



Practice, Policy, and Research Recommendations on Transition to Adulthood

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Overview of Transition to Adulthood Issues

Societal expectations of participating in adult functions of employment, further education and/or training, family, and active community life is challenging yet stimulating for all youth and young adults. Yet, for young adults experiencing emotional and/or behavioral difficulties (EBD) an additional layer of complexity is experienced. Many diverse life changes and rights of passage to adulthood happen during this transition period. Leaving high school, obtaining and maintaining employment, developing different social networks, choosing post-secondary education or training options, involvement in intimate relationships that may lead to family

commitments, and living independently are just a few of the exciting yet life-changing events occurring during this transition period. The multiple issues are daunting for young people with EBD as they leave childhood and children's services and enter adulthood, with or without corresponding services they used to receive. They face the same challenges that all young people face at this time in their lives, yet, carry the added burden of an invisible disability.

The public and private service sector for these youth and young adults is often disjointed, lacking coordination of the multiple services needed to support a young person's successful trajectory to adulthood. Youth with EBD maturing into adulthood are faced with the overwhelming task of navigating the treacherous pathways between child and adult serving agencies. Unfortunately, no unified public agency is designated to help these young people and their families move into adulthood. Although pockets of systemic collaboration can be found in some communities, typically child and adult serving agencies are fragmented across eligibility requirements, age-appropriate services, and philosophies of service. In addition, it is rare to find personnel with the disposition and competencies to address the needs of these young persons with EBD and their families.

The *National Network on Youth Transition for Behavioral Health (NNYT)* is focused on development, research, and dissemination of evidence-supported practices and systemic strategies for improving the transition outcomes of youth and young adults (ages 14-26 years) with EBD and their families. The *NNYT* is also the purveyor of an evidence-supported practice referred to as the *Transition to Independence Process (TIP) model*.

Definition of the TIP Model

TIP Model Definition

The Transition to Independence Process (TIP) model was developed for working with youth and young adults with emotional/behavioral difficulties (EBD) to: a) engage them in their own futures planning process; b) provide them with developmentally-appropriate, culturally-competent, and appealing services and supports; and c) involve them and their families and other informal key players in a process that prepares and facilitates them in their movement toward greater self-sufficiency and successful achievement of their goals related to relevant transition domains -- employment/career, educational opportunities, living situation, personal effectiveness and wellbeing, and community-life functioning. The TIP system is operationalized through seven guidelines and their associated practices that drive the activities and framework for the program and community system to support these functions.

TIP System Guidelines

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

Theory and Research Underpinnings for the TIP Model

The TIP model is considered to be an evidence-supported practice based on six published studies that demonstrate improvement in real-life outcomes for youth and young adults with emotional/behavioral difficulties (EBD). If you want to learn more regarding these research findings, please download the attachment labeled *Theory and Research Summary of the TIP Model* -- available through the TIP website: <http://tip.fmhi.usf.edu>.

Other Aspects of the TIP Model

Transition Facilitators

To ensure the continuity of planning, services, and supports, the TIP system is implemented directly by **transition facilitators** who work with the young people, their parents, and other informal and formal support people.

- The term *transition facilitator* is used to emphasize the function of **facilitating** the young person's future, not directing it.
- Different sites and service systems use similar terms such as transition specialist, resource coordinator, mentor, transition coach, TIP facilitator, service coordinator, or life coach.
- The role of transition facilitators with young people, their parents, and other informal and formal key players will be described in detail throughout this manual.

Independence and Interdependence

The TIP system promotes independence. However, the concept of "interdependence" is central to working effectively with young people. This concept nests the focus of independent functioning (e.g., budgeting money, maintaining a job) within the framework of young people learning that there is a healthy, reciprocal role of supporting others and receiving support from others (i.e., social support network for emotional, spiritual, and physical support).

Self-Determination

The concept of *self-determination* is one that the fields of education and psychology are attempting to define (Field & Hoffman, 1996; Martin & Marshall, 1995; Rusch & Chadsey, 1998). In order to operationalize this concept as much as possible, it can be defined as the ability to: 1) set goals that are likely to improve one's quality of life; 2) formulate alternative strategies; 3) choose among the strategies to find the most viable ones for achieving each goal; 4) implement the selected strategies; and 5) evaluate one's progress in achieving the goals.

Some of the personal skills associated with self-determination are: choice clarification, decision-making, goal setting, creativity, delayed gratification, self-advocacy, assertiveness, self-monitoring, self-evaluation, and self-reinforcement.

