



TRANSITIONING YOUTH FROM
RESIDENTIAL PLACEMENT:
“KEEPING YOUTH CONNECTED
WHILE GETTING THEM READY FOR
HOME”

Elmcrest’s Ready for Home Program

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Traditional Residential Model

- Created with a youth-focused, problem centered assumption that youth with behavioral concerns will simply go to institutional care, remain there until they learn new skills, and then return home and apply skills learned.
- Does not always take into account the role the family/caregiver/community play in the youth success during or after placement nor the impact on a youth spending years in residential care or coming back at some point.
- Staffing patterns are typically reflective to what is essential to meet the day to day needs of youth while placed in care and may not support the needs to integrate family/caregiver involvement, liberal off campus visits, participation in community activities, and community employment.
- Interventions typically focus on how to maintain a youth in a restrictive unrealistic environment.

Current Research

- Studies have demonstrated that connections to supportive adults, related or unrelated, can be one of the key variables correlated in youth resilience and the prevention of recidivism (Charles and Nelson, 2004).
- Even when youth that are placed in residential care grow up in high-risk environments, they are likely to have positive outcomes if their lives are characterized by the presence of caring relationships with adults, high expectations, engagement in community activities, and opportunities to make decisions and contributions to their permanency plan (Charles and Nelson, 2004).
- Youth who receive appropriate aftercare services (mental health, educational supports, skill building) within a 6-month window of discharge from residential placement were three times more likely to be successful in a community placement after 12 months of discharge (Osher, Amos, Gonsoulin, 2010).

Research continued

- Closely coordinated partnerships and collaborations between family, youth, community/residential-based treatment providers, and advocates ensure that a comprehensive mental health services and supports are available to improve the lives of youth and their families (buildingbridges4youth.org).



Using this research

- Systematic transition planning , STARTING AT ADMISSION, through family involvement, service coordination, and community engagement, are critical components for achieving lasting changes and preventing recidivism in youth .
- Interventions should focus more on the risk factors that exist on the community level and in the homes of youth .
- It is imperative to concentrate on the need to maintain, create, or rebuild connections on a community level while a youth is placed in residential care.

Elements for success

- Family connections
- Community connections
- Ability to practice skills
- Discharge planning from admission
- Family driven perspective
- Service coordination and collaboration
- Post-placement supports Services



Ready for Home Program

- All community based
- Family driven and skill-focused services that work concurrently with campus based residential services .
- Begins to plan for discharge at admission.
- Focuses on barriers in the home and in the community which puts a youth's ability of achieving permanency at risk .
- Provides frequent opportunities for youth and families to practice skills acquired while in residential care within the community and home.
- Supports family participation in treatment planning and engagement in services on campus and off .
- Stays involved up to 6-months post discharge to guide the transition and connect the family to achieve stability.

Program Goals

- Build/rebuild connections with in the home, community and school.
- Reduce Risk in the community and home.
- Prevent Recidivism



How are goals met?

In-home Clinical Supports

- Partners and supports caregivers/families at least 3 times a month
- Attends family court
- Supervises visitation
- Provides coaching and education re: parenting skills, bx management strategies, youth's needs
- Connects caregivers with schools
- Provides case coordination
- Collaborates with campus/community service providers
- Provides coordination with discharge planning

Skill Building

- Keeps youth connected to the community and home at least 3 times a week.
- Provides opportunities for youth to practice skills acquired on campus in the home and community.
- Creates experiences that will support employment, education, and the development of connections/supportive relationships.
- Provides emotional and academic supports

Skill building activities

- Sports teams
- Sports camps
- Social clubs
- Leadership programming
- Educational assistance
- Volunteering
- Chores and expectations in the home
- Employment
- Value of work
- Internships
- Job shadowing
- College prep
- Independent living skills
- Money management
- Conflict resolution
- Behavioral management
- Conflict resolution
- Self-esteem
- Character building

Sam

- Sam is a 12 year old African-American male living with his mother. Sam has a younger sister who lives with his maternal Grandmother and an older sister who is attending college. Sam's father has been incarcerated at various times throughout Sam's childhood and contact has been inconsistent. Sam's mother has historically given her children to various family members to care for when she becomes overwhelmed with managing their behaviors. Sam's family has experienced a history of substance abuse, domestic violence, and chronic neglect. Sam has struggled behaviorally in school for most of his academic years and has experienced multiple suspensions.

