group housing; and supported apartments with differing levels of on-site assistance and supervision matching the TAY clients’ developmental level and skills.
Implementation Strategies

- Seek existing housing providers, landlords, property managers, board-and-care facilities, and sober-living home operators and families, to establish relationships and partnerships that may help TAY clients gain access to housing and supports.
- Look for partners and available grants to create new supported housing for TAY clients.
- Deliver tailored supports and teaching through on-site resident managers, visiting case managers and peer mentors. Define roles, carefully, of who is providing the support and advocacy, and who is collecting rents and enforcing tenant rules.
- Negotiate with apartment owners, group and sober-living home operators, as well as board-and-care facility managers, to set aside rooms, units, or beds for TAY clients only.
- Facilitate roommate-matching “socials” and other activities through which TAY clients have opportunities to meet and interview each other for compatibility.
Purpose
To introduce TAY clients to the world of work and help them choose, obtain, and keep employment.

Definition
Employment represents a key transitional milestone for most young adults. The experience of being hired for a job can contribute to a healthy identity formation, as well as to overall well-being. Supported employment has the following principles: (1) employment is based on client choice, rather than on provider belief of client readiness; (2) services are integrated with comprehensive mental health services; (3) competitive employment is the goal; (4) job searches start as soon as the client expresses an interest in working; (5) follow-along supports are continuous, and generally gradually decrease over time; (6) client preferences are important.
Work represents an important developmental milestone and a key step toward increasing independence, community integration, and a sense of identity.

- Monitor employment outcomes and progress, closely, as an important indicator of TAY program success.
- Benchmark with national averages of employment for youth with disabilities.
- Recognize and celebrate progress indicators such as number of interviews and completed job applications.
- Consider providing supported employment as an evidence-based practice.
- Organize regular job tours for TAY clients.
- Establish job clubs or employment support groups that are sensitive to the schedules of working TAY clients. Make membership exciting and special, and meet at local restaurants or other community locations. Invite participants to share experiences, and offer mutual support and advice.
- Hire a dedicated job developer.
- Link with the local workforce development agency or youth opportunity center that offers many options such as summer employment, job shadows, and paid internships.
- Connect with career technology, vocational certification, and academic programs at local community colleges.
- Arrange school tours to enable TAY clients to gain exposure to training opportunities in the culinary arts, automotive mechanics, and computer programming.
- Form a partnership with the California Department of Rehabilitation office or other agencies using MHSA funds as a match for federal funds received, thereby leveraging capital to support a TAY client employment program. Also, consider establishing shared procedures for referrals and providing ongoing support for mutual clients.
Implementation Strategies (cont’d)

- Overcome benefits-related fears and barriers that inhibit searching for employment. Often TAY clients and their families are worried that paid employment at any level will prevent them from qualifying for SSI, or will result in the loss of established benefits.
- Teach job-related skills such as interviewing, appropriate socialization with co-workers, stress reduction while working, asking for a raise, and safe working habits.
Supported Education

Purpose
To engage or re-engage and support TAY clients in continuing their education.

Definition
Supported education can be meaningful to clients, contribute to their personal well-being, and help them transcend their role as a client of the mental health system. This can be achieved by providing ongoing encouragement, information, advocacy, and emotional and cognitive supports to clients who are pursuing academic goals.
Implementation Strategies

- Promote and support ongoing education.
- Consider scheduling “back to school” marketing events and making informational materials available at regular intervals.
- Provide access to computers and purchase general education diploma (GED) preparation software, cognitive remediation programs, and other educational software applications.
- Coordinate regular school tours with community college instructors and disabled students programs and services (DSPS) personnel. Review and discuss syllabi.
- Form partnerships and relationships with education resources and personnel from DSPS and other agencies that can arrange for priority registration, accommodations for testing and homework, and financial aid.
- Arrange assessments of literacy levels for TAY clients to guide suitable class placements.
- Partner with local community colleges to create for-credit curriculums about college preparation.
- Engage diverse mentors from education settings to provide support and mentorship to youth.
Life Skills

Purpose
To teach TAY clients life skills that enable them to live independently.