Personnel Competency Enhancement

- ❖ Training on the TIP model principles & applications.
- ❖ Competency training on TIP model core practices.
 - Strength Discovery and Needs Assessment
 - Futures Planning
 - Rationales
 - In vivo Teaching
 - Social-Problem Solving (SODAS)
 - Prevention Planning on High Risk Behaviors
 - Mediation with Young People and Other Key Players

Table 1. TIP System Guidelines

1. Engage young people through relationship development, person-centered planning, and a focus on their futures.

- ◆ Use a strength-based approach with young people, their families, and other informal and formal key players.
- ◆ Build relationships and respect young persons' relationships with family members and other informal and formal key players.
- ◆ Facilitate futures planning and goal setting.
- ◆ Include prevention planning for high-risk behaviors and situations, as necessary.
- ◆ Engage young people in positive activities of interest.
- ◆ Respect cultural and familial values and young persons' perspectives.

2. Tailor services and supports to be accessible, coordinated, appealing, non-stigmatizing, developmentally-appropriate, and build on strengths to enable the young people to pursue their goals across all transition domains.

- ◆ Facilitate young persons' goal achievement across all transition domains.
 - Employment and Career
 - Educational Opportunities
 - Living Situation
 - Personal Effectiveness & Wellbeing
 - Community-Life Functioning
- ◆ Tailor services and supports to be developmentally-appropriate, addressing the needs and building on the strengths of young people, their families, and other informal key players.
- ◆ Ensure that services and supports are accessible, non-stigmatizing, coordinated, and appealing.
- ◆ Balance the transition facilitators' role with that of the young person, their parents and other informal and formal key players.

3. Acknowledge and develop personal choice and social responsibility with young people.

- ◆ Encourage problem-solving methods, decision making, and evaluation of impact on self and others.
- ◆ Balance one's work with young people between two axioms:
 - Maximize the likelihood of the success of young people.
 - Allow young people to contact natural consequences through life experience.

4. Ensure a safety-net of support by involving a young person's parents, family members, and other informal and formal key players.

- ◆ Involve parents, family members, and other informal and formal key players.
- ◆ Parents, family members, or other informal key players may need assistance in understanding this transition period or may need services/supports for themselves.
- ◆ Assist in mediating differences in the perspectives of young people, parents, and other informal and formal key players.
- ◆ Facilitate an unconditional commitment to the young person among his/her key players.
- ◆ Create an atmosphere of hopefulness, fun, and a future focus.

5. Enhance young persons' competencies to assist them in achieving greater self-sufficiency and confidence.

- ◆ Utilize assessment methods, e.g., in-vivo assessment, functional behavior assessment.
- ◆ Teach meaningful skills relevant to the young people across transition domains.
- ◆ Use teaching strategies in community settings.
- ◆ Develop skills related to self-management, problem-solving, self-advocacy, and self-evaluation of the impact of one's choices and actions on self and others.

6. Maintain an outcome focus in the TIP system at the young person, program, and community levels.

- ◆ Focus on a young person's goals and the tracking of his/her progress.
- ◆ Evaluate the responsiveness and effectiveness of the TIP system.
- ◆ Use process and outcome measures for continuous TIP system improvement.

7. Involve young people, parents, and other community partners in the TIP system at the practice, program, and community levels.

- ◆ Maximize the involvement of young people, family members, informal and formal key players, and other community representatives.
- ◆ Tap the talents of peers and mentors:
 - Hire young adults as peer mentors and peer counselors.
 - Assist young people in creating peer support groups and youth leadership opportunities.
 - Use paid and unpaid mentors (e.g., co-worker mentors, college mentors, apartment roommate mentors).
- ◆ Partner with young people, parents, and others in the TIP system governance and stewardship.
- ◆ Advocate for system development, expansion, and evaluation -- and for reform of funding and policy to facilitate implementation of responsive, effective community transition systems for youth and young adults and their families.

NOTE: Adapted from Clark & Foster-Johnson (1996), Clark, Unger, & Stewart (1993), and Clark et al. (2000).

