



# Healthy Transitions

The Provider Toolkit for Emerging Adults with Serious  
Mental Health Conditions

**Georgia Department of  
Behavioral Health &  
Developmental Disabilities  
(DBHDD)**

**Office of Children, Young Adults  
& Families (CYF)**

September 2015



## ACKNOWLEDGEMENTS

Foremost, thank you to the Substance Abuse and Mental Health Services Administration for their vision in developing the Healthy Transitions Initiative (HTI) to address the unique needs of emerging adults and for providing the funding to support making that vision a reality at the national, state and local levels.

We also extend a special thanks to the HTI State Advisory Committee for their time and efforts in providing advice, guidance and support to the project. In addition, we have much gratitude for the work of our pilot site providers who demonstrated how successful the program model could be with young adults and their families. We thank them for their determination, dedication and enthusiasm for developing and implementing services and supports for the young people in their communities.

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In 2009 the Substance Abuse and Mental Health Services Administration (SAMHSA) solicited applications for Cooperative Agreements for State/Community Partnerships to integrate services and supports for youth and young adults, ages 16 to 25, with serious mental health conditions and their families, the Healthy Transitions Initiative (HTI). Applicants were expected to select localities in which to implement a comprehensive service delivery program promoting the successful transition to adulthood for youth and young adults with serious mental health conditions, and develop and implement policies and procedures, financial mechanisms, and other reforms to improve the integration, efficiency, and sustainability of these newly integrated service delivery systems of care. Georgia, through the Department of Behavioral Health and Developmental Disabilities, was one of seven states awarded the HTI grant.

The period of emerging adulthood is a time of life when young people typically experience many changes and challenges; for many of them the challenges are exacerbated by the presence of a serious mental health condition. However, it is the time of life when people are least likely to access mental health services or remain in services if they do access them. Fear of stigmatization and young people's perception that available services are not engaging, helpful or relevant to them contributes to their reluctance to access services. There is growing awareness that the population of emerging adults with serious mental health conditions have needs and challenges, as well as interests and strengths that are distinct from those of either children or older adults with mental health challenges. Until recently, there was little attention paid to the development of services and supports to match the complex needs of this population. Over the past few years of grant funding, DBHDD has collaborated with stakeholders and pilot sites to develop an approach for working with this specific population of transition aged youth and young adults.

It is important to increase provider awareness in regards to the needs of this population including, but not limited to: stigmatization reduction, utilization of a strengths-based and person-centered approach, responsiveness to not only the individual's culture and values, but also the larger youth culture, while maintaining continuity of care. Engagement of young adults, as well as development of an effective model, is best practiced through established programs. With the development of a toolkit, it is expected that providers will improve outcomes for youth and young adults as they transition into full adulthood.

Development of this Provider Toolkit was supported by the HTI grant. Information in the Toolkit includes research, data, empirically-supported and promising practices utilized in other states, and lessons learned from the grant funded pilot sites in Georgia and the other six states.

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Young adulthood is a vulnerable period which youth who have been dependent on parents throughout childhood start taking definitive steps to achieve measures of financial, residential, and emotional independence, and to take on more adult roles. It is also a period of the onset of serious mental health disorders, a challenge compounded by low recognition of illness or inability to seek treatment. Recent data show that almost one-fifth of young adults aged 18-25 had a mental illness in the past year, and 4 percent had a serious mental illness. Yet two-thirds of those with a mental illness and almost half of those with a serious mental illness did not receive treatment.<sup>i</sup> Recent research in brain development and best practices, and changes in law have dramatically changed the way in which children and young adults are viewed. From a developmental standpoint, emerging adults are different, biologically and psychologically, from both adolescents and older adults in ways that affect their decision making, health, and behavior. Behavioral health service provision for children/adolescents and adults are generally delivered in separate tracks or models, based on definitions of child/adolescent and adult tied to age of majority. The consequence of this practice is that mental health and substance abuse services are typically oriented to children and youth or to mature adults, and are not tailored to the “between” ages of 16 to 26; “age-dichotomized” services can force interruptions in continuity of care as well as therapeutic relationships.<sup>ii</sup> Emerging Adults today follow less predictable pathways than those in previous generations. Consider the following:

- The cost of college has grown substantially, and many students have difficulty financing the investment or repaying the debt they incur, yet prospects for well-paying jobs for high school graduates without some postsecondary credential are slim. Although many young adults enter college, dropout rates are high, and degree programs take longer to complete.
- The high cost of living independently has encouraged many young adults to move back into their parents’ home. Young people are considered incapable of understanding enough about contract obligations to be bound by what they sign. In Georgia, the legal age of majority (the age at which a person is considered to be an adult in contractual situations) is 18 years. Youths under age 18 may not legally enter into contracts.<sup>iii</sup>
- In 2012, young adults aged 25 or younger accounted for 42.7 percent of active duty military personnel at any one time and an even larger majority of enlisted servicemen and women (48.8 percent)<sup>iv</sup>
- All applicants for a marriage license must be at least 16 years old. Georgia law does not permit minors under the age of 16 to obtain a marriage license.
- The Medicaid Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) checkup visits for *children* covers members under 21 years old who receive Medicaid benefits and members under 19 years old who receive PeachCare for Kids benefits<sup>v</sup>

- The Individuals with Disabilities Education Act (IDEA) requires that special education and related services be made available free of charge to every eligible child with a disability, ages 3-21
- The estimate of a recent study is that 6.7 million youth and young adults aged 16-24—about 17 percent of the population in this age range—are neither in school nor working. The rates are highest among African Americans and those aged 20-24, almost all of whom have left high school.
- The Affordable Care Act requires health insurance plans and issuers that offer dependent coverage to make the coverage available until the adult child reaches the age of 26<sup>vi</sup>
- The Georgia Juvenile Code, revised in 2013, defines "Child" as any individual who is:
  - (A) Under the age of 18 years;
  - (B) Under the age of 17 years when alleged to have committed a delinquent act;
  - (C) Under the age of 22 years and in the care of DFCS;
  - (D) Under the age of 23 years and eligible for and receiving independent living services through DFCS; or
  - (E) Under the age of 21 years who committed an act of delinquency before reaching the age of 17 years and who has been placed under the supervision of the court or on probation to the court for the purpose of enforcing orders of the court.<sup>vii</sup>

The definition of “child”, and hence, “adult” is very fluid, depending upon legal custody issues, delinquency/criminal justice issues, education issues, and state and federal laws. Becoming an adult does not occur on one’s 18<sup>th</sup> birthday, but rather is a process of acquiring skills as the individual moves toward independence.

The period of transition to adulthood is generally challenging, as young people are expected to move into roles and relationships that reflect increasing responsibility and independence and make choices that are influential on the rest of their lives. These challenges are even greater for young people with emotional or behavioral health issues.

### DEFINITION AND CHARACTERISTICS OF EMERGING ADULTS

The Healthy Transitions Initiative learned through research and data that transition should begin as early as 16 years of age in order to practice transition skills early for smoother transition. DBHDD has defined emerging adults as:

Individuals aged 16 to 26 years old with mental health and/or substance abuse challenges that lead to impaired functioning in one or more life domains – housing, education and employment, quality of life, and functioning and life skills

Compared with their peers, emerging adults with serious behavioral health conditions tend to fare worse educationally and economically, and are more likely to have problems with the legal system; rates of

serious behavioral health conditions are higher among young people who have had experience with the child welfare or juvenile justice systems.<sup>viii</sup>

- ✓ At 20.6 percent, Georgia has the third highest rate of youth (ages 16 to 24) unemployment in the country<sup>ix</sup>
- ✓ Suicide is the third leading cause of death among Georgia's young people, ages 15 to 24; homicide is the second leading cause of death in this age group<sup>x</sup>
- ✓ Youth with emotional disturbance in secondary schools had the highest percentage (44.8) of negative consequences for their actions (suspension, expulsion, arrest) of any disability group in the National Longitudinal Transition Study -2 (NLTS2) conducted by the U.S Department of Education in 2000-2009
- ✓ Students with emotional disturbance had a higher school dropout rate than any other single disability category as reported in the NLST2
- ✓ The adjudication rate of youth with disabilities is four times higher than for youth without disabilities<sup>xi</sup>

Emerging adults, a term coined Jeffrey Jensen Arnett, describes the period of young adults as they transition into adulthood. Emerging adulthood is defined as “a period of development bridging adolescence and young adulthood, during which young people are no longer adolescents but have not yet attained full adult status.”<sup>xii</sup>



## MENTAL ILLNESS

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), approximately 45 million Americans have experienced some type of mental illness in the last year; as many as 11 million suffer from serious mental illness (SMI), young adults aged 18 to 25 represent the highest percentage of adults suffering from SMI and other mental illnesses.<sup>xiii</sup> Approximately 7.6% of 18 to 27 year olds meet criteria for SMI, compared to 6% of 26 to 49 year olds and 3% of adults 50 years and older.<sup>xiv</sup>

### Mental Illness in Emerging Adults

- Combined 2010 to 2012 NSDUH data indicate that 1 in 10 older adolescents aged 16 to 17 had a major depressive episode (MDE) in the past year. One in five young adults aged 18 to 25 (18.7 percent) had any mental illness (AMI) in the past year and 3.9 percent had a serious mental illness (SMI).
- In 2012, 3.1% of older adolescent had co-occurring MDE and substance use disorder (SUD); 6.4% of young adults had co-occurring AMI and SUD, and 1.6% of young adults had co-occurring SMI and SUD.
- Among older adolescents with MDE, 60.1% did not receive treatment for depression in the past year. Among young adults with AMI, 66.6% did not receive mental health services in the past year. Among young adults with SMI, 47% did not receive treatment.
- Older adolescents with MDE and young adults with mental illness generally had poorer quality of life than those without mental illness.