Definition
Life skills include self-care, money management, cooking, shopping, leisure and recreation, mobility, learning to ask for help, and other behavioral competencies that are necessary to function effectively and independently in the community.
Implementation Strategies

Life skills can be taught in classroom settings but usually are best coached in real-world environments whenever possible. Understanding task analysis (breaking performance into component parts) and individual learning styles are important considerations.

- Review life skill curriculums and organize classes and groups to learn, practice, role-play, and give homework assignments.
- Partner with independent living programs (ILPs) in the community, and coordinate participation in activities.
- Provide 1:1 coaching and support for acquisition of skills.
- Hire peer mentors to be bus coaches, job coaches, and independent living coaches.
**Purpose**

To identify and connect to natural supports and community resources based on TAY clients’ interests, goals, and needs.

**Definition**

*Social supports* involve teaching skills that enable TAY clients to form reciprocal relationships with neighbors, co-workers, sponsors, friends, and family members. *Community integration* is the process of establishing connections with faith communities, schools, libraries, and social clubs to help facilitate interdependence, citizenship, and valued meaningful roles.
Implementation Strategies

- Encourage TAY clients and staff to brainstorm about community activities, social events, self-help meetings, sober-living dances, and other recreational opportunities in which they would like to participate. Discuss strategies about costs and transportation, and role-play what someone attending such activities might say and do there.

- Brainstorm “give-back” ideas through which staff members help clients identify contributions they can make to the community, such as block cleaning, volunteering at a nursing home, adopting a park, or cleaning graffiti.

- Identify opportunities for youth to engage and reconnect with cultural traditions and celebrations.

- Recognize the prevalence of discrimination and harassment to which unserved and underserved TAY clients may be vulnerable, and ensure that supports protect youth from these experiences.

- Perform community mapping to identify free health clinics, food banks, church youth programs, 12-step meetings, and other resources in the community.

- Role-play social situations in which TAY clients can practice introducing themselves, starting conversations, asking for a date, when to disclose personal information, and other interactions.

- Discuss the benefits as well as risks of using social networking sites. Advise TAY clients about precautions to take to maintain safety while online.
Personal Effectiveness and Well-Being

Purpose
To help clients cope with and overcome symptoms and impairments that interfere with their optimal functioning in transitional domains, and to become effective self-advocates.

Definition
*Personal effectiveness and well-being* encompass the array of interventions designed to reduce symptoms, increase functioning and coping skills, manage illness and achieve sobriety, or minimize harmful consequences of drug and alcohol consumption. Interventions may include psychoeducation for family members and TAY clients, medication management under the supervision of a psychiatrist or nurse practitioner, and evidence-based psychotherapies.
Implementation Strategies

- Provide psychoeducation about illnesses, medications, and treatments in short, informative sessions without trying to persuade the TAY client to commit to course of action.
- Replace therapeutic terminology and jargon with words in youths’ vocabularies (e.g., translate “one is emotionally dysregulated” to “one is upset”).
- Encourage TAY clients to bring in information gathered from the Internet and be open to discussing it with them.
- Avoid power struggles and demands for compliance by recognizing autonomy and long-term relationships.
- Maximize flexibility in individual and group therapy formats wherever possible: shorten sessions, allow drop-in, non-sequential subjects, and offer food and incentives.
- Educate clients to the process, benefits, and risks of medication and psychotherapy.
Each of the tools listed below has specific resources that you can locate in the general resource section on pages 103–106. This guide enables you to focus on the pertinent resources linked directly to each tool.

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<thead>
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<th>Name of Tool</th>
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<tr>
<td>Life Skills</td>
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<td>Social Supports and Community Integration</td>
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<td>Personal Effectiveness and Well-Being</td>
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✔ Articles


✓ Resources (cont’d)

✓ Articles (cont’d)


✓ Resource Guides


Resources (cont’d)

✓ Resource Guides (cont’d)


13. The Learning and Working During the Transition to Adulthood Rehabilitation Research and Training Center. Retrieved from http://labs.umassmed.edu/transitionsRTC/
Resources (cont’d)

✓ Tools


✓ Toolkit


✓ Websites


18. Corporation for Supportive Housing (CSH) Online Resource Library: http://www.csh.org


20. Overview of MHSA Housing Program and Technical Assistance and Training: http://www.cimh.org/Services/MHSA/Housing-Program.aspx