# Transition Planning A three part series for direct support professional's to help meet the complex peeds related to transition planning



## Day 1: Youth Transitions

Thursday February 16, 2017







PARTICIPANTS GUIDE

#### Introduction

#### **OVERVIEW**

The Toronto Networks of Specialized Care in partnership with the DSTO Shared Learning Forum and ConnectABILITY.ca has developed a 3 part Certificate Series for direct support professional's to help meet the complex needs related to Transition Planning. It's arranged into 3 training modules (Day 1: youth; Day 2: adult; Day 3 aging) that spans over 3 days and includes DS sector agencies as well as our community partners from Health, Education and Justice. The presentations will be available on video and access to the videos and supporting resources can be found on ConnectABILITY.

#### **LEARNING OUTCOMES**

With respect to transitions across the lifespan and sectors, this 3-day event will help participants to:

- Identify effective strategies to improve system access and navigation for clients and families
- 2. Use effective planning and decision-making to improve client wellbeing
- 3. Support client needs relating to their rights and lifestyles
- 4. Construct a network of individuals who can provide expertise and support

#### **AGENDA**

Time	Activity	
8:30 am	Breakfast, Registration	
9:00 am Welcome and Introductions		
9:30 am Opening Activity		
10:00 am Presentation A		
11:00 am Break		
11:15 am Presentation B		
12:15 pm	Lunch	
1:00 pm Review of Case Study		
1:30 pm Presentation C		
2:30 pm	Break	
2:45 pm	Closing Activity	

#### **WORKING AGREEMENT**

In order to ensure all participants have a safe and enjoyable learning experience, it is important that everyone agrees to some basic working principles for the next two days, including:

- Confidentiality will be respected; what is said in the room stays in the room.
- Diversity will be respected; everyone has different levels of knowledge and experience and is entitled to their point of view.
- Everyone will work to create a safe environment so people can feel comfortable sharing their thoughts; disrespectful language or actions will not be tolerated.
- We acknowledge that one approach often does not fit all and that the diversity that both informal and formal helpers bring to a situation can be a strength and an asset.
- Active participation will help to ensure an effective learning experience; however, individuals have the right to decline providing feedback if they are uncomfortable.
- Everyone will make every effort to arrive on time, return from breaks/lunch on time, and to stay until the end of the session.
- Everyone will turn mobile devices off or set on vibrate throughout the day; any calls that must be answered will be taken outside the room.

#### SESSION EVALUATION AND KNOWLEDGE TRANSFER

- Your feedback is critical to help ensure the continued quality and effectiveness of this session. At the end of the day, please complete the evaluation form provided.
- Around three to six months after the course has been completed, we will
  e-mail you a brief online survey asking for your feedback about how you
  have applied the knowledge you acquired from the course and how you are
  doing on your personal commitments

#### **Welcoming Activity**

S	you were to describe to a fellow participant the work you do in two to three entences, so that they could understand what kind of help or assistance you buld give them in the future, what would you say?

#### **TABLE DISCUSSION**

At your tables, take turns introducing yourself (name, title, agency); briefly mention the kind of work you do and/or services you provide and share what you hope to get out of the session.



# Erin

Erin is 18 and was diagnosed with FASD at birth. She also has seizures about once a month that she used to take medication for. She has no family support since leaving foster care system. She identifies as transgender and has been dealing with anxiety since her early teens. She has not had formal developmental services and only identifies as having epilepsy and 'sometimes gets anxious'

She is currently homeless and goes to various shelters when she has no safe place to stay. She wants to live independently but hates group living. She is able to take TTC Independently but is quite vulnerable and is often taken advantage of by older adults who she meets. She is impulsive and has difficulty with saving, understanding basic needs vs wants.

She loves cooking but often forgets and leaves things on the stove. She hopes to meet someone who she can cook for.

What supports can Erin access? How would you support Erin and her identified needs in relation to her dreams? What are some ways your agencies current programs and services could assist Erin?