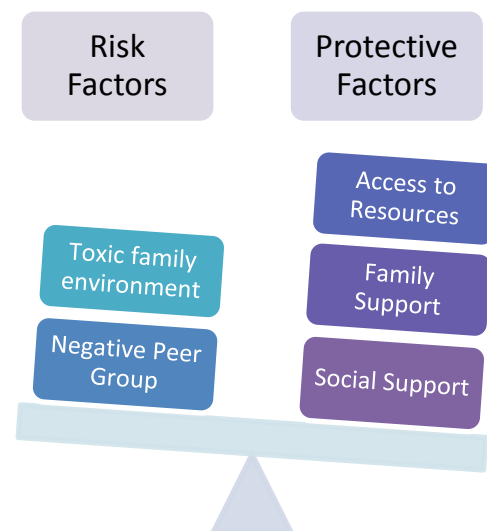
## SUBSTANCE USE/ABUSE

While experimentation with alcohol and illicit drugs during emerging adulthood is statistically normative, the impact of use is significant and

development of abuse and/or dependence is most likely to occur during emerging adulthood.<sup>xv</sup>

- Emerging adulthood is the period when prevalence is highest for most types of drug use.<sup>xvi</sup>
- By the time they are high school seniors, almost 70 percent of students will have tried alcohol, half will have taken an illegal drug, and more than 20 percent will have used a prescription drug for nonmedical purpose.<sup>xvii</sup>
- Young adults have the highest rates of past-month binge drinking but the lowest perception of risk; the greatest need for services but lowest access to those services.

A subset of young adults, those aged 21 to 25, is more likely to drive under the influence of alcohol than any other age group. Similarly, young adults are more likely to use marijuana, cocaine and other illicit drugs and to abuse prescription drugs; they have the greatest need for drug abuse services, but the lowest treatment rates.<sup>xviii</sup> An assessment of risk and protective factors can help shape treatment recommendations.





## Co-Occurring Disorders

Between one-third and one-half of young adults with a mental health challenge also have substance abuse issues. Thirty-six percent of all adults with co-occurring serious mental health conditions and substance abuse disorders are ages 18 to 25 years.<sup>xx</sup> Substance use issues are associated with poorer outcomes for emerging adults who also have serious mental health conditions; these young adults are more likely to:<sup>xx</sup>

- ✚ Relapse and be re-hospitalized
- ✚ Be labeled as “treatment resistant and non-compliant”
- ✚ Engage in self-destructive or violent behavior
- ✚ Have co-occurring physical health issues
- ✚ Become homeless
- ✚ Become involved in the criminal justice system
- ✚ Have difficulty parenting
- ✚ Have financial problems

The prevalence of major depressive episode (MDE) and Substance Use Disorder (SUD) generally increase with age through the adolescent years. Studies have shown that there is nearly a twofold increase in mood disorders from the 13-to-14-year-old age group to the 17-to-18-year-old age group. Older adolescents have higher rates of mental health issues than younger adolescents. Young adults have higher rates of co-occurring mental illness and SUD than older adults. When compared with adults aged 26 or older, the rate of SUD among young adults aged 18 to 25 is more than twice as high (18.9 vs. 7.0 percent), and young adults also have higher rates

of co-occurring mental illness and SUD than adults aged 26 or older.

Co-occurring substance use and psychiatric disorders are associated with more functional impairment than either disorder alone, and are more difficult to treat. Empirical work on integrated treatments that address both problems is scant, particularly for emerging adults.<sup>xxi</sup> While the term “co-occurring disorder” is generally thought to relate to people with a mental illness and a substance use disorder, it is also used to describe individuals with intellectual and developmental disabilities who also have a mental illness. People who have developmental disabilities are at increased risk for mental health problems.<sup>xxii</sup> Young adults with both developmental disabilities and mental health conditions are particularly vulnerable because they are commonly served inappropriately; services they receive target only the developmental disability or the mental health condition.<sup>xxiii</sup>

## DEVELOPMENTAL STAGES

Developmentally, emerging adults are interdependent, seeking their own identity and independence while still dependent upon the support of family members, care givers, and service providers. Typical development occurs in five main areas:

- Cognitive
- Moral reasoning
- Social cognition
- Sexual orientation/gender identity
- Identity formation

Young people with serious mental health conditions are delayed in areas of psychosocial development.

*The following table shows the typical features of each stage of development and describes some of the challenges that young people with Serious Mental Illness face.<sup>xxiv</sup>*

STAGE OF DEVELOPMENT	HIGHLIGHTS OF STAGE	CONSEQUENCES OF DEVELOPMENTAL DELAY & POTENTIAL CHALLENGES FOR THOSE WITH SMI
<b>COGNITIVE DEVELOPMENT</b>	Increased capacities for: <ul style="list-style-type: none"> <li>Thinking abstractly</li> <li>Thinking hypothetically</li> <li>Having insight or self-awareness</li> <li>Simultaneous consideration of multiple ideas</li> <li>Future planning</li> <li>Calibrating risks and rewards</li> <li>Regulating undue peer influence on judgment</li> </ul>	Delays can impede abilities to: <ul style="list-style-type: none"> <li>Develop &amp; execute plans</li> <li>Weigh pros &amp; cons of actions</li> <li>Make changes based on self-awareness</li> <li>Regulate peer influence on judgment</li> </ul> Additional challenges: <ul style="list-style-type: none"> <li>high rates of co-occurring learning disabilities and developmental disorders which challenge cognitive development and learning</li> </ul>
<b>SOCIAL DEVELOPMENT</b>	<ul style="list-style-type: none"> <li>Friendships become more complex, involving mutuality, intimacy &amp; loyalty</li> <li>Increased perspective taking</li> <li>Influence of peer relationships peak, then decline into adulthood</li> <li>Social context shifts from lots of daily contact with many classmates to smaller social networks and work social settings</li> </ul>	Delays can impede abilities to: <ul style="list-style-type: none"> <li>Participate in increasingly complex peer relationships</li> <li>Put themselves in others' shoes</li> <li>Think hypothetically about social actions/plan and anticipate consequences</li> <li>Negotiate the nuances of workplace social rules</li> </ul>
<b>MORAL DEVELOPMENT</b>	<ul style="list-style-type: none"> <li>Increased ownership of own set of rights &amp; wrongs</li> <li>Increased ability to understand "mitigating circumstances" of moral rules</li> <li>Increased empathic response</li> <li>Ability to see and act on rationale for sacrifice for the greater good</li> </ul>	Delays in understanding and acting on the nuances of peers' social rules and society's moral standards may contribute to: <ul style="list-style-type: none"> <li>Compromised success in school or work</li> <li>Increased criminal behavior</li> <li>Reduced quality and quantity of friendships</li> </ul>
<b>SOCIAL-SEXUAL DEVELOPMENT</b>	<ul style="list-style-type: none"> <li>Provides new forms of emotional intimacy</li> <li>Skills to negotiate sexual relationships typically on par with social development</li> <li>Sexual behavior can impact roles in peer groups</li> <li>Sexual orientation and gender identity resolves</li> </ul>	Delays can impede abilities to: <ul style="list-style-type: none"> <li>Have healthy sexual relationships</li> <li>Practice safe sex</li> <li>Sexual abuse histories can impede abilities to form healthy sexual relationships</li> <li>Individuals who have alternative gender identities or sexual orientation are at greater risk of physical abuse, homelessness, and suicide</li> </ul>
<b>IDENTITY FORMATION</b>	<ul style="list-style-type: none"> <li>Seeking answers to the question: Who am I?</li> <li>Prerequisite for feeling unique while feeling connected to others</li> <li>Produces boundary pushing</li> <li>Some experimentation needed to try out aspects of identity</li> <li>Rejection of authority</li> </ul>	Delays can contribute to: <ul style="list-style-type: none"> <li>Prolonged experimentation and rejection of authority beyond typical ages</li> <li>Difficulty making role choices – occupation, friend, spouse</li> <li>Undue influence of others on self-evaluation</li> <li>Self-image is often poor</li> </ul>

Over the past decade, there has been increasing awareness that young people do not become adults overnight after their 18<sup>th</sup> birthday, as the stages of human growth and development conceptualized by Erik Erickson in the 1950s might suggest. Rather, contemporary thought centers on the concept of emerging adulthood, a period of time in which a young person moves toward independence instead of achieving it as a pre-determined age. Adolescents must take on distinct developmental tasks in order to move through emerging adulthood and become healthy, connected, and productive adults”.<sup>xxv</sup>

#### Tasks Required to Make the “Normal” Transition from Adolescence to Adulthood<sup>xxvi</sup>

##### Adolescents are expected to:

- **Adjust to a new physical sense of self**
- **Adjust to new intellectual abilities**
- **Meet increased cognitive demands at school**
- **Expand verbal skills**
- **Develop a personal sense of identity**
- **Consolidate the capacity to control impulses, calibrate risks and rewards, regulate emotions, project the self into the future, and think strategically**
- **Establish adult vocational goals**
- **Gain emotional and psychological independence from parents/caretakers**
- **Develop stable and productive peer relationships**
- **Learn to manage sexuality and sexual identity**
- **Adopt a personal values system**
- **Develop increased impulse control and behavioral maturity**

Young people are generally expected to achieve a range of specific tasks as they transition from adolescence to adulthood. Researchers theorize that mastering of these tasks likely occurs not at age 18 or 21, the ages of majority in most states, but rather closer to age 30.<sup>xxvii</sup> Young people with complex histories of serious mental health conditions, trauma, and/or involvement in the child welfare or juvenile justice systems, need greater support from family, caretakers, and the community to complete the developmental tasks of this transitional stage.