Transition Domains

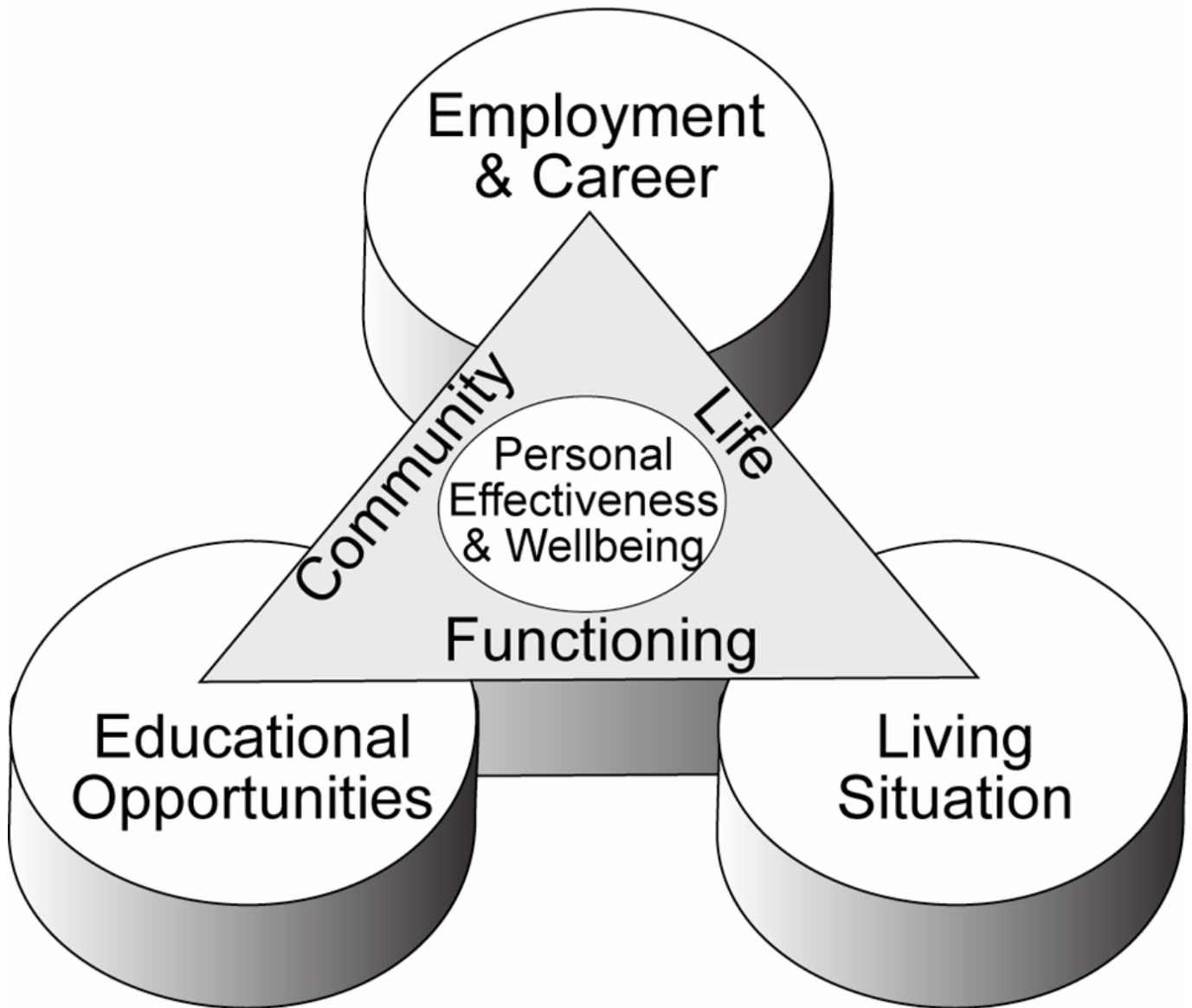


Figure 1. The Five Transition Domains: The three setting domains of **Employment/Career**, **Educational**, and **Living Situation** -- and the **Personal Effectiveness/Wellbeing** and the **Community-Life Functioning** domains shown in this figure are useful in capturing young people's attention and their focus on their futures. The last two domains encompass several sub-domains that are relevant to success in each of the other domains. (see Table 2).

Table 2: Transition Domains

Employment & Career

- Competitive employment site.
- Work experience, paid or unpaid, at competitive or entrepreneurial worksite (e.g., apprenticeship with employee serving as coworker mentor).
- Supported employment (e.g., paid placement at competitive worksite with formal support, like a job coach).
- Transitional employment opportunities, paid or unpaid, at a noncompetitive worksite placement.

Educational Opportunities (Career-Track Training)

- Bachelor's degree or beyond.
- Associate's degree.
- Vocational or technical certification.
- High school completion or GED certificate.
- Work place educational programs where placement is related to school/college enrollment.

Living Situation

- Independent residence (e.g., living in an apartment with a roommate).
- Residing with natural, adoptive, or foster family.
- Other family situation (e.g., girlfriend's family, extended family).
- Semi-independent living (e.g., service coordinator assists but does not live on-site).
- Supported living (e.g., supervised apartment with live-in mentor or on-site support staff at apartment complex).
- Group home or boarding home.
- Restrictive setting (e.g., crisis unit, residential TX center, detention center).

Personal Effectiveness & Wellbeing (Table 2 Continued)

Interpersonal Relationships: Family, Friends, & Mentors

- Relationship development & maintenance of friendships.
- Balance of independence & interdependency with family members.
- Dating skills & development/maintenance of intimate relationships.
- Maintenance of relationships with mentors & informal key players.

Emotional & Behavioral Wellbeing

- Create reciprocal relationships with others.
- Expression of care & concern for others.
- Social skills (e.g., positive feedback to others, acceptance of negative feedback, self monitoring, self-evaluation).
- Assertiveness skills & conflict resolution skills.
- Coping with stress & ability to relax.
- Management of anger & moods.
- Self-management of psychotropic medications & side-effects.
- Manage use of alcohol & drugs.
- Avoid physical confrontations & criminal activities.
- Avoid danger to self & others.