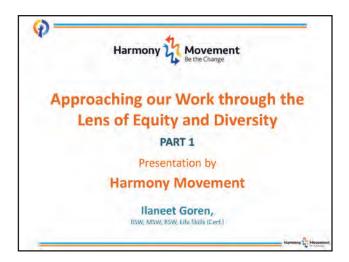
Notes			

# Approaching our work through the Lens of Equity and Diversity (day 1)

Presented by

**Ilaneet Goren**, Harmony Movement

#### **Opening Activity**

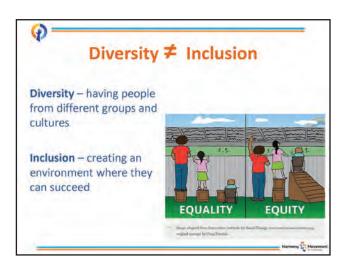






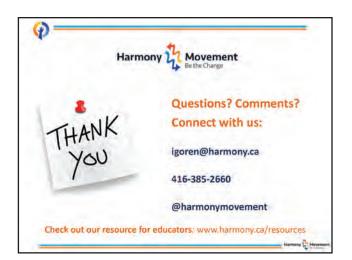
#### **Opening Activity**







#### **Opening Activity**



# East Metro Youth Services: Youth Mental Health

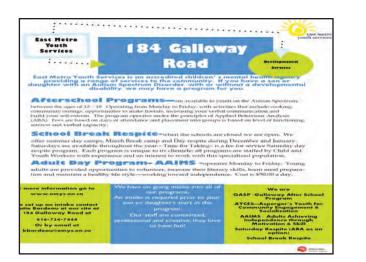
Presented by

**Kayla Yama**, MSW, RSW, what's up Walk In, East Metro Youth Services

Vanessa Adams, BA, CYC, Developmental Services, East Metro Youth Services

### **East Metro Youth Services: Youth Mental Health** Kayla Yama, MSW, RSW, what's up Walk In, East Metro Vanessa Adams, BA, CYC, Developmental Services, East **Our Mission** We continuously strive to engage youth and young adults in reaching their personal best through: Enhancing their mental health Investing in their future potential Innovative collaboration with our diverse families, communities and service partners **Our Vision** We are committed <u>to doing whatever it takes</u> to meet the needs of the clients, participants and families we serve. Our Approach We have incorporated the following concepts into everything we do: Youth and their families are the experts in their lives. We provide individualized programming to meet the unique needs and circumstances of youth and their families. EMYS what's up walk-in clinic Video Link: to be added

Accessing the Walk In Clinic	
Hours of Operation at EMYS:  Monday, Wednesday, Thursday (2-8pm)  Tuesday (10-5pm)  Friday (10-5pm)	
Saturday (10-2pm)  ***Last session occurs 1 hour before close***	
Ages 0-29 including parental figures/guardians No health card or appointment needed	
Location: 1200 Markham Rd, Suite 200 416-438-3698	
What is a change you would make to mental health services to ensure programs are responsive to the needs of transitional age youth with developmental	
disabilities?	
SURREY PLACE AND EMYS SINGLE SESSION PARTNERSHIP WALK IN	
Every Tuesday 2-5pm Surrey Place and EMYS offer joint ABA and Solution Focused Therapy Single Session for young people and their families/caregivers	
<ul> <li>In 2016 23 joint counselling sessions were completed in the walk in by Surrey Place and EMYS therapists</li> </ul>	
<ul> <li>Provides therapeutic support for young people, and care givers AND access to Surrey Place's knowledge regarding system navigation for transitional age youth, dual diagnosis, and ABA therapy</li> </ul>	
youth, dual diagnosis, and ADA therapy	



#### Erin: Case Presentation

- Refer to EMYS what's up walk in on Tuesday 2-5pm
- Erin would receive single session solution focused counselling with therapeutic goals around experience of "sometimes getting anxious," safety planning for being "taken advantage of by older adults"
- Surrey Place worker would be doing an informal assessment to determine needs and possible service to refer to i.e. is she referred to the DSO, Adult FASD Clinic
- EMYS would refer to a EMYS Clinical Youth Outreach Worker to support Erin's housing needs
- Refer internally to East Qrew LGBTQ group at East Metro Youth Services
- Connect to a peer mentor who could call Erin to remind her about EMYS appointments and check in on the relephone

Please share a client you would refer to EMYS what's up walk in during Surrey Place hours of 2-5pm on Tuesdays?

 Can be clients you have worked with, or a profile of an imagined client

# Identifying People with Developmental Disabilities, Dementia and Brain Injury Experiencing Homelessness

Presented by

**Dr. Sylvan Roy**, Innercity Health Team, Bridges to Housing

Identifying People with Developmental Disabilities,
Dementia and Brain Injury Experiencing Homelessness

#### The work...

- Homelessness at Inner city Family Health Team
- · Complex Mental Illness at CAMH
- The majority of those I see have neurocognitive challenges.

#### Some causes of disability



Schizophrenia is up to 10x more common in the homeless than the population at large. Hwang (2003) suggested that about 6-7% of the homeless have schizophrenia.