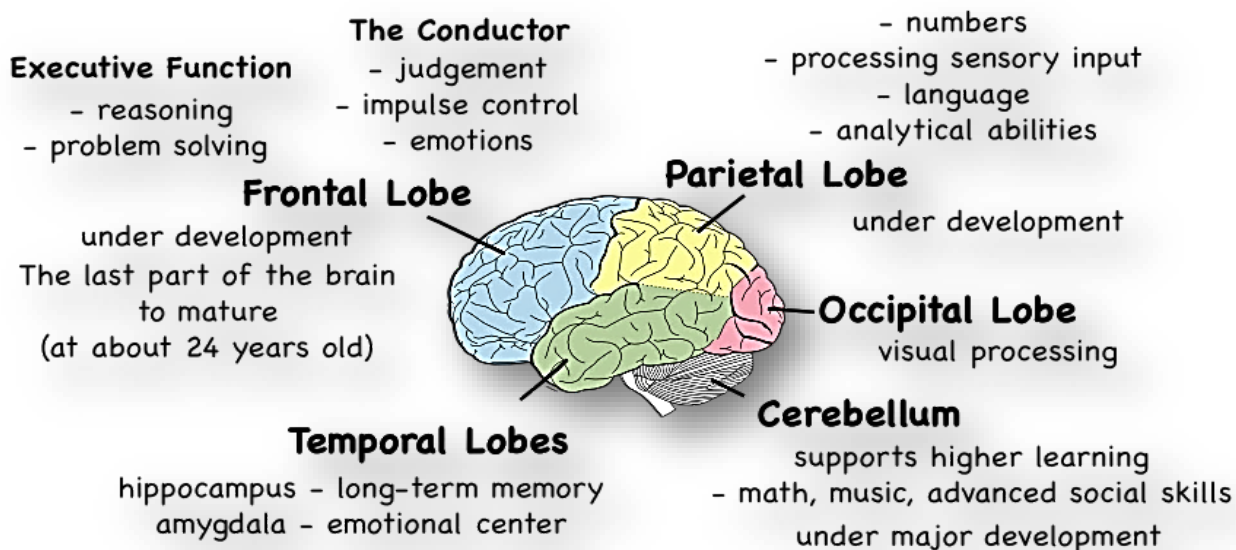
## BRAIN DEVELOPMENT

During the last ten years, there has been substantial growth in the knowledge about adolescent brain and social development. Scientific evidence, through neuro-imaging, shows that adolescence and young adulthood are times of gradual and continuing brain development. There is significant brain development that is qualitatively different from the development during childhood and early adolescence. Most significantly is the maturation of the frontal lobe, the “seat” of the

higher functions of self-control, emotional regulation, organization, and planning. Correlating with the continued development of the brain, is cognitive development – particularly in capacities to think abstractly, make reasoned judgments, process information efficiently, and self-reflect.<sup>xxviii</sup> Although most of the brain material and size is in place at the start of adolescence, several important developmental processes continue. Two of them are noteworthy.

The first is myelination. The structures or axons connecting brain cells, across which electrical impulses travel, continue to become sheathed in a fatty substance called myelin. This compound insulates axons and speeds the relay of electric impulses within the brain, helping thinking, decision-making, impulse control, and emotional regulation mature. Myelination of the frontal lobe aids cognitive development. In particular, it enables them to have better higher functioning, which includes planning, reasoning and decision making skills. It also helps to inhibit their impulses more efficiently and to demonstrate greater self-discipline.<sup>xxxix</sup>

The second is synaptic refinement. At the start of adolescence, there are billions of brain cells, each with tens of thousands of connections to other brain cells. Not all these connections are actually needed, and the unnecessary ones become eliminated. This elimination process is shaped by the young person's activities and experiences, and, as with myelination, it helps the brain work more efficiently. When the eliminating and myelination processes are complete, the brain can work faster and will be more efficient. But, during these processes, the brain is not functioning at optimal capacity.<sup>xxx</sup>



The brain's frontal lobes, especially the prefrontal cortex which governs reasoning, judgment, and impulse control, are the last sections to reach full development.

In addition, chemical changes occur – the level of dopamine, a chemical that links action to pleasure, shifts, and its redistribution can impact the threshold of stimulus needed to feel pleasure. As a result, adolescents often seek

pleasure, or excitement, through riskier behaviors.<sup>xxxi</sup> Brain science has also demonstrated differences in brain development between males and females. Girls reach the halfway point in brain development just before 11 years of age, while boys do so just before 15 years of age. Young women reach full maturity in terms of brain development between 21 and 22 years of age, while young men do not reach full maturity until nearly 30 years of age.<sup>xxxii</sup>

Researchers increasingly view mental illnesses as developmental disorders that have their roots in the processes involved in brain development; brain imaging studies have revealed distinctive variations in growth patterns of brain tissue in youth who demonstrate conditions affecting mental health. Ongoing research is producing information on how genetic factors increase or reduce vulnerability to mental illness and how experiences during infancy, childhood, and adolescence can increase the risk of mental illness or protect against it.<sup>xxxiii</sup>

Much research has been undertaken studying the impact of negative experiences, in particular trauma, on brain development. There are substantial immediate and long-term effects on brain development in the areas of social, psychological, and cognitive development when a child experiences:<sup>xxxiv</sup>

- ❖ inconsistency,
- ❖ chronic neglect,
- ❖ abuse early in life (sexual, physical, emotional)

Neuroscience has demonstrated that adolescence provides a developmental opportunity as the adolescent brain continues to evolve. Research has shown that trauma for a child and/or adolescent can have lifetime impact. DBHDD has begun looking at methods to meet the needs of youth who are impacted by trauma.

Trauma-informed care (TIC) is at the very core of treatment service delivery. TIC is a strengths-based service delivery approach “that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both

providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.” It also involves vigilance in anticipating and avoiding institutional processes and individual practices that are likely to re-traumatize individuals who already have histories of trauma, and it upholds the importance of consumer participation in the development, delivery, and evaluation of services.<sup>xxxv</sup>

## BEHAVIORAL HEALTH CHALLENGES

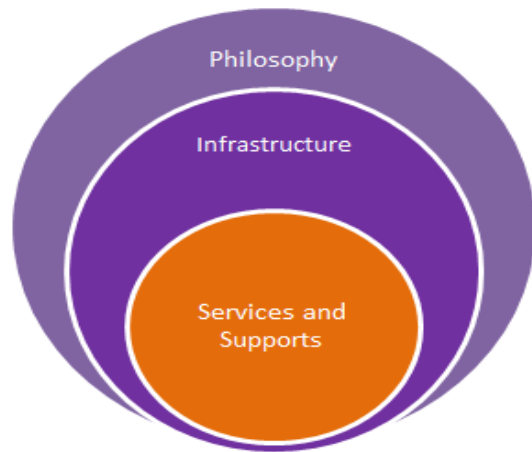
Despite high need, young adults disproportionately are less likely to access services than other age groups. Reports indicate a significant decline specifically at the age of 18 years – the difference between 16/17 year olds and 18/19 year olds was driven by a 48% decline in the rate of outpatient utilization.<sup>xxxvi</sup> Some of those barriers include:

- ❖ Policies that set differential eligibility criteria for access to child and adult services; that set age requirements and ignore developmental readiness indicators;
- ❖ Ineffective mechanism that discourage shared planning between the child and adult systems;
- ❖ Local communities that fail to incorporate a broad array of health, vocational, educational, residential, financial, and legal service systems as collaborative partners.”<sup>xxxvii</sup>
- ❖ Co-occurring disorders, despite their prevalence among transition aged youth, are not well understood or addressed.
- ❖ Treatment options that have been declared evidence-based practices often exclude specific application to the emerging adult’s unique population.



## CORE VALUES/GUIDING PRINCIPLES – SYSTEM OF CARE

*“At the most basic level, a system of care can be understood as a range of services and supports, guided by a philosophy, and supported by an infrastructure.”<sup>xxxviii</sup>”*



Georgia has embraced System of Care (SOC) as a foundation for the delivery of services for child and adolescent behavioral health. System of Care (SOC) is a nationally recognized framework for organizing and coordinating services and resources into a comprehensive and interconnected network. The goal is for service providers, child caring agencies, and community stakeholders to work in partnership with individuals and families who need services or resources from multiple service agencies.