Self-Determination

- Social problem solving (e.g., generate alternative options, make informed decisions).
- Set goals & develop plans for achieving such.
- Evaluate one's progress in achieving goals.
- Accept one's strengths & limitations.
- Advocate for one's rights & positions.

Communication

- Express one's ideas & feelings through speaking & listening.
- Reading & writing skills for learning, fun, & communication.
- Knowledge of information sources (e.g., use of library, authorities, Internet communications, & other resources).
- Study & learning skills for gaining & applying new information.
- Cyberspace safety (e.g., revealing personal information, meeting contacts in person, use of credit cards on-line).

Physical Health & Wellbeing

- Health care & fitness (e.g., balance diet, physical activity).
- Recognizing when to see a physician.
- Self-management of over-the-counter & prescription medications & possible side effects.
- Knowledge of sexual functioning & birth control (e.g., prevention of sexually-transmitted diseases & unwanted pregnancies).
- Ability to access medical & dental services.

Parenting

- Health of mother for the prenatal fetus (e.g., balance diet, physical activity, adequate sleep, no smoking).
- Recognizing when to see a physician for prenatal & postnatal care.
- Young adult male supports girl friend/spouse in promoting the health of the mother & baby.
- Young adult male & female assuming responsibility for rearing the children (e.g., care & discipline, behavioral parenting practices, providing home setting, finances).

Community Life Functioning

Daily Living

- Self care.
- Maintenance of living space & personal possessions.
- Money management.
- Cooking & nutrition.
- Maintenance & security of personal & financial documents.
- Safety skills (e.g., avoid dangerous situations, prevent victimization).

Leisure Activities

- Entertaining one's self.
- Activities with others.
- Creating indoor & outdoor activities of interest & fun.
- Places of entertainment & fun.
- Safe & healthy activities (e.g., Cyberspace safety precautions, safe routes for walking, biking, & driving at different times of the day, choice of friends).

Community Participation

- Mobility around the community.
- Access & use of relevant community agencies & resources.
- Citizenship responsibilities, knowledge of basic rights & responsibilities.
- Community social support (e.g., peer groups, community organizations).
- Access to legal services.
- Cultural & spiritual resources.



Transition to Independence Process (TIP) Model

Essential Elements of the TIP Model

The TIP model is considered to be an evidence-supported practice based on six published studies that demonstrate improvement in real-life outcomes for youth and young adults with emotional/behavioral difficulties (EBD). Agencies and communities seeking to develop or enhance their service systems for transition age young people and their families may want to consider implementing the TIP system.

This first outline provides the “Essential Elements” of the TIP model and the second outline provides the “Organizational Features” that define the TIP model. Agency and community stakeholders interested in learning more about the TIP system may find it helpful to review these outlines and to examine the other resources referred to at the end of this protocol.

Essential Elements

- ❖ TIP System Guidelines
 - These principles/guidelines drive the youth-friendly, stigma-free, culturally-sensitive, developmentally-appropriate, and effective work by the transition facilitators with:
 - with youth and young adults
 - and their families, other informal key players, and formal key players
 - Transition systems have been shown yield improved progress and outcomes with young people when operating under the seven TIP guidelines and its core practices
- ❖ Transition Facilitator Core Practices
 - Strength Discovery and Needs Assessment
 - Futures Planning
 - Rationales
 - In-vivo Teaching
 - Social Problem Solving (SODAS)
 - Prevention Planning Process on High Risk Behaviors
 - Mediation with Young People and Other Key Players

- ❖ Transition Domains
 - Employment
 - Education and Career Development
 - Living Situation
 - Personal Effectiveness/Wellbeing
 - Interpersonal Relationships
 - Emotional and Behavioral Wellbeing
 - Self-Determination
 - Communications
 - Physical Health & Wellbeing
 - Parenting
 - Community-Life Functioning
 - Daily Living Skills
 - Leisure Activities
 - Community Participation
- ❖ Futures Planning Process with youth and young adults
 - *Planning Partners*
 - *Planning partners* are selected by young person
 - He/she might choose *different* key players to serve as *planning partners* for *different* topics, needs, or goals
 - Often a young person may want to only involve him/herself and one or two key players (e.g., transition facilitator, parent, friend) to serve as *planning partner(s)*
 - *Necessary Connections*
 - Young person's topic/need/goal determines who is a "*necessary connection(s)*" (e.g., probation officer, vocational rehabilitation counselor, community college instructor) for him/her to make progress on this topic, need, or goal
 - Young person and transition facilitator or other *planning partner* would contact, plan, and/or negotiate with *necessary connection(s)* regarding a particular topic, need, or goal