Traumatic Brain Injury (Hwang, 2008): In 904 men and women in shelters surveyed, 53% were likely to have a TBI over lifetime, 12% of cases having moderate or severe TBI, 70% TBI occurred prior to homelessness.



<u>Drug use</u>: Crack/cocaine use is associated with a 30% reduction in cerebral blood flow (Wallace et al., 1994). Increases risk of Ischemic/haemorrhagic strokes. The prefrontal cortex appears to be particularly vulnerable.



<u>Chronic alcohol use</u> can affect frontal lobes, cerebellum, & subcortical structures e.g. hypothalamus (mammillary bodies) involved in memory.

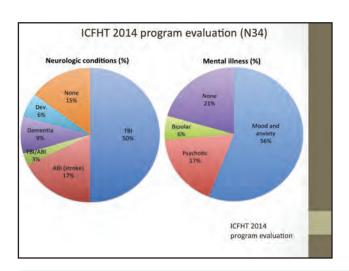


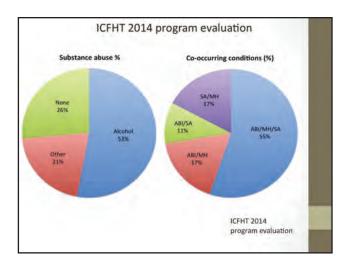
#### **Poverty Impedes Cognitive Function**

Anandi Mani, 1 Sendhil Mullainathan, 2 Eldar Shafir, 3 Jiaying Zhao 4

The poor often behave in less capable ways, which can further perpetuate poverty. We hypothesize that poverty directly impedes cognitive function and present two studies that test this hypothesis. First, we experimentally induced thoughts about finances and found that this reduces cognitive performance among poor but not in well-off participants. Second, we examined the cognitive function of farmers over the planting cycle. We found that the same farmer shows diminished cognitive performance before harvest, when poor, as compared with after harvest, when rich. This cannot be explained by differences in time available, nutrition, or work effort. Nor can it be explained with stress: Although farmers do show more stress before harvest, that does not account for diminished cognitive performance. Instead, it appears that poverty itself reduces cognitive capacity. We suggest that this is because poverty-related concerns consume mental resources, leaving less for other tasks. These data provide a previously unexamined perspective and help explain a spectrum of behaviors among the poor. We discuss some implications for poverty policy.

Science, vol 341 (2013)





ICFHT Program Evaluation 2015 (Seaton House)

- \* ABI: 52.1%
- Mental Illness (i.e. PTSD, depression etc.): 74.3%
- Substance Abuse: 94.2 %
- Dementia (neurodegenerative): 27.2%
- + Intellectual Disability: 7%
- Moderate to severe hopelessness: 20%
- · Cognitive Disorder:
- 90% had a least 1 impaired cognitive domain.
- = 80% had three or more.
- 61.3%: Global cognitive dysfunction
- 74.3%: Executive dysfunction (Worse in MAP)
- 33.3%: Memory impairment
- 49.3% Social cognitive problems impairment

2015 Housing Needs Assessment CCAC/LHIN, City of Toronto, ICFHT 3 week process with physicians, psychologist and staff

120 Seaton House (chronically homeless) clients

- · 35% (N42) Require 24h care
  - . 17% (N7) to be referred to LTC
  - . 83% (N35) unlikely to be accepted to LTC
    - Behavioural/Substance Abuse/smoking/refusal
    - · Many would benefit from specialized LTC / MAP
- 40% (N48) Able to live independently high supports.
- 23% (N29) Able to live independently low intensity supports.


#### What we learned

- \* Health needs among homeless is complex
- Majority have a neurocognitive problems due to ABI, Dementia, Brain injury.
- · No easy way to streamline patients to the right care/housing
- We need better triage and screening capabilities.
- · Developmental Disability never looked at in Shelters

#### Bridges lo Housing

Bridges to Housing is demonstration project which offers clinical and case management supports to help find and sustain appropriate housing for a group of 25 chronically homeless men and women with developmental disabilities.