The SOC concept was first published in 1986 for children and adolescents with mental health challenges. Now, over twenty-five years after the initial publication of the SOC definition, values, and principles, the SOC concept is widely accepted and used across various service systems, states, and local communities. The recent [Issue Brief “Updating the System of Care Concept and Philosophy”<sup>xxxix</sup>](#) underscores the dynamic nature of the SOC construct, as well as the endurance of the values and principles as fundamental to the SOC approach. The current definition of SOC as presented in the [Issue Brief](#) is:

***A spectrum of effective community-based services and supports for children and youth with, or at risk for, mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them function better at home, in school, in the community and throughout life.***

Different communities implement SOC in different ways; each community must engage in its own process to plan, implement, and evaluate its SOC based upon its particular needs, goals, priorities, populations, and environment.<sup>xi</sup> There is a considerable and rich history of SOC across the nation. While it started as a response to the multi-faceted needs of children with serious emotional disorders, “it has evolved over time as a concept that can be applied to any designated population of children, youth, and families that require an array of services and supports from multiple entities, including any or all populations of children, youth and families involved, or at risk for involvement, in the child welfare (and/or juvenile justice) system.”<sup>xli</sup>

In fact, the SOC philosophy is so powerful that many states, including Georgia, are now conceptualizing their adult services within the SOC framework. Recovery-oriented Systems of Care (ROSC) is a framework for coordinating multiple systems, services, and supports that are person-centered, self-directed and designed to readily adjust to meet the individual’s needs and chosen pathway to recovery. The system

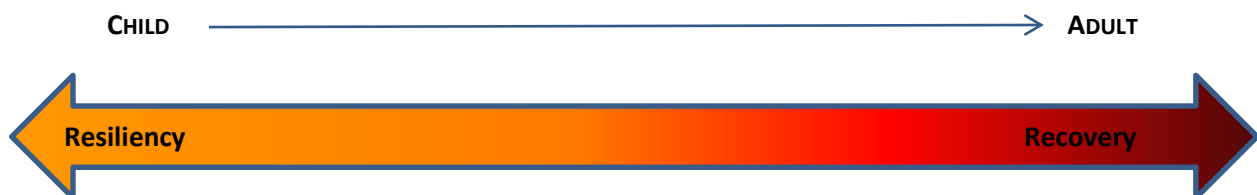
builds upon the strengths and resilience of individuals, families, and communities to take responsibility for their sustained health, wellness, recovery from mental illness and/or alcohol and drug use and abuse, and improved quality of life.

### **CORE VALUES**<sup>xlii</sup>

Systems of Care are:

1. Family driven and youth/individual guided, with the strengths and needs of the child/individual and family determining the types and mix of services and supports provided.
2. Community-based, with the locus of services as well as system management resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level.
3. Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports and to eliminate disparities in care.

Given the fluidity of child and adult definitions, the philosophical foundation for services for children/adolescents, emerging adults and mature adults should exist on a continuum. **Resiliency** is the ability to overcome adverse conditions and to function normatively in the face of risk, and should be viewed as the outcome of an interactive process that takes into account the presence of risk factors, the level of exposure to risk and the strength of protective factors and adaptation.<sup>xliii</sup> **Recovery** is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.<sup>xliv</sup>



The concept and philosophy of a “system of care” has provided a guide and organizing framework for system reform in children’s mental health. DBHDD has developed a crosswalk of guiding principles for children mental health system of care and the recovery oriented system of care for adults in order to identify specific similarities and differences and assist in an organized approach to moving forward. Through the Healthy Transitions Initiative there were additional principles identified in order to better serve emerging adults. All principles have been driven by a need to clearly identify strengths, opportunities and challenges to care.



## GUIDING PRINCIPLES CROSSWALK

<b>Resiliency- Oriented SYSTEMS OF CARE<sup>xlv</sup></b> Child & Adolescent	<b>HEALTHY TRANSITIONS<sup>xlvi</sup></b> Emerging Adults	<b>Recovery-Oriented CARE<sup>xlvii</sup></b> Adult
Ensure availability and access to a broad, flexible array of effective, community-based services and supports for children and their families that address their emotional, social, educational, and physical needs, including traditional and nontraditional services as well as natural and informal supports.	Engage emerging adults to address mental health and/or co-occurring substance use disorder in addition to focusing on life skills training.	Are anchored in wellness – addressing a person’s emotional health, environmental well-being, financial satisfaction, intellectual creativity, occupational pursuits, physical activities, social engagement and spiritual health
Provide individualized services in accordance with the unique potentials and needs of each child and family, guided by a strengths-based, wraparound service planning process and an individualized service plan developed in true partnership with the child and family.	Provide services that are flexible in the direction of treatment and the level of engagement by developing reasonable and achievable goals and celebrating achievements.	Are person-driven and strengths based
Ensure that services and supports include evidence-informed and promising practices, as well as interventions supported by practice-based evidence, to ensure the effectiveness of services and improve outcomes for children and their families.	Utilize evidenced informed and promising practices to guide the emerging adults to recovery.	Recognize the wisdom of “lived experiences” and addresses trauma
Deliver services and supports within the least restrictive, most normative environments that are clinically appropriate.	Build on strengths to educate individuals on how to optimally utilize resources such as health care and treatment, educational entitlements, peer mentoring, rehabilitation and recovery programming, vocational and social skill development, housing as well as employment support in order for the emerging adults to achieve goals.	Are holistic and occurs via many paths

<b>Resiliency- Oriented SYSTEMS OF CARE<sup>xlvi</sup></b> Child & Adolescent	<b>HEALTHY TRANSITIONS<sup>xlix</sup></b> Emerging Adults	<b>Recovery-Oriented CARE<sup>i</sup></b> Adult
<p>Ensure that families, other caregivers, and youth are full partners in all aspects of the planning and delivery of their own services and in the policies and procedures that govern care for all children and youth in their community, state, territory, tribe, and nation.</p>	<p>Support the development of a secure network, and maximize the involvement of family members, peers, formal and informal supports to sustain recovery throughout the lifetime of an emerging adult.</p>	<p>Are supported by peers, allies, advocates, and families</p>
<p>Provide developmentally appropriate services and supports to facilitate the transition of youth to adulthood and to the adult service system as needed.</p>	<p>Educate and practice life skills with emerging adult that are appropriate to the physical, intellectual and emotional developmental needs.</p>	<p>Are age independent</p>
<p>Incorporate or link with mental health promotion, prevention, and early identification and intervention in order to improve long-term outcomes, including mechanisms to identify problems at an earlier stage and mental health promotion and prevention activities directed at all children and adolescents.</p>	<p>Coach and guide emerging adults in effective interpersonal and communication skills, to help them develop and maintain healthy relationships, strong support systems including family members, friends and other natural supports.</p>	<p>Emerge from hope and empowers communities</p>
<p>Incorporate continuous accountability and quality improvement mechanisms to track, monitor, and manage the achievement of system of care goals; fidelity to the system of care philosophy; and quality, effectiveness, and outcomes at the system level, practice level, and child and family level.</p>		
<p>Protect the rights of children and families and promote effective advocacy efforts.</p>		<p>Are based on respect</p>

<b>Resiliency- Oriented SYSTEMS OF CARE<sup>ii</sup></b> Child & Adolescent	<b>HEALTHY TRANSITIONS<sup>iii</sup></b> Emerging Adult	<b>Recovery-Oriented SYSTEMS OF CARE<sup>liii</sup></b> Adult
Provide services and supports without regard to race, religion, national origin, gender, gender expression, sexual orientation, physical disability, socio-economic status, geography, language, immigration status, or other characteristics, and ensure that services are sensitive and responsive to these differences.		Are culturally based and influenced
	Empower emerging adults to be valued and respected assets to society and acknowledge personal choice and social responsibility by accepting 'dignity to risk' which is achieved by providing opportunities for learning or trying new things despite the potential risk of failure.	

## EMERGING ADULT CULTURE

The transition from adolescence to adulthood has changed dramatically in the United States and other industrialized countries over the past half century. In the 1950s, the median age of marriage in the US was 20 years for females and 22 years for males. By the year 2000, those ages had jumped to 25 for females and 27 for males. Similarly the age of parenthood has increased from the early twenties in the 1950s to late twenties in 2000.<sup>liv</sup>

Why has there been a rise in typical ages for entering marriage and parenthood? It is theorized that the advent of birth control and looser standards of sexual morality, as well as an increase in the numbers of years many young adults spend in pursuing higher education, play a significant role. However, there has also been a profound change in how young people view the meaning and value of becoming an adult – marriage, home, and children are not viewed as achievements to be pursued, but rather as perils to be avoided.

It is proposed that emerging adulthood is characterized by five main features:<sup>lv</sup>



The age of identity explorations – emerging adults try out different options in an attempt to figure out who they are and who they would like to become, particularly in the areas of love and career

- ✚ The age of instability – emerging adults often find themselves revising their life plan, changing partners, jobs, residences, and educational goals along the way
- ✚ The self-focused age – emerging adults tend to delay significant adult responsibilities, such as marriage and parenthood, in an effort to enjoy their freedom; focusing on themselves and their own needs
- ✚ The age of feeling “in-between” – emerging adults consider themselves neither adolescent nor adult
- ✚ The age of possibilities – emerging adults often hold an optimistic view of the future

Emerging young adults face greater health risks, both physical and behavioral, than either adolescents aged 12 to 17 or young adults aged 26 to 34. Yet compared to those two age groups, they often have the lowest perception of risk and the least access to care. Overall, emerging adults have the highest rates of motor vehicle injury and death, homicide, mental health problems, sexually transmitted infections and substance abuse. They have the lowest rates of insurance coverage; “in short, emerging adults are adrift in a perfect storm of health risks.”<sup>lvi</sup>



## ENGAGEMENT

Emerging young adults with mental health conditions often drop out or are forced out of services between the ages of 18 and 21. Policy and funding barriers, lack of appropriate and attractive treatment models, and poor coordination between child and adults systems all contribute to this problem. Client/consumer disengagement in the behavioral health system is defined as dropping out of services, skipping appointments, attrition, and/or premature

termination – it is considered a significant obstacle to both effective service delivery and the efficacy and outcomes of treatment and services.<sup>lvii</sup>

Young adults may not feel comfortable in treatment settings dominated by older adults, and often feel that typical adult services are not well adapted to their needs or culture.<sup>lviii</sup> Through HTI, there were some lessons learned in order to provide a seamless transition of services and/or adulthood.

