Greater Cincinnati Behavioral Health Services

Our Work is Life Changing

Two Evidence-Based Practices for Improving Work with Youth

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Training Objectives

Participants will be able to:

- 1.) Define the evidence-based practices of TIP and FIRST.
- 2.) Identify the benefits of a team-based approach when serving youth with mental illness.
- 3.) Identify the impact of these models on increasing positive outcomes for youth.

Icebreaker!

Recipe for Success with Youth EBPs

- Agency utilizes multiple EBPs, including DBT, ACT teams, IDDT, TIP, and Supported Employment
- Highly experienced supervisory staff
- Internal specialized services
- Partnerships with community entities
- Active client outreach-community based

FIRST Program Design

- An Evidence-Based Practice for use with individuals experiencing a First Episode of Psychosis
- Targets individuals ages 15-30
- Admission/ Diagnostic Criteria
- Team consists of Case managers, Employment Specialist, Psychiatrist, Nurse, Individual Resiliency Trainer, Team Leader/ Family Psychoeducation Specialist

FIRST (FEP) Program Components

- Developed from RAISE Initiative
- Five services provided: client chooses minimum of two, may select all five
- Focus on client choice/shared decision-making
- Services included: Case Management, Supported Employment/Education, Individual Resiliency Training, Family Psychoeducation, Pharmacological Mgmt

FIRST Program Components

- Intensive intial training for each team member by the BeST Center (BeST Practices in Schizophrenia Treatment-a division of Northeast Ohio Medical University)
- Weekly videoconferencing with BeST Center for ongoing support and case consultation
- Monthly video case consultation for CBt-p (Cognitive Behavioral techniques for psychosis)

FIRST Program Components

- Ongoing case consultation for Family PE
- Monthly Prescriber call for Pharm Mgmt consultation
- Manualized treatment that utilizes modules for teaching clients and their families skills to address symptoms and life concerns
- What sets it apart?
- Focus on recovery-getting one's life back

Client Stories of Recovery and Hope

- Beyond Psychosis

Outcomes over time: Referrals and Enrollment

- Barriers to enrollment: 50% of referrals do not end with admission
- Education and Service Linkage provided by team to referrals that are not admitted
- Handling refusal of services due to nature of clients not recognizing signs of illness and need for treatment
- Follow up and aggressive outreach

Outcomes over time: Outreach

- Doubled outreach targets in response to ½ referrals not resulting in admissions
- Internal Agency entry points
- Child and Adult Mental health system entry points
- FIRST Advisory Board
- Media (local news, social media, social service fairs)
- Community Groups
- Staff time needed for Outreach & Quick response

Hospitalization & Incarceration

- 83% of participants have not been hospitalized after entry into the FIRST program for Year 2 (29/35).
- 100% of participants have not been incarcerated during Year 2 (35/35)
- Challenges and Learnings
- Recidivism will occur: engagement helps identify early and reduce hospitalization time

Outcomes over time: Employment and Education

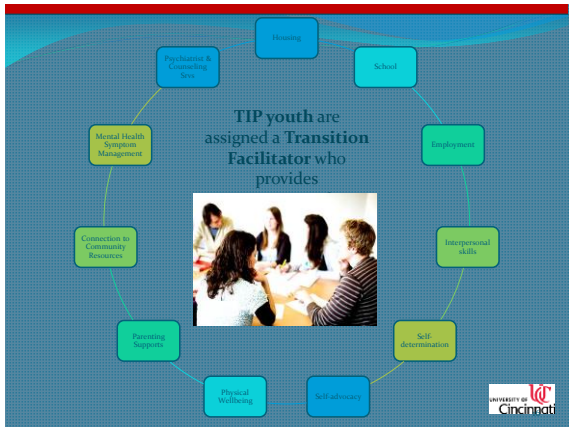
- Year 1 & 2 targets : 65% will be working and/or in school at the year's end
- Year 1 actual: 67 %
- Year 2 actual: 65%
- Benefit of having an embedded Employment Specialist on Team
- Challenges and Successes in connecting participants to school and work

