Building a bridge: Tailoring Support Services for Emerging Adults in Georgia
Presenters

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Workshop Objectives

• Learn Innovate Approaches for Working With Co-Occurring Youth and Young Adults
  • Learn how to create an engaging and supportive environment
  • Understanding the importance of social connectedness and peer interaction

• Learn Engagement Strategies for Difficult to Reach Youth and Young Adults
  • Learn effective strategies to engage youth in addressing their mental health and substance use

• Learn Workforce Development Strategies
  • Learn how to assess qualities and education/training needed for successful staff
The State Perspective

The view from the top
Georgia’s System of Care

Georgia Department of Behavioral Health and Developmental Disabilities

Office of Federal Grants and Special Initiatives

System of Care Expansion and Implementation Grant 2013-2018
How we connect the work

• Piloting the co-occurring disorder clubhouse is part of our System of Care Expansion grant.

• Lessons learned from the Healthy Transitions Initiative grant revealed that emerging adults have both mental health and substance use needs.
  • Require services and supports that “fit” the population
  • Need “one-stop shop” approach that addresses all needs in 1 place.
• Implement policy, administrative, and regulatory changes
• Provide training, technical assistance, and workforce development
• Generate support and advocacy
• Develop or expand services and supports based on SOC philosophy and approach
Implement policy, administrative and regulatory changes

Support infrastructure and service planning of Local Interagency Planning Teams
Provide training, technical assistance, and workforce development

Implement state wide topic specific training initiatives
Generate support and advocacy

Develop family and youth service organizations

Cultivate leaders and champions
Develop or expand services and supports based on SOC philosophy and approach

Develop a clubhouse model to meet the needs of youth and young adults with co-occurring mental health and substance use disorders and/or issues
Our population

Who we served in our Co-Occurring Clubhouse Model
What is a Co-occurring Disorder?

• According to SAMHSA, the coexistence of both a mental health and a substance use disorder is referred to as co-occurring disorders.

• People with mental health disorders are more likely than people without mental health disorders to experience an alcohol or substance use disorder.

• Co-occurring disorders can be difficult to diagnose due to the complexity of symptoms, as both may vary in severity.

• In many cases, people receive treatment for one disorder while the other disorder remains untreated.

https://www.samhsa.gov/disorders/co-occurring
REFLECTING A CONTINUUM OF CARE

Note:
Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.
Population Served - Demographics

• Emerging adults ages 15 to 21
• Low socio-economic status
• Predominately African American male
• Dual diagnosis of mental health and substance use/abuse disorders as identified in the Diagnostic Statistical Manual 5
## Context and Criteria

<table>
<thead>
<tr>
<th>CHRIS 180 – The SPOT</th>
<th>Pineland – I.M.P.A.C.T</th>
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<tbody>
<tr>
<td><strong>Setting:</strong> Urban</td>
<td><strong>Setting:</strong> Rural</td>
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<tr>
<td><strong>Population Age:</strong> Youth and young adults ages 15-21</td>
<td><strong>Population served:</strong> Youth and young adults ages 15-21</td>
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<td><strong>Co-occurring criteria:</strong> 1) Dual diagnosis of mental health and substance use/abuse disorders as identified in the Diagnostic Statistical Manual 5 and 2) Mental health diagnosis and admitted substance use</td>
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Population Served – Substance Use

• CHRIS 180 - The majority of members smoked marijuana with low/moderate use although some used alcohol and took prescription pills

• Pineland – members had a wider range of substances used including alcohol, marijuana, cocaine, and opiates
# Population Served – Mental Health

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<tr>
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<tbody>
<tr>
<td>• ADHD</td>
<td>• Adjustment Disorder</td>
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<tr>
<td>• Depression</td>
<td>• Oppositional Defiant Disorder (ODD)</td>
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<tr>
<td>• Mood Disorder</td>
<td>• ADHD</td>
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<tr>
<td>• PTSD &amp; Anxiety Disorders</td>
<td>• Anxiety Disorder</td>
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<td>• Disruptive/Impulse Control</td>
<td>• Depression</td>
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<tr>
<td>• Bipolar</td>
<td>• Eating Disorder</td>
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<tr>
<td>• Schizophrenia/Schizoaffective</td>
<td>• Self Harm</td>
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#LEADINGCHANGE
The Model
Innovative, flexible, person-centered
Georgia’s Clubhouse Model

- Individual Services (therapy, skill building, case management)
- Group Services (therapy and skill building)
- Life Skills
- Community Outreach & Relationship Building
- On & Off-site Activities
- Social Connection and Peer Support
- Family Services
A shared goal. A shared model.