*Below you will find excerpts from HTI pilot sites consumers when asked about their transition needs.*

### In Their Own Words

Young adults enrolled in the Georgia pilot sites - focus groups May/June 2013

#### **What do you need to survive as an adult?**

- Employment – how to get a job, how to keep a job
- Independent living skills – budgeting, cooking, cleaning, time management, how to access services
- Education
- Learning to plan, thinking for yourself, knowing yourself
- Socialization

#### **What's the best advice you have received about becoming an adult?**

- Take care of yourself first
- No one owes you anything
- Be a leader, not a follower
- Serve God
- Ask yourself: who owns this problem? Is it mine or someone else's?
- Know there is a time and place for everything
- Know how to behave
- Know how to seize opportunities
- Learn what a person wants, and give it to them

#### **What do you wish someone had taught you that would have made your transition to adulthood easier?**

- Knowing the process of what you are trying to do
- Networking – building professional and personal relationships
- Knowing when to leave or end relationships
- Planning for the future

#### **What have you struggled with the most?**

- Managing my illness on my own
- Life skills – budgeting, time management, hygiene, getting enough sleep
- Maintaining good relationships
- Articulating needs
- Finding supports

#### **How important is your mental health and wellness?**

- Wellness is number one priority
- Essential
- When mental health declines, so does physical health – they are interconnected

#### **What do you wish providers understood about being a young adult?**

- We are capable of making decisions
- Don't lower standards for us – we are capable
- The stages of evolution to becoming an adult



## INTRODUCTION

Existing behavioral health and other related services are not effectively meeting the needs of young adults with serious mental health conditions. This is due, in part, to a lack of services that are attractive to, and developmentally appropriate for young adults. Additionally, there are policy and funding barriers that can make it difficult for providers to deliver appropriate services, and for young adults who want services to access those services or to have continuity of care they received as adolescents.

The Healthy Transitions Initiative identified several components of adapting service delivery in meeting the needs of the population such as:

- ✓ Assertive Outreach and Assessment
- ✓ Screening and Evaluation
- ✓ Team Based, Person-Centered Planning
- ✓ Evidence Based/Supported Practices
- ✓ Skills Building and Mental Wellness

More importantly it requires a paradigm shift to start bridging the gap between child/adolescent services and adult services to improve long term outcomes for emerging adults. One approach coined “positive development” (PD) focuses on actively promoting well-being across the life

span. The PD approach focus on correcting deficits and preventing negative outcomes, toward a focus on strengths and enhancing healthy development. It allow a focus on how to prepare emerging adults for adulthood by actively promoting the following four types of assets and capacities:<sup>lix</sup>

- ✚ developing a positive identity and a sense of purpose, including self-determination, efficacy, and empowerment
- ✚ acquiring the capacity, motivation, and self-control to make decisions and carry out plans consistent with personally meaningful goals
- ✚ acquiring skills that provide a sense of mastery, aid in leveraging resources, and contribute to the ability to take on adult roles
- ✚ developing supportive relationships and pro-social connectedness

A key element of the PD approach that emerged under the HTI is the concept that development is greatly influenced by environment, and that positive development is encouraged through the interplay between the young adult’s capacities and supportive relationships, settings, and institutions. Settings that promote positive development are psychologically and physically safe, provide connection to pro-social adults and peers, allow for opportunities to build skills, and provide a balance between structure and flexibility, so that while there are clear expectations, there are also opportunities for young people to set goals and make decisions.<sup>lx</sup> The HTI project utilized “clubhouse” like facilities to implement programming for emerging adults.

There are few specific evidenced based practices targeted to transition age youth/young adult with mental health conditions however one of the evidenced supported models utilized for the HTI project is the Transition to Independence (TIP) model. TIP is wholly consistent with a PD approach and has a focus on enhancing protective factors (assets), youth-driven planning, and positive, supportive relationships.<sup>lxi</sup>

Moreover, the elements of PD align with the definition of recovery in mental health, with their emphasis on strengths, hope, empowerment, well-being, community integration, and support from positive peers, family, and providers.<sup>lxii</sup> Recovery principles have been embraced by the Georgia Department of Behavioral Health and Developmental Disabilities and it is the expectation that all providers

will deliver services within a Recovery Oriented System of Care.<sup>lxiii</sup> PD encompasses individualized services that focus on supporting young adults in identifying and moving towards personally meaningful goals. Self-determination has been identified as one of the key predictors of success with young adults with disabilities.<sup>lxiv</sup>

### Trauma, meet Empowerment<sup>lxv</sup>

	TRAUMA-INFORMED	POSITIVE DEVELOPMENT
Recognizes and targets:	Traumatic stress	Assets and strengths
Increases system awareness of:	Impacts of trauma	Young person's ability to contribute
Screens & assesses for:	Trauma exposure & symptoms	Developmental assets and well-being
Interventions are:	Therapeutically oriented	Skills & competencies oriented
Strengthens:	Protective factors	Promotive factors
Promotes:	HEALING	THRIVING

## PRACTICE

### PERSON-CENTERED PLANNING

Through the HTI project, the demonstration sites used person-centered planning to discover each young person's goals, strengths and needs. It is through person-centered planning that attainable goals are set by the person and their team. Goals are supported by strategies to help the emerging adult accomplish their goals.

From SYSTEM-CENTERED	Toward PERSON-CENTERED
<ul style="list-style-type: none"> <li>✚ Offer a limited number of usually segregated program options</li> <li>✚ Base options on stereotypes about persons with disabilities</li> <li>✚ Focus on filling slots, beds, placements, closures</li> <li>✚ Overemphasize technologies and clinical strategies</li> <li>✚ Organize to please funders, regulators, policies, and rules</li> </ul>	<ul style="list-style-type: none"> <li>✚ Craft a desirable lifestyle</li> <li>✚ Design an unlimited number of desirable experiences Find new possibilities for each person</li> <li>✚ Focus on quality of life</li> <li>✚ Emphasize dreams, desires, and meaningful experience</li> <li>✚ Organize to respond to people</li> </ul>



*“Person-centered planning is a unique, individually-focused approach to planning for persons who are in need of services and supports. It is an important vehicle for empowering individuals to have a voice in the planning process and to actively shape their futures. It is a structured way of organizing planning that focuses on the unique values, strengths, preferences, capacities, needs, and desired outcomes or goals of the individual.”<sup>lxvi</sup>*

Person-centered planning is an individualized approach to planning that supports an individual to share his or her desires and goals, to consider different options for support, and to learn about the benefits and risks of each option. Although the process must be customized differently for each person, the following guidelines summarize universally accepted “operating principles” for person-centered planning:

1. The individual is the focus of the planning process and involved in decision making at every point in the process, including deciding how and where planning will take place. Decisions made in the planning process can be revisited whenever the person wants.
2. The individual decides who to invite to the planning team. Planning teams include those who are close to the person, as well as people who can help to bring about needed change for the person and access appropriate services.
3. Planning team members help to identify and foster natural supports. Natural supports include family, friends, community connections, and others in the person’s social network. Development of natural supports is encouraged by inviting family members, friends, and allies to participate in planning meetings.
4. The planning team explores informal and formal support options to meet the expressed needs and desires of the individual. Informal supports—family, friends, neighbors, church groups, and local community organizations—are considered first. These natural supports are supplemented by formal services, including services such as personal care services, adult day services, residential services, home care services, nursing services, Meals on Wheels, and caregiver supports.
5. The individual has the opportunity to express his/her needs, desires, and preferences and to make choices. Appropriate accommodations should be made to support the individual’s meaningful participation in planning meetings.
6. Some individuals may require assistance in making choices about their individual plans and their supports and services. In these cases, the individual still participates in the person-centered planning process and makes all decisions that are not legally delegated to a guardian or other substitute decision maker.<sup>lxvii</sup>

## CONCLUSION

The emerging adult population can be difficult to engage and, if there are no efforts to adapt, can lead to negative long term consequences. They are often disconnected from school and/or work or performing poorly due to their inability to manage symptoms. The long term outcomes include limited education, social exclusion, lack of work experience, under employment, possible homelessness and fewer



opportunities to develop mentors and valuable work connections. Psychosocial and brain development coupled with serious mental health conditions can create risky behaviors that leads to police involvement or residential care. In order to meet their behavioral mental health needs, providers should be cognizant of transition goals to assist the young person effectively transition into adulthood. Some key guidelines that are recommended includes: (1) Partnering with the community and increasing awareness of mental health through outreach and psychoeducation; (2) Partnering with the emerging adult and family members to create a plan that is person centered and recovery oriented; (3) Developing tools and environments that are youth/young adult friendly to screen, assess and evaluate individuals in need of additional services and/or resources beginning as young as 16years of age; (4) Provide tools and resources for emerging adults and their families to attain and sustain recovery as they transition into adulthood. Please take note of provider tips/interventions that may be helpful in community support, case management, individual and/or group therapy, skills training.