Organizational Features

- ❖ The transition program or system has a clearly stated mission and is:
 - Community-based in the provision of services and supports
 - Meets all of the above specified Essential Elements
 - Actively develops and maintains an array of developmentally-appropriate, appealing services and supports for youth and young adults
 - Directly through the transition program or system and/or
 - Available through partner agencies or other community resources
 - Committed to youth and young adult voice and participation in all aspect of the program/system
- ❖ The TIP model is a community-based system where the provision of services and supports follow the young person across relevant setting
 - Young people are served in non-stigmatizing settings (e.g., program co-located with a career center or YMCA, meet young person at Burger King, walk in the park, “windshield time” with youth while transporting to job interview)
 - Facilities and services are as accessible and youth-friendly as possible (e.g., career center or YMCA is located on convenient bus route)
 - Transition facilitators work with youth and young adults at times that are workable for them (e.g., after school, before afternoon work shift, on Sat.)
- ❖ Serving youth and young adults
 - With emotional and/or behavioral difficulties (EBD)
 - Encompasses the terms of:
 - Youth under 18 years of age who have “severe emotional disturbances (SED)”
 - Young adults over 18 years of age who have “severe mental illness (SMI)”
 - Transition age usually encompasses the entire period from 14 years through 25 years of age.
 - Some transition sites only target a segment of this age range (e.g., 17-21, 18-25 years of age)
 - Target population for the program is clearly specified
 - Potential referral agencies and community partners understand the referral process
 - Appropriate outreach efforts are made to reach youth and young adults who need services and supports in line with the program mission
- ❖ Selection of personnel to serve as transition facilitators
 - Typically personnel have at least a bachelor degree in behavioral or social science fields with experience in working with youth and young adults with EBD.
 - Preference given to transition facilitators candidates to create cultural diversity within the team that maximizes the likelihood that young people will relate to them comfortably (e.g., ethnicity, linguistically, sexual orientation, previous histories such as gang involvement)
 - Essential that all transition program personnel demonstrate:
 - professionalism (e.g., respect for others, responsive to corrective feedback, tolerant of other points of views, willingness to learn new skills)
 - care about and like being around youth and young adults
 - ability to not personalize everything
 - share a sense of appropriate humor
- ❖ Role of transition facilitators

- The transition facilitator works with young people to assist them in planning and achieving their goals across all relevant transition domains.
- The transition facilitator is providing or brokering individually-tailored services and supports to best meet the needs and goals of each young person
- The facilitators coach the young people, teach skills, and guide social problem solving, and they also need to recognize when to involve a young person with a person with particular expertise (e.g., trauma therapist, behavior analyst, psychologist, DBT therapist, psychiatrist)
- Important that the team of transition facilitators and program supervisor have available, at least on a consultative basis or through a partner agency basis, professional expertise that the team can tap as necessary (e.g., psychologist, behavior analyst, psychiatrist, job developer, peer partner, housing specialist).
- ❖ Youth, young adults, and families have voice in the program and system:
 - Their voice brings a “youth” and/or “parent” perspective, culture, and ownership to the process and program
 - Peer mentor or peers support roles (e.g., encourage paid positions for peer mentors to work with transition facilitators with young people)
 - Serve on planning, advisory, and governing committees, possibly participate on interviewing and hiring of transition facilitators, and possibly serve on advocacy groups
 - If not a member of the program staff, the parent or young person should be compensated for his/her time and participation
- ❖ Ratio of young people to transition facilitators does not exceed 15 to 1
 - One study across five community transition sites showed that one site had a ratio of 9 to 1 and another site 13 to 1, with the other three falling within this range.
 - Factors such as the following may necessitate requiring a lower ratio of young people per facilitator: travel time for service delivery; severity level of EBD; degree of risk vs. stability in their home, school, and/or employment placements; availability of developmentally-appropriate services in the community
- ❖ Transition program supervisors utilize personnel training and coaching to support the competences of the transition facilitators, including:
 - Office-based supervision and coaching
 - Field-based supervision and coaching
 - Team based training and coaching
 - Pre-service training
 - In-service training
 - Case Based Review for Continuing Personnel Competency Enhancement
 - Sets the occasion for the transition facilitators and the program supervisor to:
 - Review the extent to which the TIP guidelines and practices are being applied
 - Brainstorm ways to facilitate the young person’s progress and adjustment, and celebrate success of a young person
 - Recommend that the team examine two or three young people’s cases in depth every couple weeks.
- ❖ The TIP model usually operates from either of these two organizational platforms:
 - Case management platform where young people are “assigned” to a transition facilitator
 - ACT model type platform where all of the young people are served by the team of transition facilitators
 - Most transition programs use a case management platform to launch their services and supports