Admission

- Reason for Placement
 - Sam's school filed a PINS petition
 - Court Ordered to stay at Elmcrest for a diagnostic evaluation
 - Evaluation recommended residential placement to receive treatment
- Begin planning for discharge
 - Who is the discharge resource?
 - What is the concurrent plan?
 - Who are the discharge resource's supports?
 - What is the expected length of stay for youth's treatment?
- Who's who?
 - Introducing the treatment team and identifying roles

Assessment

- Skill Building
 - 40 Developmental Assets Checklist and Casey's Life skills Assessment
 - Areas of need – Community connection, self-esteem, conflict resolution skills, accountability and responsibility
- In-home Clinical Supports
 - Home Risk Assessment
 - Areas of need – basic needs (housing), parenting skills (structure, supervision, consistency), psychoeducation (understanding Sam's needs), Respite resource
 - Keep/Add/Toss
 - What works well with your family?
 - What is something you would like to see happen differently?
 - What is something you want to get rid of?
- 30 day treatment team meeting
 - Collaborate to discuss what each provider identifies as barriers to discharge and how to address them.

Family Readiness Checklist

The following checklist has been designed to help guide discussions about what a family would need before successfully transferring a youth from residential care to a community setting or back home.

If the family and youth are able and willing to do the following things, then a transfer to a community setting may be beneficial for the youth.

Is the family able/ willing to provide

- Adequate housing
- Condition/Safety of home
- Financial Needs
- Food/Clothing/Shelter

Safety from the following types of abuse:

- Mental
- Physical
- Substance Abuse - History on both Mom and Dad's Side

Parents enforce and provide the following,

- Appropriate boundaries
- Consistency/Follow through - not present
- Family works together - Family Conflict

Parents provide the following within the home:

- Structure in the home - No structure / lack of rules
- Understanding of needs - Lack of understanding w/ mental health
- Appropriate Supervision - No supervision

Parents ensure that the home is free from

- Domestic Violence,
- Safe in Home/Neighborhood, - Unsafe neighborhood / people
- Safety Plans are followed

Treatment

Skill Building Goals

- Support Sam to increase his academic motivation
- Increasing responsibility and accountability
- Increase ability to effectively resolve conflict with adults and peers
- Increase community connections
- Improve self-esteem

Interventions

- Off-ground activities 3 times per week.
- Local Basketball leagues and open gyms
- Earned free days
- Independent incentives on campus

What did we see?

- Sam's prosocial interactions began to increase while his maladaptive behaviors started to dissolve.
- Quiet, but respectful and appropriate.
- Increased awareness of his purpose and value within his community.

Treatment

In-home Clinical Support Goals:

- Provide psychoeducation around Sam's behavior and how to better manage him
- Find new housing in a safer neighborhood
- Increase Mom's involvement within treatment
- Improve parenting styles that support Sam's behavioral and emotional needs
- Build a support network for Mom

Interventions

- Bi-weekly home visits
- Weekly supervised home visits followed by a coaching sessions
- Locating new housing
- YMCA membership

What did we see?

- Mom increased her involvement in all aspects of treatment
- Mom was able to find housing in a different neighborhood
- Mom and Grandma were rebuilding their relationship. Mom was taking her daughter on the weekends and during visits with Sam
- Mom was finding activities in the neighborhood for her and her children (YMCA, open gym, library)

Discharge Planning

- Skill Building
 - Continued playing in the local basketball league
 - Set Sam up with the Boys and Girls Club nearby his house
- In-home Clinical Supports
 - Planned with the county and the program to transition to unsupervised visits
 - Structuring home visits to be realistic
 - Registration for a community school
 - Center for Community Alternatives (CCA) referral
 - School Transition Meetings
 - Medication Management

Aftercare

- Interventions
 - Building connections within the school
 - Weekly check-ins with Sam, Mom, skill builder, and social worker.
 - Outsourced Mom's use of supports (School, Grandma, daughter)
 - Skill building sessions were geared towards problem solving issues within the home
 - Referral to Hillside Afterschool Program