Regardless of differences, both clubhouses shared a common goal to reduce substance use and improve youth functioning.
Youth & Young Adult Priority Areas

In our experience, young adults typically want to address needs in this order unless there is an urgent need.

1. Basic Needs (survival and safety)
   • Food, Shelter/Housing, Clothing

2. Immediate Concerns
   • Education, Employment (Money), Life Skills

3. Interpersonal Relationships
   • Family, Friends and Dating Relationships

4. Health & Wellness
   • Mental and Physical Health
Our Immediate Focus

YOU CAN ADULT TODAY

CASE MANAGEMENT

Job
Education
Life Skills

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Address the present. Plan for the future.

- After addressing any unmet basic needs, address present needs.
- In our experience, it is best to take the following approach:
  1. Address the youth’s goals
  2. Provide information we as adults know they will need, even if they do not ask for it
     - Often as a youth, you do not know, what you do not know.
     - Do this in engaging ways
Engagement of TIP

• The Transition to Independence Process (TIP) Model™ is an evidence-supported practice that addresses the unique needs of young adults (14-25 years old).

• In the TIP model, young people are engaged in their own future planning methods as well as provided developmentally-appropriate services and support. They are encouraged to explore their interests in each of the transition domains: employment and career, education, living situation, personal effectiveness/wellbeing, and community-life functioning.

• http://www.tipstars.org/
Tip: Teach Life Skills Needed in Adulthood

Teach members life skills needed for a successful transition into adulthood is a key focus area of the clubhouse.

• This includes a wide range of topic areas including: proper grooming and hygiene, networking and interview skills, managing money, navigating public transportation, washing clothes, managing anger, resolving conflict at work, developing healthy habits, good decision making.

• This is done on 1:1 and group settings both in the clubhouse and in the community.
Making it real!

We bring in speakers, use arts and music and provide hands-on learning opportunities for our members.
Promoting Health & Wellness

Health & Nutrition
• Meal planning
• Grocery shopping
• Healthy snack choices
• Medical care

Fitness
• YMCA Membership
• Field Day
• Personal Trainer
• Yoga
It’s not all fun and games

• Throughout all of our work with youth and young adults, there is a common thread. We:
  • Address their mental health and wellness
  • Demonstrate safe, drug-free ways to have fun
  • Practice coping skills and decision making
  • Model acceptance and inclusion
  • Decrease the stigma around mental health and substance use and abuse
Engagement Strategies

Getting them in the door. Getting them to come back.
What Worked
• Food, Food, Food!
• Off-site Activities
• Interactive- cooking, shopping
• FUN (mix fun with learning)
• Therapeutic Activities - art
• Creative Expression - music
• Experiential – dance, yoga

What Didn’t Work
• Too Much Structure
  • Being “By the Book”
• Too Much Flexibility
  • Some structure is needed
• Sessions that appear like school work
• Aspects of Seven Challenges
Remembering what it’s like

• Brain is still developing into their mid 20’s.
• Understand stages of development (Erickson)
  • Identity vs Role Confusion - Adolescence (ages 13-18)
  • Intimacy vs Isolation - Young Adulthood (ages 18-40)
• Many have trauma histories
Engaging Youth and Youth Adults

• Individualized services based on the member’s strengths, needs, interests, hobbies and abilities.
• They are eager to learn and are ready to be “adults”.
• Exposure to new things, encouragement and expectations of success go a long way.
Examples of Engagement

• Individual Services – apartment hunting, job interview support
• Group Activities- “Hot Topics”, movies, personal trainer
• Life Skills- banking and budgeting
• Social Connection & Peer Support- Open Mic Night, Peer-lead groups
• Family Services- Family Day at the park
Therapeutic Activities
Mental Health & Substance Use

• Create engaging, stigma-free environments
  • Therapists and Life Coaches address mental health, substance use and life skills needs
    • Therapy, case management, skill building including ADLs

• Activities and Prevention Events are key
  • Participate in Awareness events
  • We typically participate in monthly awareness events, but there are (i.e. mental health, drug facts week, suicide prevention day/week)
Our approach to substance use

- Risk, Harm Reduction
- Promote Safety & Choice
- Meet them where they are
- Informed Decision Making

= Empowered Emerging Adult
Reducing drug/alcohol use

Models used:

- TIP model
- System of Care (member-driven)
- Seven Challenges
- Matrix
- Motivational Interviewing
- Other treatment modalities as needed included: trauma-informed (ARC), DBT and expressive therapies
Relating Life Skills and Decision Making to Life - COD Specific

Staff help members thinking about the consequences of their actions.

• For instance: A staff may ask “Will you pass this drug test? If not, I cannot refer you to this job or program.” Staff have honest conversations with members about their drug use and how it could affect their ability to pass a drug test in order to gain employment.