- ❖ The transition program establishes quality improvement and program evaluation methods and utilizes these for continuing enhancement of the program
 - Periodically and systematically collect feedback from young people who are being, or have been, served by the transition program on the responsiveness and effectiveness of the personnel and services
 - Track the progress and outcomes of each young person across his/her individualized goals and across all of the transition domains
 - Provide feedback loops of relevant data from the above two items so that administrators, program managers, supervisors, frontline personnel, and other stakeholders involved with the transition program will be able to use these findings to improve the quality and effectiveness of their program and associated services and supports
 - QA and CQI coordinators at the agency or community level can assist in compiling program services and outcome data as well as help guide documentation to comply with local, state, and federal regulatory standards
- ❖ The transition program/system is managed and funded to ensure that it has the capacity to support the above Essential Elements and Organizational Features
 - The transition program/system is demonstrated to be responsive to the needs, interests, and goals of the youth and young adults
 - Flexible funds are available to support the young person's needs and goals when the use of categorical funding is not feasible
 - Community resource development is an ongoing effort
 - Identifying relevant services and community resources (e.g. community asset mapping)
 - Maintaining information regarding these resources and arranging access to them (e.g., website for transition program personnel, website for young people to identify resources relevant to them)
 - Management and fiscal features of the program/system are transparent (e.g., parents and young adults serve on the Community Steering Committee which has access to program data and budget/expense data)
 - Recognize and maintain affiliation with the NNYT Purveyor of the TIP model for implementation and sustaining of the transition system with fidelity to the model

Implementation of the TIP Model

- ❖ Implementation of the TIP model at sites is done in collaboration with the **TIP Purveyor organization**:
 - **The National Network on Youth Transition for Behavioral Health (NNYT)**:
 - The *mission* of *NNYT* is: To improve the outcomes of transition-age youth and young adults through system development, program implementation, and research
 - The *NNYT* is coordinated from the Florida Mental Health Institute at the University of South Florida and has partners across the country to assist with its mission
- ❖ TIP Model Site: (Site seeking fidelity to the TIP model)
 - Adopt the entire TIP model to ensure the effectiveness of services
 - Maintain training and technical assistance from the TIP Purveyor organization
 - The NNYT will arrange for a TIP Model Consultant to come in for three site visits per year for the first two years with teleconferencing designed to facilitate adherence to the model (e.g., Case-Based Reviews)
 - Subsequent years typically involve at least one site visit per year with teleconference supports
 - Transition System Fidelity Assessment for Continuing System Improvement is typically conducted in Years 2 or 3 to ensure fidelity to the model and effectiveness of services – and then conducted every three years subsequently.
- ❖ TIP Oriented Site:
 - Adopt the TIP guidelines and associated practices
 - Will ensure that frontline and supervisory personnel maintain competencies in the TIP guidelines and associated practices.

For more information, please consider visiting our websites

- **Transition to Independence Process (TIP) Model:**
<http://tip.fmhi.usf.edu>
- **National Network on Youth Transition for Behavioral Health (NNYT):**
<http://nnyt.fmhi.usf.edu> OR <http://ncyt.fmhi.usf.edu>

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Theory and Research Underpinnings Supporting the Transition to Independence Process (TIP) Model

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National Network on Youth Transition for Behavioral Health (NNYT)

The goal of a service delivery system for transition-age youth and young adults (14-25 years old) with serious emotional disturbances or severe mental illness (SED/SMI) is to assist them in making a successful transition into adulthood. Successful transition into adulthood for youth include achievement of their potential and progressing on their personal goals in the transition domains of employment, education, living situation, personal effectiveness/wellbeing, and community life functioning. To accomplish this service system goal, personnel at all levels of the system must: (a) engage young people; (b) involve and support their families and other informal key players (e.g., friend, foster parent, aunt); and (c) ensure the delivery of coordinated, developmentally-appropriate, appealing services and supports to young people and their families.

During their transition period, all youth and young adults face decisions about future career and educational goals, new social situations and responsibilities, self-management of behavior and substance use, and maintenance of supportive and intimate relationships. This is a period of "discovery." Young people with SED/SMI are particularly challenged during this transition period, and as a group experience some of the poorest secondary school and postsecondary school outcomes among any disability group (Clark, Koroloff, Geller, & Sondheimer, 2008; Vander Stoep, Beresford, Weiss, McKnight, Cauce, & Cohen, 2000; Vander Stoep, Weiss, Kuo, Cheney, & Cohen, 2003)

Fragmented services and limited access across different programs (e.g., mental health, education, vocational rehabilitation, juvenile justice, child welfare, housing) and funding mechanisms (e.g., Social Security, state and local appropriations, Medicaid, and federal block grants) further complicate this transition arena for young people with SED/SMI and their families. For the most part, each of these program components has entirely different eligibility requirements, and the child-serving and adult-serving programs operate under different world views. While each program may provide some essential services individually, together these programs are often impossible for young people, parents, and professionals to negotiate due to the complexities and fragmentation within and between programs (Clark & Davis, 2000; Davis & Koyanagi, 2005).

