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Successful Transition Models for Youth with Mental Health Needs: A Guide for Workforce Professionals

This InfoBrief describes the systems' service barriers faced by youth with mental health needs as they reach adulthood, while highlighting new models and strategies designed to break down those barriers and help them to transition successfully into the workplace.

The transition from adolescence to adulthood is a challenging time. It is a time in which the young person is called upon to make complex decisions about schooling, work, finances, and personal relationships. For the more than three million young adults (ages 18-26) diagnosed with serious mental health conditions, this phase of life poses even greater challenges.

Youth with mental health needs often face unemployment, underemployment, and discrimination when they enter the workforce. Statistics show that youth with mental health needs, diagnosed or undiagnosed, are over-represented in foster care, the juvenile justice system, and among school disciplinary cases and high school dropouts.

The absence of a coordinated system of service delivery also presents significant challenges for youth and young adults with mental health needs as they age out of youth services. They may be either shunted down an inappropriate service tunnel that does not address their specific needs, or they may "fall off a cliff" as they age out of youth services and have to navigate the complexities associated with the adult service system.

Through partnerships with service agencies and organizations in their communities youth service professionals can assist youth in preparing for the adult world without getting lost in a tunnel or falling off a cliff. They will need to make a concerted effort to:

- ➢ Learn what other systems may provide
- ➢ Make contacts within those systems
- ➢ Coordinate services.

This InfoBrief presents model programs and successful strategies to help youth and young adults with mental health needs successfully transition to employment and to lead independent, productive lives.

Service Tunnels
The service systems that may serve youth and young adults with mental health needs may include community-based organizations, foster care, juvenile justice, mental health, Social Security, special education, vocational rehabilitation, youth services funded by the Workforce Investment Act, and others. Staff working within each system often consider only those service options available within their system despite the fact that another system may offer services that may better address the youth's needs. Understanding other service tunnels and how to access their services is often overwhelming for practitioners, which means youth may not gain the help they need to successfully transition to adult life. Fortunately, professionals and researchers are increasingly recognizing the

importance of partnering to connect these multiple systems so that youth and young adults with mental health needs have access to the full array of services needed to maximize their potential.

Transition Cliffs

In addition to service tunnels, youth encounter a transition cliff when they age-out of youth systems and attempt to access adult services. Many youth services end at age 18 and others at age 22, which means a youth could simultaneously be a youth in one system and an adult in another. In addition, many young people lose health insurance under their parents' plan when they reach age 19 or graduate from high school or college

The adult systems of education, mental health, Social Security, vocational rehabilitation, and workforce development all have different terminology, eligibility requirements, and service options than those of corresponding youth systems. The lack of a seamless youth-to-adult system can cause young adults to lose services and fall behind in career planning.

The adult mental health care system also presents challenges. Millions of young adults face being going without services or paying for expensive private mental health care for several reasons: public adult mental health systems vary widely; provide services only to adults with severe and persistent mental illness; and frequently have long waiting lists.

Avoiding Tunnels and Cliffs with Mental Health Recovery Models

The following mental health recovery service delivery models offer promising ways to overcome the challenges of tunnels and cliffs and to provide an effective, integrated, self-directed system of care for young adults with mental health needs:

Transition to Independence Process (TIP)

The TIP approach is an evidence-based program model that stresses the importance of providing access to appropriate services, engaging young adults in their own future planning process, and utilizing services that focus on each individual's strengths. The TIP system operates through the following seven guidelines that provide a framework for the program and a community system that supports that framework:

> ➢ Engaging young people through relationship development, person-centered planning, and a focus on their futures; providing tailored supports that are accessible, coordinated, and developmentally appropriate;
> ➢ Ensuring a safety net of support by involving a young person's parents, family members, and other informal and formal key players; focusing on acknowledging and developing personal choice and social responsibility with young people;
> ➢ Enhancing a person's competencies;
> ➢ Maintaining an outcome focus; and,
> ➢ Involving young people, parents, and other community partners in the TIP system at the practice, program, and community levels.

Assertive Community Treatment (ACT)

This community-based, multi-disciplinary approach was developed in the 1980s to provide treatment, rehabilitation, and support services to persons with severe and persistent mental illness. Using the ACT approach, cases are managed by a multi-disciplinary team, providing services directly to an individual that are tailored to meet his or her specific needs. A team may include members from the field of psychiatry, nursing, psychology, social work, substance abuse, vocational rehabilitation, and community-based organizations. Team members collaborate to deliver integrated services to individuals in their "natural living" settings instead of hospitals and clinics.

Systems of Care (SOC)
The SOC approach is characterized by multi-agency sharing of resources and responsibilities and by the full participation of professionals, families, and youth as active partners in planning, funding, implementing, and evaluating services and system outcomes. The SOC approach facilitates cross-agency coordination of services, regardless of where or how children and families enter the system. Families and youth work in partnership with public and private organizations to design mental health services and supports that are effective, that build on the strengths of individuals, and that address each person's cultural and linguistic needs. SOC is characterized by multi-agency sharing of resources and responsibilities and by the full participation of professionals, families, and youth as active partners in planning, funding, implementing, and evaluating services.