Used the TIP model interventions often, especially In-vivo, Rationales and Futures Planning.

• New Year’s Eve example- for those members we knew would be drinking, staff gave wallet information cards with safe ways to get home (taxi, Marta times, who to call if you need help). This idea came about after a weekly “Hot Topic” on how to be safe during the holidays.
Engagement

Approaches
• Both clubhouses approached the issue of substance use and mental health from multiple angles in working with members.
  • This included focusing on:
    • Awareness
    • Prevention & Psychoeducation
    • Early intervention
    • Substance use reduction (instead of abstinence only)

Let’s Get Engaged!
• Harm Reduction Demonstration

4:20
Resources/Capturing Their Attention

- Use these things to educate youth, staff, and engage with the youth (sex, drugs, mental health, stigma etc)
  - Websites
  - Social Media
  - Blogs
  - Video Games
    - Fortnite
    - Mindcraft
Challenge Areas for this Population

- Lack of buy-in from members. Some members not motivated to stop using and are honest about this
- Culturally marijuana use is more accepted (legal in some states) and they do not see why they should stop smoking
- Lack of family engagement in treatment, especially if family is using themselves
- Parents/Guardians considered clubhouse as respite care
- Transportation is an ongoing challenge for many reasons even with funding to support this effort
- Traffic, large geographic area
- Struggles with miscommunication with member, caregiver or both
Case Studies

• What are some important factors to think about in this case?

• What’s one intervention you may do to build rapport with this youth/emerging adult?
Evaluation Findings

The proof is in the data
Evaluation

• Contribute to the evidence gap
• Understand if involvement in the program was associated with improved functional outcomes
• Learn about the aspects of the program that were most and least helpful
• Explore implementation facilitators and challenges
# Evaluation Data Sources

<table>
<thead>
<tr>
<th>Quantitative</th>
<th>Qualitative</th>
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<tr>
<td>• CANS/ANSA Assessment</td>
<td>• Caregiver Interviews</td>
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<td>• NOMs Assessment</td>
<td>• Photo Voice Sessions</td>
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<tr>
<td>• Enrollment Report</td>
<td>• Focus Group Discussions with Clubhouse Staff</td>
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<td>• Youth Satisfaction Survey</td>
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<td>• Check-in and out System</td>
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Evaluation Results - Functioning

National Outcome Measures (NOMs) n= 26

88.5% of Youth Improved in at Least One Domain

Functioning in everyday life – 57.7%
Psychological distress – 57.7%
Evaluation Results - Functioning

Child Adolescent Needs and Strengths Assessment Tool (CANS/ANSA) n= 43

90.7% of youth improved in at least one CANS domain

- Strengths Domain (57.1%)
- Substance Use Domain (56.8%)
- Behavioral Health Needs Domain (51.2%)
Evaluation Results – Positive Components

Social Connectedness and Peer Interaction
“He’s getting more sociable... not feeling ashamed... he doesn’t shut down.” – Caregiver Interview
“...I do think that makes it a lot easier for our young people to talk about issues that they’re having because... they don’t feel judged” – Staff

Supportive Environment and Staff Dedication
“I am feeling like this because I had a moment but staff was very supportive of me.” – Youth
Evaluation Results – Positive Components

Skill Development (life and coping skills)
“..., they’re learning a skill, a coping skill that they can start to identify their triggers. They’re starting to be able to express themselves more effectively and that’s a skill that has to be taught over a period of time.” – Staff FGD

“The railing symbolizes the clubhouse, because I missed a couple steps. When you miss a few steps, the railing gets you back on track.” – Youth, Photo Voice
Evaluation Results – Positive Components

Outings and Group Activities

“The trips that they have there at the clubhouse I would say has made a big difference.” – Caregiver

“So when we first went to talk to them, I was amazed at all the things they do. Like I said the field trips and all the ways they communicate with the kids, it’s great.” – Caregiver
Evaluation Results – Less Useful Components

Structured Approaches
“Since we are a member-led organization their voice is heard a lot more than a lot of the previous positions that I’ve had. I’m used to more of a we implement, this is what we’re doing and then, we basically do it.” – Staff

School-like Activities (e.g. worksheets, anything like school)
“The long, long groups. They’ve been in school all day.” – Staff

Negative Peer Influence
“...making sure that the young people that are currently using are not affecting those that are trying to wean themselves off of using.” – Staff
Evaluation Results – Facilitators

Training
“We’re going to like the TIP training... which is helpful.” – Staff

Manageable number of clubhouse members
“... makes it more difficult for us to keep an eye on everybody as our numbers grow” – Staff