Using EBP to Improve Outcomes for Youth

- Manualized treatment is effective in working with youth due to recent experience in school
- Training/modules provide concrete tools to use and homework for clients
- Use of creative, nontraditional methods to engage youth
- Multidisciplinary team involvement
- Ongoing, intensive client outreach/services in community

Transition to Independence Process (TIP) Program Design

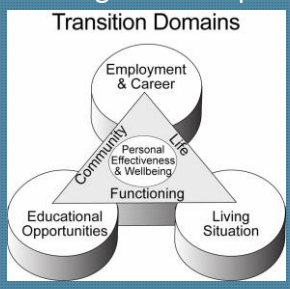
- An Evidence-Based Practice for use with youth to engage them in an individualized future planning process to move them into productive adult roles
- Targets individuals ages 14-29
- Admission/ Diagnostic Criteria
- Team consists of Transition Facilitators, Youth Employment Specialist, Youth Engagement Specialist, psychiatric provider, nursing staff, therapist, clinical Team Lead, and Program Manager who are all TIP trained/informed.



TIP Program Principals

- Focus on youth appealing services
- "non-stigmatizing, trauma-informed, developmentally-appropriate" care for youth
- Regular coordination with community supports, partners, referral sources, stakeholders, and entities that the youth identifies to be involved.

TIP Program Principals



TIP Program Components

- Intensive initial training for each team member by a certified trainer on model fidelity, tools, principals, and engagement techniques.
- Demonstrated competency in utilizing the 7 core practices:

TIP Program Components

- Strength Discovery and Needs Assessment
- Future Planning
- Rationales
- In-Vivo Teaching
- SODAS: problem solving
- What's Up?: Prevention Planning on High Risk Behaviors and Situations
- SCORA: Mediation with youth people and other key players

TIP Program Components

- Weekly team meeting to review all cases, assess for risk, generate ideas for forward movement, and monitoring of the phases of coaching to guide service delivery (1-4 times a week)
- Monthly use of TSR tool for case reviews and prompting of new TIP tools

TIP Program Components

- Monthly Youth Advisory Counsel to discuss youth event planning, how to influence TIP services and delivery, selection of community key players, exploration of youth conferences, and empowerment of youth voice.
- Bi-weekly coordination meetings with key players and referral sources to coordinate on cases and provide psychoeducation to these key players on mental health and TIP tools.

Outcomes over time: Referrals and Enrollment

- Average length of stay is 1-2 years. Clermont TIP has had 173 youth enrolled over the last 6 years, some for multiple episodes.
- 80% of our referrals over the last 6 years have turned into participating youth.
- Average team caseload is about 60 clients
- Referrals out to other supports when youth deny services
- Education provided and open door policy for youth who have guardians that refuse service

Outcomes over time: Outreach

- Team Lead/Program Manager doing aggressive outreach to schedule and complete intake. Confirm referral within 24 hours, schedule within 48 hours, complete intake within 1 week of referral
- Internal Agency entry points
- Community Key Players

Statistics to guide outcomes

- 76% of current team are active high school students, average age at intake is 17 y/o
- 57% of youth are housed with family or friends. Others have their own place, are in foster care, are in supported apartments, detention, rehabilitation, or homeless.
- Our highest homeless rate in the last 2 years has been 2%

Statistics to guide outcomes

- 16-23% of our population is employed. Of those employed 82-90% of them are part time.
- Of those not working 57-72% of them are reporting they would like to talk about work options.
- Court involvement: 64% of our youth come into TIP with past or current court connections. After 1 year with TIP that drops to 41%.

Using EBP to Improve Outcomes for Youth

- Use of creative, nontraditional methods to engage youth
- Creating thought provoking skills to enable youth to explore what treatment means to them and how their voice can impact their own lives to increase investment and impact
- Multidisciplinary team involvement
- Ongoing, intensive client outreach/services in community