Transition to Independence Process (TIP) Model

The Transition to Independence Process (TIP) model was developed to engage youth and young adults in their own futures planning process, provide them with developmentally-appropriate and appealing services and supports, and involve youth, their families, and other informal key players in a process that prepares and facilitates their movement toward greater self-sufficiency and successful achievement of their goals related to each of the transition domains. The TIP system is driven by seven guidelines or principles that provide the basis for: (a) working with youth and young adults, their families, and their other informal and formal key players; and (b) providing a framework for the program and community system to support these activities. To learn more about the TIP model, please refer to the *TIP System Development and Operations Manual* available through the TIP website.

Outcome Research Findings

The complex challenges of the transition period for young people with SED/SMI and their unique needs pose major hurdles to parents, practitioners, educators, administrators, policy makers, and researchers alike. This situation presents a compelling argument for designing transition systems around a solid framework of best practice strategies. Research findings regarding the best practices currently used by a number of promising transition programs in communities across the nation are supportive of the TIP model and its principles (Bullis & Fredericks, 2002; Bullis, Morgan, Benz, Todis, & Johnson, 2002; the System of Care principles (Manteuffel, Stephens, Sondheimer, & Fisher, 2008); or supported employment strategies (Cook, Solomon, Ferrell, Koziel, & Jonikas, 1997).

The **TIP model** is considered an *evidence-supported practice* based on six outcome studies that have demonstrated improved postsecondary progress and/or outcomes for the youth and young adults who were served using the TIP model, or at least most of the TIP practices. Four of these outcome studies were conducted by our NNYT team (Clark, Karpur, Deschenes, Gamache, & Haber, 2008; Clark, Pschorr, Wells, Curtis, & Tighe, 2004; Haber, Karpur, Deschenes, & Clark, 2008; Karpur, Clark, Caproni, & Sterner, 2005) and the other two outcome studies by other research teams (Hagner, Cheney, & Malloy, 1999; Koroloff, Pullmann, & Gordan, 2008).

To illustrate the types of outcome studies supporting the TIP model, we will briefly describe three of these studies. Many years ago, Hewitt B. "Rusty" Clark worked with colleagues in Washington County, Vermont as they were developing a transition system. Dr. Clark and the Vermont team learned much from each other during those early days. Today, that program is operational in about nine communities in Vermont, and Clark had an opportunity to assist in an evaluation of the initiative, examining the effectiveness of this TIP-type program (Clark, Pschorr, Wells, Curtis, & Tighe, 2004). This study provided an analysis of pre- to discharge progress for young adults (16-21 years old). The findings showed substantial improvements in outcomes for young people with SED/SMI, such as increased percentages of young adults being employed and completing educational goals and decreased involvement in the criminal justice system, "intensive" mental health/substance abuse service use, and public assistance. The evaluators also conducted a cost avoidance analysis that showed substantial savings as a function of the community-based TIP-type program.

More recently, our NNYT research team conducted a study that examined the postsecondary outcomes of TIP program completers in Miami (former students with SED who had at least 1 year of exposure to TIP) in contrast to the outcomes of other youth and young adults from the same urban school district. (Karpur et al., 2005). Comparison groups were matched on age, gender, and ethnicity, and were composed of: (a) former students with SED classifications who had not had specialized transition services; and (b) former students with no previous disability classifications.

The findings demonstrated statistically better outcomes across postsecondary indicators of education/vocational training and incarceration for the former TIP program group in contrast to those of the comparison group with SED/SMI. There was not a statistically significant difference between these two groups on the percentage of young adults employed. One interpretation of these findings is that the TIP program group may have a higher likelihood of achieving future employment that provides a livable wage and career due to the higher percentage of young adults who continued into postsecondary education. On most of the postsecondary outcome indicators, the TIP program group percentages were more closely approaching the levels of the comparison group of young adults with no disabilities classifications than the matched comparison group with the SED classification.