So, I do kind of worry if we get too big or too small. Kind of keeping it manageable.” – Staff
Evaluation Results – Facilitators

Skilled and adaptive staff

“...learning how to implement it in a way that will not turn them off, ... in a less conventional way.” – Staff

Discovery of overlapping and complementary skillsets and approaches to address mental health and substance use issues

“I didn’t quite know what I was going to get. They don’t look too much different. There really are a lot of the same things, ... and that’s why we try not to label them...” - Staff
Evaluation Results – Barriers

Alignment of co-occurring principles with organizational philosophy Example: Risk harm reduction vs. abstinence only – Staff

Youth motivation to address substance use

“the fact that where we are today it’s so available…. Marijuana is the biggest drug of choice... it’s so available.” – Staff

Youth level of engagement with clubhouse program

“Definitely their motivation, trying to figure out that key to how do you get them to ... be active in this process?” – Staff
Evaluation Results – Barriers

Youth discomfort discussing mental health
“they’ll brag about their substance abuse all day. ...but that wall for their mental health is just, they try to protect it so much that I see a lot more denial with that, I’m starting to think, than even with their own addiction sometimes.” – Staff

Training Needs
Symptomology, pharmacology, population-specific with homeless and LGBT, family education – Staff

Lack of EBP for working with co-occurring youth
“...because it is such a new model, more concrete data and research,... .” – Staff
Staff and Workforce Development

The right people. The right education and experience.
What it takes to do the work

• The right staff!
• The right attitude!
• Working with this population is NOT for everyone. It should be an age group or population you enjoy working with.
  • They can spot a “fake” and will call you out
Staff Attitude & Qualities

• Remember that both becoming an adult and recovery are complex experiences and don’t happen in a straight line.

• Do not get frustrated with setbacks. They will happen.

• Be supportive

• Patience! Patience! Patience!

• Creativity!!!
HEY
YOU GOT THIS

LIFE COACH

PATIENCE

CREATIVITY

Inspiration
Vision
Idea
Brainstorm

Knowledge
Motivation
Innovation
Imagination
Mind
Staff Should Provide:

- Accept
- Welcome
- Flow
- Peace
- Agreement
- Allow
- Present
- Grow
- Sit
- Strength
- Receive
- Free
- Appreciate
- Acknowledge
- Open
- Understand
- Open
- Be
- Let
- Breath
- Serenity
- Release
- Agree
- Calm

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COD Staff Training

Have a substance use/abuse model you are following:

• The Seven Challenges and/or Matrix
• Motivational Interviewing

Positive Youth Development

• Transition to Independence Process (TIP) Model
• CANS/ANSA Assessment Training

System of Care

• Trauma Informed Care
Recommended Staff Education and Experience

• Therapists should have Masters degrees and minimally hold an Associate license

• Therapist and paraprofessionals should both have:
  • Between 3-5 years of experience working with youth/young adults
  • Experience with anxiety, depression, bipolar, ADHD, disruptive behaviors, LGBTQ
  • Understand the sign and symptoms of various substances
  • Understand triggers, relapse and the science of addiction
What is Success?

We learned to reframe our definition of success to include outcomes beyond decreased substance use only. Life and skill attainment are successes as well with this population.

- Decreased drug use and abstinence. Decrease in use while members are actively engaged in the program. This is evidenced by self report and drug screens.
- Gained and maintained employment, graduated high school or completed the GED, coping skills developed, decreased aggression, improved peer relationships and maintained or improved their housing status.
Remember Reflections!

Reminders for Our Staff:

• What is our individual’s “Normal”?
• Recovery is a Marathon...NOT a Sprint!
• Don’t Confuse SUCCESS with RESULTS!
Youth Speaks/Video of Our Youth from the Clubhouses

The SPOT

• Member feedback audio
  • Overall impression

• Specific to substance use and Matrix groups
CHRIS 180 Stories of Success

• One member completed the Seven Challenges, learned job development skills by working in the food pantry, gained employment, learned to use Marta, completed his probation requirements and has maintained negative drug screens.

• A homeless young man who maintained employment, obtained his GED, completed probation and is safely housed in a transitional living program.

• A young father worked two jobs while in school to support his girlfriend and two children.
I.M.P.A.C.T. Success Stories

• TC – in program for 5 months
• KM – in program for 6 months
• LW – In program for 1 year
Skittles Activity

KEEP CALM AND EAT SKITTLES
Skittles Activity Continued

• What did you learn today?
• Anything stand out?
• What would work well for you in your agency/practice/area of expertise?
• What would not fit?
• Take Home – Discussion
Questions, Concerns, Comments
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