## OUTREACH, REFERRAL & ENGAGEMENT

Outreach is a strategy to engage young people during times when services and/or supports are necessary. The HTI project identified key areas to provide outreach and awareness to community partners to include:

- ✚ Local offices of the Department of Family and Children Services for young people who present with serious mental health conditions
- ✚ Department Juvenile Justice for young people who are aging out of services
- ✚ Local school systems to reach young people with Individualized Education Plans (IEPs) who are leaving school or obtaining GED's.
- ✚ Primary care practices for youth obtaining physicals for college admission
- ✚ Local Colleges/Universities
- ✚ Adult probation/parole targeted to the 17 to 26 age
- ✚ Mental Health treatment courts
- ✚ Homeless shelters/ Runaway shelters

Agencies and organizations that are recipients of outreach activities are also the most likely referral sources. It is also important to consider the need for outreach to both formal and informal community supports and assets to be included in the service delivery system – such as, apartment complexes/other housing options, automobile dealerships, employers, trade schools, post-

secondary education organizations, public transportation, physical healthcare agencies, faith-based communities, etc. in order to assist with transition for emerging adults

Engaging young adults in treatment at times can be challenging. Both HTI staff and participants stressed that it takes time to establish the trust necessary to make progress in treatment. Time can also be a real challenge to providers who feel pressure to bill for services and achieve rapid results. Additionally, both providers and young adults stated that successful engagement and retention may require that organizations define provider roles differently. Young people stressed the need for providers to genuinely care for their well-being while providers who are successful in working with young adults stated that it requires more than business as usual.



### Provider Tips. <sup>lxviii</sup>

- (1) Establish a rapport with a young person by assessing strengths, gauging current knowledge and recording goals. All of these elements can be achieved just by asking the young person.**
- (2) It is important to be honest and empathetic at all times. Be thoughtful in selecting a young person's direct care worker.**
- (3) Be consistent and direct with the young person. There is a need for increased availability of the provider when a participant is attempting to achieve goals while managing mental health needs.**
- (4) Utilize developmentally appropriate peer support to assist with engaging youth when applicable.**
- (5) In order to understand the young person, inquire about their interest to help explain their goals. It is not necessary to assimilate with youth culture in order to build rapport, this can be perceived as mocking.**



## SCREENING, ASSESSMENT & EVALUATION

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is the most comprehensive child, adolescent, and young adult health program in either the public or private sector. All Medicaid-eligible children are guaranteed the services of EPSDT up to age 21. This includes Medicaid-eligible children who are provided services through a Care Management Organization (CMO) under contract with the state. EPSDT is the part of the Federal Medicaid Act that defines Georgia's responsibility for all Medicaid eligible children. EPSDT requires states to provide any "necessary health care, diagnostic services, treatment and other measures . . . to correct or ameliorate defects and physical and mental illnesses and conditions as covered by the Medicaid Act." In 2014, the Department of Community Health recommended that the CRAFFT screening tool<sup>lxix</sup> be utilized to screen for substance use; Screening for depression is mandatory from ages 11 to 21.

There are a host of screening tools listed on the Substance Abuse Mental Health Services Administration (SAMHSA) website, including tools for depression, bipolar disorder, suicide risk, anxiety disorders, drug and alcohol use, and trauma.<sup>lxx</sup>

### INDIVIDUAL SERVICE PLAN IMPLEMENTATION/COORDINATION

Once a person-centered individual service plan is developed, implementation is dependent upon

coordination among the young person and the various allies identified as both formal and informal supports. Based on the learnings of the Healthy Transitions Initiative, as well as national research, it was identified that the best approach to coordination is the identification of a transition staff position within the agency that is responsible for facilitating, planning, and promoting the involvement of natural supports and community supports in planning services; working collaboratively with appropriate staff to ensure that all goals are being achieved; arranging and brokering necessary supports and services for each young person in support of their transition plan; developing wellness plans for each young adult; and appropriate record documentation. This role will partner with the young person in order to develop and achieve transition goals.



### Provider Tips

- Assessment and evaluation must be broad in scope and should be conducted in partnership with the young person and his/her family as appropriate or other significant people the young person identifies.
- Assessment and evaluation should be strengths-based and culturally relevant and must consider the whole person, including physical health, mental health, substance use, education, employment, and housing.
- Initial assessments may differ as rapport is established and the emerging adult feels open to disclose other information pertinent for treatment.
- Treatment activities should be small group, varied with an emphasis on experiential, self-exploratory and empowering; take into account limited life skill knowledge on the part of participants.<sup>lxxi</sup>



## DISCHARGE PLANNING/TRANSITION PLANNING

The goal of serving transition age youth/young adults is to help them achieve the necessary skills and identify, develop, and sustain the supports needed for lifetime wellness – including 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 and the knowledge of how

to research community supports. Discharge planning begins at program inception and is focused on goal attainment and transition to adult services as appropriate. It is not unusual for the young person to change and/or add goals to the original ISP which may prolong program services. It is important to remember the goal of the services identified by the young person rather than helping the young person meet every goal they have to progress towards discharge. This was a challenge faced by HTI staff and had difficulty discharging cases. It is important to acknowledge that all older adolescents will not require linkages to mental health services

## PROMISING APPROACHES/MODELS

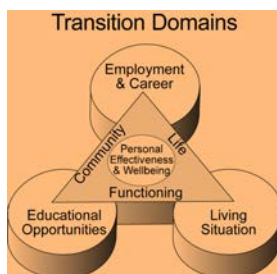
Currently there are few programs designed specifically to serve transition age youth/young adults with serious mental health conditions, and even fewer programs that have been evaluated for effectiveness. However the following programs can be considered as “supported” or “promising” practices for improving the outcomes of young adults based on empirical evidence gathered to date (programs/models are listed alphabetically).<sup>lxxii</sup>

- **Achieve My Plan! (AMP)** is designed to be utilized in any context in which a young adult with a mental health condition is involved in a team (often interagency) planning process. AMP serves to increase the extent to which young people are involved and engaged in the planning process, the extent to which the plans reflect the young person’s own goals and perspectives, and the extent to which the young person is actively involved in carrying out action steps for goal attainment. The greater engagement in the planning process is expected to have a positive impact on therapeutic alliance, treatment engagement, and outcomes. An AMP coach works one-on-one with the young adult to prepare him/her to actively and constructively participate in team meetings. Team members all receive AMP training and ongoing coaching to become skilled in creating a team atmosphere that is conducive to, and supportive of, meaningful youth participation.
- **The Community Reinforcement Approach (CRA)**, a comprehensive behavioral program that utilizes social, recreational, familial, and vocational resources was provided to homeless youth in a drop-in center rather than a counseling or mental health clinic. Findings indicate that behavioral health services can be integrated successfully and effectively into drop-in service centers. CRA is

widely used in substance use treatment programs.

<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=137>

- **Early Assessment and Support Alliance (EASA)** is designed to help young adults maintain normal life trajectories when psychotic symptoms first occur. EASA focuses interventions on mobilizing family and community resources to assist young people. In addition to helping young people regain proficiency in areas where they once excelled, but as a result of a psychotic episode are struggling, a supported employment specialist meets with them, and occupational therapists are available as needed. <http://www.easacommunity.org/>
- **My Life** utilizes a self-determination enhancement approach to improve outcomes of transition age youth in special education and/or foster care. My Life provides about 50 hours of coaching in self-determination skills and self-regulation strategies. Each youth develops an individualized transition plan to present in an interagency transition planning meeting. <http://www.alleghenycounty.us/dhs/mylife.aspx>
- **Rehabilitation, Empowerment, Natural Supports, Education, and Work (RENEW)** is designed to help young adults achieve the following outcomes: high school completion, employment, post-secondary education and training, and community inclusion. RENEW uses a “toolbox” approach to working with young people, providing access to an array of services, such as personal futures planning, alternative education options, and mentoring. <http://www.iod.unh.edu/pdf/APEX/RENEW%20Presentation%20MHIS%20Conf%20Oct%202009.pdf>
- **Young Adult Services (YAS)** is a Connecticut program designed to help individuals over the age of 18 to transition smoothly from child/adolescent programs into adult services. YAS includes clinical, residential, case management, vocational and social rehabilitation supports that are guided by three principles: services must be comprehensive and integrated, because focusing on one issue without supporting other aspects of a young person’s life is ineffective; facilitating transitions from highly structured and supervised programs into community-based programs is essential; participants should not be removed from YAS because it is important to provide young adults secure attachments. Services incorporate strength-focused treatment planning along with community-focused planning. <http://www.ct.gov/dmhas/cwp/view.asp?q=334784>



**The Transition to Independence Process (TIP) Model** is the promising practice utilized by the two Georgia HTI pilot sites. “The TIP system prepares youth and young adults with EBD for their movement into adult roles through an individualized process, engaging them in their own futures planning process, as well as providing developmentally-appropriate services and supports. The TIP model involves youth and young adults (ages 14-29), their families, and other

informal key players in a process that facilitates their movement towards greater self-sufficiency and successful achievement of their goals. Young people are encouraged to explore their interests and futures

as related to each of the transition domains: employment and career, education, living situation, personal effectiveness/wellbeing, and community-life functioning

The TIP system is operationalized through seven guidelines that drive practice-level activities with young people and provides a framework to communities to support, facilitate, and sustain this effort.