The Partnerships for Youth Transition (PYT) initiative has provided an opportunity for the establishment of five demonstration community sites, focused on examining ways to improve the outcomes of transition-age youth and young adults with SED/SMI (Clark, Deschênes, Sieler, Green, White, & Sondheimer, 2008). In 2002, the Substance Abuse and Mental Health Services Administration (SAMHSA), of the U.S. Department of Health and Human Services, and the U.S. Department of Education, Office of Special Education and Rehabilitative Services (DOE/OSERS) awarded about \$2.5 million annually for four years to fund five cooperative agreements to develop the PYT initiative. The cooperative agreement programs were created to allow competitively selected communities/counties to develop, implement, stabilize, and document models of comprehensive transition systems to improve outcomes for youth and young with SED/SMI. In order to influence policy at the national level, SAMHSA leadership involved several national partners for this initiative. Some of these partners included the U.S. Department of Education, the Jim Casey Youth Opportunities Initiative, the National Network on Youth Transition for Behavioral Health (NNYT), and the Annie. E. Casey Foundation. Representatives from these and other organizations became a part of the community of learning that emerged from the PYT initiative. To achieve the goal of developing transition systems for youth and youth adults, each of the PYT sites in Washington, Pennsylvania, Maine, Minnesota, and Utah undertook efforts to provide community-based transition services and supports for youth with SED/SMI and their families, in a manner consistent with the community culture and state and local policy. A TIP model fidelity assessment found three of the community sites adopted the TIP model fully, with the other two largely incorporating most of the TIP guidelines and practices. Although the federal funding for these sites ended in September 2006, as of two years later, four of the five communities (i.e., WA, PA, MN, UT) have sustained all, or at least a substantial portion, of their transition services and supports for serving youth and young adults with SED/SMI and their families.

The NNYT team has conducted a cross-site analysis of the PYT projects. The preliminary findings from a group of 192 young people involved with services for at least one year are encouraging (Clark, Karpur, Deschênes, and Gamache, 2007). Initial findings revealed that an increasing proportion of the transition-age youth improved over time in six major outcome

areas. The young people were more likely to be employed and to be pursuing high school or postsecondary education. They were less likely to have dropped out of high school and less likely to experience interference in their lives from their mental health conditions or from drug or alcohol use. These improvement trends were statistically significant across the year of enrollment in the PYT programs. Although involvement in the criminal justice system showed a slight decrease from the initial assessment, this trend over subsequent assessments was not statistically significant.

Summary

In addition to the six outcome research studies that have been completed, each of the TIP model guidelines and personnel practice competencies has either empirical support or broad professional consensus. We continue to strengthen the TIP model through research on its programmatic and practice components (e.g., Clark, Crosland, Geller, Cripe, Kenney, Neff, & Dunlap, 2008; Westerlund, Granucci, Gamache, & Clark, 2006)

The theoretical and research base supporting the TIP model, its guidelines, and associated personnel practice competencies is extremely encouraging and continues to expand. TIP model guidelines and personnel practice competencies have either empirical support or broad professional consensus. We realize that additional research is needed to more fully understand the effectiveness of the TIP model with young people having different diagnoses (Haber, Karpur, Deschenes, & Clark, 2008). We are collaborating with other sites and researchers in our efforts to strengthen the TIP model practices and establish additional fidelity and outcome findings on the TIP model.

If you are interested in learning more about the TIP model and the related research, please visit our websites and feel free to contact us. Our team provides training and technical assistance to agency, community, states, and national entities. It is our goal to assist in advancing the field's ability to improve the outcomes for transition-age youth and young adults with SED/SMI.



Design of Policies to Facilitate the Implementation of Effective Transition Systems

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Policy Considerations

In order to facilitate the development and implementation of quality and effective transition systems for youth and young adults with emotional/behavioral difficulties (EBD) and their families, policy reform is needed at the federal and state levels. The current services systems that transition-age youth and young adults require are not integrated to provide access to developmentally-appropriate services.

Davis and Koyanogi (2005) formulated several basic tenets that should guide the development of transition to adulthood policy. I have adapted these for my presentation -- incorporating some of the implication from the principles that drive the TIP model and the related research findings. My talking points on policy recommendations are listed below.

Design of Policies to Facilitate Community-Based Transition Systems

- Continuity of services and funding by redefining the age of transition from ages 14 or 16 through ages 25 or 30.
- Access and coordination of child and adult services to promote progress across all transition domains.
- Provision of developmentally-appropriate, stigma-free, culturally-competent, and appealing services that are individually tailored to the needs and goals of the young person.
- Appropriate services, supports, and education for family members (including parent-to-parent support organizations).
- Emphasis on promoting “connections for life” and building economic capital with young people.
- Build work force capacity for personnel with expertise in working effectively with this population -- including provisions for hiring young adults and parents in community transition systems.
- Local, state, and federal support of evaluation and research to advance the development, implementation, and sustaining of effective and cost-efficient transition practices and systems.

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Some Resources:

Transition to Independence Process (TIP) system

TIP website

- <http://tip.fmhi.usf.edu>
 - **TIP System Development and Operations Manual**
 - **Theory and Research**
 - **Transition to Adulthood book, Clark & Davis, 2000, Paul H. Brookes Publisher**

National Network on Youth Transition for Behavioral Health

NNYT website

- <http://nnyt.fmhi.usf.edu> OR <http://ncyt.fmhi.usf.edu>

Capacity Building Available:

The NNYT faculty consultants work with agencies, communities, states, federal, and national entities to build capacity for supporting transition to adulthood systems. The NNYT provides technical assistance on system development, competency-based training and consultation on program implementation, and conducts research and evaluation for continuing system improvement.

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