Case Studies of Integrated Care Focused on Career Preparation
In 2007, the Office of Disability Employment Policy at the United States Department of Labor, through its technical assistance center, the National Collaborative on Workforce and Disability for Youth (NCWD/Youth), conducted a study to examine successful strategies to help youth with mental health needs successfully transition to employment and lead independent, productive lives. The study, which included a national review of programs with a dual focus on youth and young adults with mental health needs and on career preparation, work-based experiences, employment, and related services, identified the following five youth service delivery programs as exemplary:

- The Village Integrated Service Agency's Transitional Age Youth Program in Long Beach, California
- Options in Vancouver, Washington (Clark County Department of Community Services)
- Our Town Integrated Service Agency in Indianapolis, Indiana (Marion County Mental Health Association, in partnership with the Community Health Network's Gallahue Mental Health Services)
- The Transitional Community Treatment Team in Columbus, Ohio (North Central Mental Health Service)
- YouthSource, King County Work Training Program in Renton, Washington (Work Training Program/King County Department of Community and Human Services, contracted by the Workforce Development Council of Seattle-King County)

Design Features of Successful Programs
The 2007 study, conducted by Lindsey Woolsey and Judith Katz-Leavy, determined that the following six design features were critical to the success of these programs:

- *A Place to Call Their Own*
A distinct program identity, including a separate physical location away from adult mental health services, helps to promote attachment and engagement of youth.
- *Staffing Choices that Maximize Engagement*
Professional development of all staff is essential and should include gaining knowledge of community resources that youth need to become successful adults. Staffing choices should reflect:
  o a blend of knowledge of mental health and work development strategies that are appropriate to different ages and developmental stages;
  o a balance between the expertise and guidance that adults can provide with the peer support and sense of youth ownership that youth can provide.
- *Mental Health Intervention Without the Stigma*
On-site mental health services which utilize non-traditional treatment approaches as well as outreach and follow-up to keep the youth engaged or to re-engage them are important to success. These approaches should incorporate the building of a trusting relationship between the professional and the client, and "anywhere, anytime" treatment that allows counseling to be integrated into daily activities, such as talking over coffee or lunch, at the grocery store, or while playing pool.
- *Assessment and Service Planning Processes that Build on Individual Strengths*

Utilization of a specific assessment and service planning process assists clients in addressing their current status and may be used to develop individualized person-centered service plans that are rooted in the individual's strengths and interests.

➢ *Employment: Preparing for it, Finding it, Keeping it*

Individualized exposure to work and employment pathways is critical for all youth, regardless of the severity of their condition. A "place and train" as opposed to "train and place" philosophy is imperative. All individuals must set career goals, design a plan to get there, and have opportunities for work-based learning. Meeting youth "where they are at" increases the likelihood of success. Supporting employers by providing a "win-win" situation for their participation by offering incentives such as subsidized wages during the youth's training important is also important.

➢ *Housing is a Critical Part of the Service Mix for Older Youth*

Housing is an important part of the service mix for older youth. Given the shortage of suitable and affordable transitional housing for this population, three of the programs preferred to operate their own transitional housing units. Other options include establishing partnerships in the community for the use of transitional housing units and to use Federal or other grants to subsidize the expense.

Systems Factors that Affect a Program's Success

A program's – and its client's – success are affected by several system-wide factors. All five programs emphasized cross-systems collaboration and used multiple mechanisms to achieve it, including advisory boards, memoranda of understanding, and use of unique funding sources. Three dimensions of cross-system collaboration are highlighted below:

➢ *Local Collaboration and Service Alignment Creates Networks of Care*

The five programs used several approaches to create networks of care through cross-systems alignment including advisory boards, formal agreements, and resource-mapping of programs, state policies, and regulations.

➢ *Identifying, Accessing, and Leveraging Funding Streams*

Programs do best if they strategically leverage multiple funding streams at the same time. Four of the five programs rely heavily on Medicaid, and all rely on in-kind services through community partnerships. Some use the Chafee Independence Program, HUD's Shelter-Plus-Care grants, or maximize Medicaid options by using waivers, which are a powerful tool for overcoming "eligibility cliffs."

➢ *State Capacity for Systems Change*

States have the authority to improve services to transition-age youth with mental health needs through a variety of mechanisms including: state legislation; Medicaid waivers; amendments to state Medicaid plans; and State Incentive Grants (SIGS).

Summary

Youth and young adults with mental health needs face major barriers as they attempt to make their way in the adult world. Those barriers include a confusing maze of services that often fail to meet their needs, inappropriate service tunnels, transition cliffs, and ineffective, uncoordinated service delivery. Through thoughtful systems change at the local and state levels, and the adoption of promising new program models promoting collaborative networks of care more youth and young adults with mental health needs can become self-sufficient adults who experience personal and employment success.

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