**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, and developmentally-appropriate -- and building on strengths to enable the young people to pursue their goals across relevant transition domains.**

- Facilitate young persons' goal achievement in each domain
- Employment and Career, Educational Opportunities, Living Situation & Personal Effectiveness & Wellbeing
- Tailor services and supports to be developmentally-appropriate; addressing the needs and building on the strengths of young people key support
- Ensure that services and supports are accessible, coordinated, appealing, and non-stigmatizing.

**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 encounter natural consequences through life experience.

**4. Ensure a safety-net of support by involving a young person's parents, family members, 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 information and data from strength discovery and functional assessment methods.
- Teach meaningful skills relevant to the young people across transition domains.
- Use in-vivo teaching strategies in relevant community settings.



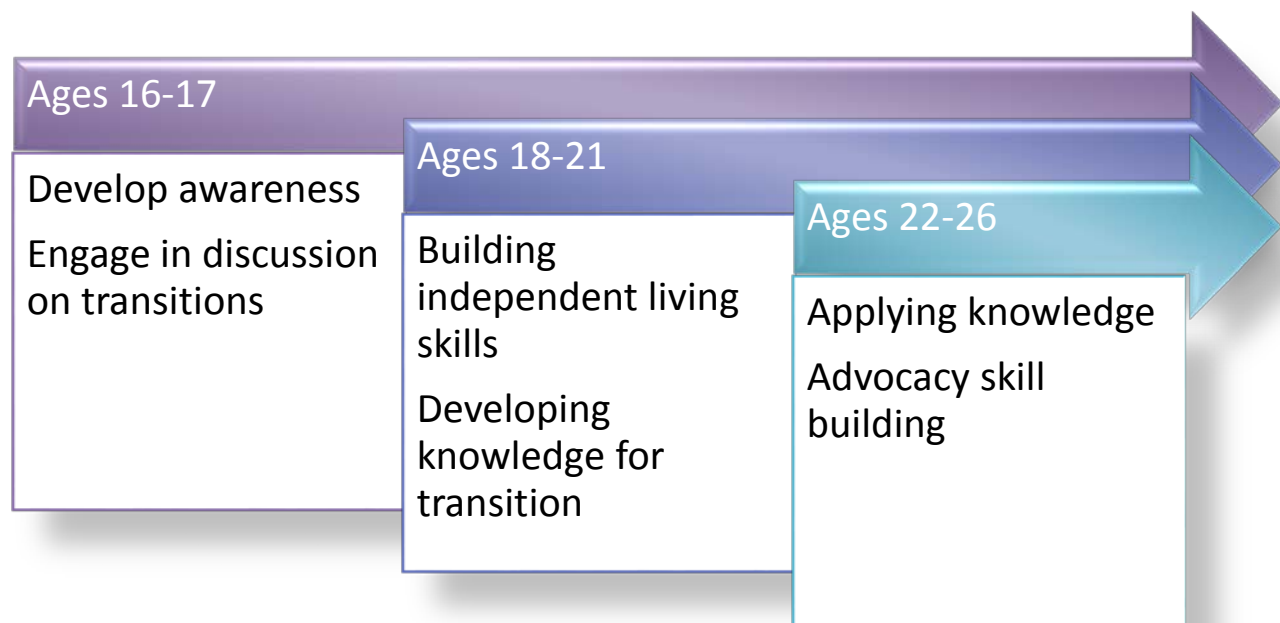
- Develop skills related to self-management, problem-solving, self-advocacy, and self-evaluation of the impact of one's choices and actions on self and others.
- 6. Maintain an outcome focus in the TIP system at the young person, program, and community levels.**
- Focus on a young person's goals and 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, and other informal and formal key players, and relevant community representatives.
  - Hire young adults as peer associates to work with transition facilitators and young people.
  - 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.

The TIP guidelines synthesize the current research and practice knowledge base for transition facilitation with youth and young adults with EBD and their families. It is a “practice model,” meaning that it can be delivered by personnel within different “service delivery” platforms, such as case management or in a team format (e.g., Assertive Community Treatment [ACT]). At the heart of the TIP practice model are proactive case managers with small caseloads. The TIP transition facilitators use core practices in their work with young people, to facilitate youth making better decisions, as well as improving their progress and outcomes. The TIP system also provides for the use of other evidence-supported interventions (e.g., CBT, SPARCS/DBT), for certain clinical interventions to address critical needs of individual young people.”<sup>lxixiii</sup>

# Transition Planning

The transition to adulthood and self-sufficiency can be challenging for any young person. Living on one's own can be quite demanding as the young person learns to manage a range of new responsibilities—from paying for housing and other living expenses, to navigating paperwork required for selecting insurance or filing taxes. Today, many young people are dependent on their families for longer periods, often remaining

or returning to live at home well into their 20s and receiving both emotional and financial support. Transitioning with a serious mental health condition can become frustrating to the emerging adult, family members, natural supports and providers, as they attempt to provide the guidance beneficial for a successful outcome. It is imperative that during this transition, guidance is provided at different developmental levels in order to meet the young person's mental health needs and achieve their identified goals. In order to improve engagement and retention, providers should consider the characteristics of staff assigned to emerging adults to include dynamic and engaging personalities, able to relinquish control as appropriate, able to establish limits, be non-reactionary, non-judgmental, and genuine. The next section of this toolkit will provide key components to review with the emerging adults and family members as the youth transitions from adolescence into adulthood. Throughout each of these stages managing mental wellness may not be a priority for the young person, however it can be achieved by engaging emerging adults through developmentally appropriate relationships.





# Education

Through HTI, participants identified that education was an important factor for success. It was often regarded as a desirable goal to achieve through the program. High school students receiving special education services (those identified as having a disability that interferes with their educational performance) do not do as well in school as the general population of high school students and are less likely to complete high school. The lowest rates of completion are among those with emotional disturbance (56 percent). Fewer than 10 percent of students with mental illness, for example, are enrolled in special education. Studies that reflect the broad spectrum of youth with mental illness confirm their low high school performance and completion rates. <sup>lxxiv</sup>




What they need Ages 16-17	What they need Ages 18-21	What they need Ages 22-26
Knows and understands why and how to do homework.	Knows how to access and evaluate school credits to determine graduation status	Knows how to utilize self-advocacy skills and seek support services
Is able to use one or more study techniques to prepare for an exam or presentation.	Access and supports for required tests (PSAT, SAT, ACT).	Knows how to apply education skills and seek continued education opportunities
Knows how to access resources to improve educational outcomes.	Identify alternative educational settings to meet unique needs	Knows how to gear education goals into career track
Knows how to use a computer to complete homework and the Internet to locate resources	Knows which higher education options to explore based on achieved and desired skills and career goals.	Knows how to seek opportunities to advance specific skill sets
	Identify education outcomes i.e. HS diploma, GED or vocation certificates	Identify education outcomes i.e. Associates degree, Bachelor, Master, PhD, etc

- ❖ Ensure to work with families to meet the needs of the emerging adult to achieve academic success; Partner with school systems to provide recommendations of behavior management
- ❖ Provide alternatives to traditional school settings i.e. online education, Job Corp, training programs, alt. learning programs. Staff should provide information on education supports available in colleges and vocation schools
- ❖ Provide education and guidance to families to advocate for Individual Education Plans (IEP) and additional school resources for emerging adults enrolled in high school.
- ❖ Connect young people to adult services that will continue to cultivate education skill sets, i.e., learning Microsoft Office, typing, etc.



# Employment

Research has shown that most emerging adults want to work and employment was recognized as the second most important goal in their recovery through HTI. The rate at which young people graduate from high school remains quite low in the United States, and substitutes (such as passing a General Educational Development [GED] test) are not particularly valued in the job market. Many of those who complete high school only face poor labor market prospects. Non-completion rates also are quite high among those who enroll in 2- or 4-year colleges. Despite these obstacles, emerging adults value employment as an outcome for survival and success. <sup>lxv</sup>

 What they need Ages 16-17	 What they need Ages 18-21	 What they need Ages 22-26
Leadership positions in school or extracurricular activity and responsibilities in households	Skill building for conflict resolution, organization, communication and time management	Employment maintenance, networking, utilization of community resources
Volunteer opportunities to build skill set for employment	Guidance to complete job application, practice interview skills, creating a resume	Empowering a life of recovery to manage ongoing crisis
Increase problem solving/decision making skills and effective coping skills	Prioritization, goal development, building and maintaining health relationships.	Managing work life balance through stress management, knowledge of ADA self-disclosure and employee rights.
Ability to assess strengths and weaknesses and to get along with other	Effective coping skills, managing stressful situations	Application of money management skills, self-advocacy skills, mental wellness management
Ability to make short and long term employment and vocational goals	Practice and implementation of applying for a job, interviewing for a job and following-up	Job shadowing and/or coaching; receiving job referrals
Develop appropriate communication skills and other workplace values i.e. timeliness and appearance, etc	Explaining SSI benefits and the impact of employment wages	Knowing how to change jobs and maintain positive relationships

- ❖ Develop career plan with emerging adult and adult allies and identify work experience, paid or unpaid, at competitive or entrepreneurial worksite (e.g., apprenticeship with employee serving as coworker mentor).
- ❖ Explore different employment options with emerging adult i.e. competitive employment site, supported employment and transitional employment opportunities, paid or unpaid, at a noncompetitive worksite placement
- ❖ Understand and manage barriers of emerging adults that may interfere with job attainment i.e. mental health symptoms, fear of failure, high sense of entitlement and low accountability