Introductions to this opportunity from Developmental Services Housing Task Force Provincial funding (MCSS) \$945K for two years 2016 and 2017

Goal: more appropriate housing and supports for vulnerable individuals; free up shelter space; test service approaches and identify gaps

- DSO eligibility/Neuropsychology
- Primary Care (Nursing, Psychology, RT) Case Management Services
- \$400 Housing Supplements
- ODSP application support DSO supports & funding
- Evaluation of project











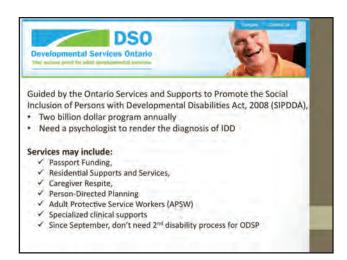


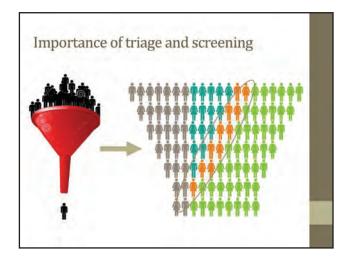
#### Understanding Developmental/Intellectual disability

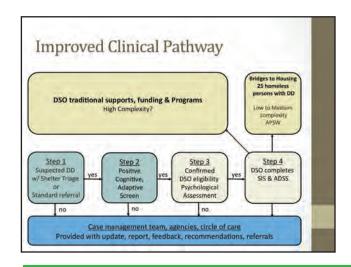
- 1. Disorder with an onset in the developmental period (pre 18)
- 2. Intellectual (cognitive) impairment below 2<sup>nd</sup> percentile
- 3. Adaptive functioning deficits
  - · conceptual, social and practical domains (i.e. communication, community use, functional academics, health & safety, self-care)

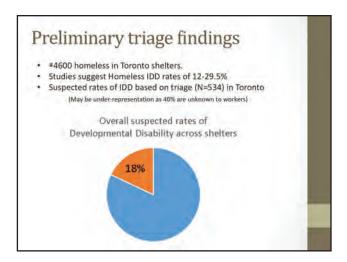
Can include Autism, FASD, Childhood Brain Injury, Severe Neglect/Abuse, Genetic Disorders

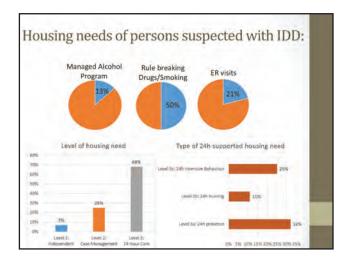
Differs from brain injury in adulthood, dementia or severe mental illness, though these co-occur for most homeless patient we see with IDD.



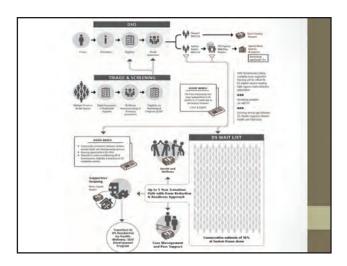








#### Challenges and Program Model: Profile of 26 homeless persons with IDD: · Majority (58%) were males, 31% Female, Transgender 11% · Impaired IQ, concrete & rigid thinking, slow processing speed Poor affect recognition, learning and memory & executive skills Impaired adaptive functioning Transgender Total Male Female 33% 0% 19% History of Incarceration 0% Abuse in childhood 100% 62% 46% 75% Traumatic Brain Injury 60% 50% 50% 0% 92% Mental Health Issue 93% 88% 100% History of Drug Use 87% 50% 33% 69% Current Drug Use 77% 50% 33% 64%



#### Achievements

- + Improved access to DSO-TR (6-24 months to 2-3 weeks)
- \* Immediate access to ODSP financial supports
- \* Reduced wait times for Passport funding (2-3 months)
- Up to \$400 housing allowance from the City of Toronto
- Case management supports (SSHA, Streets to Homes, Adult Protective Services)
- · Primary Care services at Inner City Family Health Team

#### Our To Do List

- Housing alone is not the answer to this group's homelessness
- Group Living Supports, Enhanced Supported Independent Living (SIL) or other innovative housing models would be ideal (i.e. harm-reduction approach)
- Targeted behavioural and cognitive based interventions needed in addition to traditional primary care
- Waitlists for specialized clinical services including trauma therapy, psychological assessment, FASD diagnostic assessment, cognitive behavioural therapy or applied behavioural analysis are long as the demand is very high
- Broaden the scope of learning throughout GTA for people with intellectual developmental disability and beyond

## **Dignity of Risk**

Presented by

**Maria Traccitti & Jamie Christakos** 



My life is great. It hasn't always been easy, but I don't give up. We all need support from one another. Having love in my life and people who believe in me has got me through some hard times. You will hear more about it in this presentation which I originally gave at the Adult Protective Service Workers of Ontario Conference in 2015.



#### <u>Jamie Christakos</u>

Jamie Christakos was born in Toronto in 1993. He moved to Ottawa in 1996. While in Ottawa, he began violin lessons (after seeing the instrument featured in Sesame Street!) which continued until the end of high school. Moving back to Toronto in 2006, he attended middle school and an arts high school and completed several credits at U of T. His interests include history and music, among other things. Last year, he participated in two courses run by Community Living Toronto. More recently, he has been a guest member of the DSTO's Relationship Group.

In this presentation we will be sharing with you about who and what made a difference to us during difficult times and times of big change in our lives. We need the same opportunities as everybody else to experience the ups and downs in life. We know ourselves best and are the best experts on what we experience and want, but having people in our lives who believe in and stand by us makes a huge difference. We are not clients in our communities, or to our families, friends, neighbours, co-workers, team mates etc. We need people to help us challenge the constructs, assumptions and practices that limit what we can do. People should know how to help us to contribute, be connected, make choices for ourselves and have caring relationships in our lives.

In this presentation we want you to learn from us so that when you go home you can think about what we have shared today and reflect on the tips and questions we have for you.

Also please enjoy the word search!

\*Content Warning: This presentation mentions rape. We believe survivors.

Tips If You Are Supporting People Through Change or Hard Times



- · Ask them what they want and don't want
- · Respect what they are saying and listen to them
- Believe in and support them to believe in themselves and the people who stand by them
- Connect them with opportunities to meet people, share talents, and expand their world
- Help them figure out how to make changes and reach their own goals at their own pace
- · Remember the person is the best expert on what they experience, feel, want and need
- Focus on helping people to explore, encourage and develop their passions and interests
- Life is not a dress rehearsal be a bridge for people, work for access to what exists in the community, and do everything you can that will help people make friends, be creative
- If you don't agree with what someone wants, don't push what you think is right listen, they will find their own way – learning comes from making decisions, even bad ones
- As a paid person you won't always be there, but you can support people in ways that will increase the chance there will be others who are
- Learn from the people you support and from mistakes; and be open and willing to change

#### Discussion Questions for Further Reflection

- 1. What has helped you through a difficult time or a big change and what did you learn from it?
- 2. How have you helped others through a difficult time or a big change and what did you learn?
- 3. Does what you are doing now and what you have been doing up until now support the institutional construct of people as clients OR the inclusion of individuals in community?
- 4. What will you do differently after hearing this talk?



#### Searching for the Opposite of Institutional/Client Thinking?

learn respect experience individual connections relationships lovable partner value community involvement interests family education attitude passions decisions pets responsible adult faith independence conditions dignity understanding acceptance accessibility introduction include contributions trust safety freedom



Words about the change we want to be/see/create in the world!

Anything to add:



#### Wrap up

#### **EVALUATION/FEEDBACK**

Please take a few minutes to complete the feedback form if you haven't already done so.

#### **PERSONAL COMMITMENT ACTIVITY:**

Self-Reflection Self-Reflection
Based on what you have learned today, identify two or three things that you are going
to make a personal commitment to do or try in the next three to four months.
What supports will you need to help enable you to be successful in achieving your commitments?
Table Discussion
What are some things you are already doing well regarding supporting people through transitions?
What are some "quick wins" around transitions that would be manageable with the current resources you and/or your agency have?

We hope you have found the day useful and enjoyable.

Thank you for attending!

#### **Self Reflection**

We encourage you to use this page to keep track of key points, action items, and connections you make at today's event and hope that you will refer to it once you are back on the job to help reinforce your learning.

	Y POINTS: Use the space below to make note of key points, insights, or take-aways that and out for you during the day
	ONNECTIONS: Use the space below make note of any new people you meet today that you say want to connect with in the future
AC	TION ITEMS:
a)	Use the space below to make note of key actions you want to take to apply what you learned once you are back at your job
b)	What are some of the challenges you anticipate in trying to carry out your action items? How might you address these?

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#### SESSION EVALUATION

**Day 1: Youth Transitions - Thursday February 16th, 2017** 

1. Overall, I	found today's	session to b	e:		
	1 Poor	2	3 Average	4	5 Excellent
Please expla	nin why you cho	ose that numb	_		ZAGGIIGITE
2 The overa	II relevance o	f tadav's sass	sion to my practice	wac'	
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	1 Poor	2	3 Average	4	5 Excellent
Please expla	nin why you cho	se that numb	_		Excellent
3. What will you do to apply your learning in your work?  4. What I found most useful about the session:					
5. One mess	sage to the or	ganizers:			
6. Other comments?					

Thanks for your participation! Your comments will be collated.