# Housing

Typically, housing is not an issue until there is crisis. Parents may reach a point that they can no longer manage the behaviors in the home as a result of their mental illness. As a result, young adults spend time with no stable residence, living on the streets or “couch surfing” from one unstable living arrangement to another. Unfortunately, no reasonably current and reliable data are available regarding the size and characteristics of the homeless young adult population nationally. If there is a need for housing it will be difficult to achieve other goals if the young person does not have stable housing. Once housing has stabilized it is important to teach the skills in order to sustain housing.<sup>lxxvi</sup>

## Housing and Money Management

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• finding and maintaining appropriate housing</li> <li>• filling out a rental application/acquiring a lease</li> <li>• handling security deposits and utilities</li> <li>• tenants’ rights and responsibilities</li> <li>• handling landlord complaints</li> <li>• transportation issues</li> <li>• accessing community resources</li> <li>• healthy beliefs about money</li> <li>• accessing info about credit, loans and taxes</li> </ul> | <ul style="list-style-type: none"> <li>• understanding the benefits of saving</li> <li>• understanding income tax; preparing tax forms</li> <li>• understanding banking and credit</li> <li>• how to create a budgeting/spending plan</li> <li>• opening and using a checking and savings account</li> <li>• balancing a checkbook</li> <li>• developing consumer awareness and smart shopping skills</li> </ul> |
|--|--|

## Daily Living

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• meal and menu planning</li> <li>• grocery shopping</li> <li>• home clean up and storage</li> <li>• home management</li> <li>• home safety</li> <li>• legal issues</li> <li>• properly using kitchen equipment and other home appliances</li> <li>• proper clothing care</li> </ul> | <ul style="list-style-type: none"> <li>• basic home maintenance and repairs</li> <li>• how to handle emergency situations</li> <li>• computer and internet basics</li> <li>• keeping a healthy and safe home</li> <li>• safe and proper food preparation</li> <li>• laundry</li> <li>• housekeeping</li> <li>• Living cooperatively</li> </ul> |
|---|--|

- ❖ Explore living options with the emerging adult including Independent residence (e.g., living in an apartment with a roommate).
- ❖ Resource mapping is an effective method to identify natural supports in crisis situations such as other family members (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).
- ❖ It is helpful to form partnerships with landlords to help emerging adults secure housing since some housing complexes deny residence to that age group.



## Personal Effectiveness & Well-Being

The HTI project strived to meet the needs of emerging adults with serious emotional disorder/serious and persistent mental illness to live a life in recovery. One of the most important components of transitioning into adulthood is learning to manage one's own personal well-being and increase whole health overall. The goal is to develop a skill set to maintain positive relationships and empower emerging adults to utilize supports through the transition process and during crisis situations.

What they need Ages 16-17	What they need Ages 18-21	What they need Ages 22-26
Understanding personal hygiene; nutrition; health, dental, and mental health issues	Health care & fitness (e.g., balance diet, physical activity)	Self-management of psychotropic, over-the-counter medications & side-effects.
Social skills i.e. positive feedback to others, acceptance of negative feedback, self-monitoring, etc	Knowledge of sexual functioning & birth control i.e. prevention of sexually transmitted diseases & unwanted pregnancies	Recognizing when to see a physician; Ability to access medical & dental services
Expression of care & concern for others; focus on creating reciprocal relationships with others	Relationship development & maintenance of friendships Management of anger & moods	Balance of independence & interdependency with family members
Coping with stress & ability to relax	Dating skills & development/maintenance of intimate relationships	Manage use of alcohol & drugs and development spiritual wellbeing
Management of anger & moods; Avoid physical confrontations & criminal activities; Avoid danger to self & others	Maintenance of relationships with mentors & informal key players.	

- ❖ Peer support is an effective way to engage youth and young adults and develop health relationships with peers.
- ❖ There may be a challenging balance between including family and adhering to confidentiality. It is strongly encourage to assist the young person to include formal and informal supports as they transition to maintain a healthy level of support.
- ❖ Young people should have the freedom to make their own life decisions and not criticized if their decisions did not produce a positive outcome.



Adolescents are faced with the task of individuating from their parents while maintaining family connectedness to facilitate the development of the identities they will take into adulthood. <sup>lxvii</sup>

Caregivers may struggle with the shift in legal responsibility and decision making that occurs when the adolescent becomes an adult. Communication often gets misunderstood, which can cause conflict and frustration with family members, friendships and helping professionals. Communication can be very critical when partnering with young adults in managing their whole health as well as family formation. While working with emerging adults and family members the following topics should be addressed to improve outcomes: developing self-esteem; knowing and understanding personal strengths and needs; understanding the benefits of ethical, caring, respectful behavior; clearly communicating in different

#### 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.

settings; safely using electronic communication; being appropriately assertive; anger management; conflict management and resolution; developing and using a support system; developing strong community supports and interdependent connections; developing connections to trusted adults; maintaining appropriate and healthy friendships and relationships; having cultural awareness and demonstrating appropriate etiquette

#### 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).
- Parenting and marriage issues; childcare skills; teen parenting; responsible fatherhood; domestic and family violence prevention; and proper social communication.

#### 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).

## Behavioral Health

Young adults need more than their behavioral health needs met by providers. They need support in completing school, learning life skills, getting and maintaining employment, having stable housing, accessing whole health care, and creating positive and lasting relationships and community connections. Through the HTI project, staff learned that mental health maintenance typically was not an emerging adult's priority – he/she may not want to identify with their mental health diagnosis. Young adults often do not see the need for medication compliance or consistently attending treatment sessions, but will utilize them when they are in crisis. Another alternative to managing wellness is peer support. Empowering the young adult to utilize peer support may help them feel in control of their mental health. It is important to guide them to opportunities to get involved with consumer run initiatives.



### HTI LESSONS LEARNED

Some additional tips gathered throughout the life of grant were provided by direct care staff as well as emerging adults and families in the program.

- ❖ Engagement is critical; without engagement the progress stops.
- ❖ Terminology is important – any language that suggests “program speak” creates barriers in the relationship between the young adult and the professional.
- ❖ Hands on learning and teaching is invaluable
- ❖ Do not pass judgment – the minute that young adults feel you are disappointed, you lose the opportunity to work with them.
- ❖ The earlier a support system is identified, the less likely a young person will become a high utilizer of services.
- ❖ Services should be appealing to young adults - such as flexible hours, streamlined processes, non-traditional staff approaches such as texting
- ❖ It can be challenging to “let go” and let young people discharge from the program.
- ❖ Linkage to resources is critical.
- ❖ Basic needs, such as housing need to be addressed before young adults are able and willing to focus on skill building and treatment.
- ❖ Encourage young adults to create a medication journal to track signs/symptoms when they reduce or alter their medications. Ask “what do you hope to gain by going off medication? How can I support you?”
- ❖ Volunteer experiences count – they may help move young people to successful careers.
- ❖ Twelve percent of individuals under age 65 receiving Supplemental Security Income (SSI) are young adults aged 18-25 (Social Security Administration, 2012). Receiving these benefits can be a strong deterrent to work.
- ❖ Making mistakes is normal development and how people learn

## Community-Life Functioning

An important aspect of attaining community functioning is maintaining the emerging adult in the least restrictive environment. Valuing self-care and engaging in community activities may positively impact the transition into adulthood. Community involvement encompass a broad range of activities including community service volunteer and

mandated), political involvement and environmental service. Involvement in civic organizations and volunteering is lower among young adults than among high school students and older adults with some studies showing rebounds around age 26. These shifts likely reflect changing roles and commitments, as well as changing institutions in terms of both opportunities and incentives.<sup>lxviii</sup> Some areas of focus to promote healthy community-Life functioning includes:

### 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 i.e. transportation
- 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.



## ADMINISTRATION



In 1998, researchers Viner and Keane stated that within healthcare, the development

of a coordinated transition system linking pediatric services to adult systems of care is expected to pose one of the most significant challenges this century.<sup>lxxxix</sup> This continues to be true today, and is certainly evident in the area of mental health, where achieving continuous care requires the highest degree of interpersonal contact between service users and service providers.<sup>lxxx</sup>

Positive intervention at the transition stage between child/adolescent behavioral health services and adult services may be one of the most important ways to facilitate recovery, mental health promotion, and mental illness prevention; however there is an absence of an integrated, coordinated system of care between child/adolescent serving agencies and adult serving agencies. This is true even in those agencies that serve both populations; services are generally “siloed” with little interaction.

Empirical evidence supports the establishment of formal transition services from child behavioral health services to adult recovery-oriented systems of care; evidence indicates that using a model of care focused on shared responsibilities in planning is considered necessary to achieve effective transition.<sup>lxxxi</sup>

For the most part, behavioral health agencies are lagging behind other child/youth serving

agencies in developing protocols to better serve transition age youth/young adults. The Georgia Department of Education requires transition planning for students with IEPs.

The Individuals with Disabilities Education Act (IDEA 04) mandates that in the IEP that will be in effect when the student turns 16 years of age, there must include a discussion about transition service needs; factors to be included are academic preparation, community experience, development of vocational and independent living objectives and, if applicable, a functional vocational evaluation.<sup>1</sup>











The Georgia Division of Family and Children Services requires a Written Transitional Living Plan (WTLP) be developed within thirty (30) days of a youth in foster care turning 14 years old or a youth age 14 to 17 entering foster care.

It is, therefore, important that behavioral health providers design service delivery systems that are responsive to the unique needs of transitioning youth and implement those systems as early as age 14 as appropriate. Transition planning needs to be initiated earlier than current practice and care plans need to be flexible to adapt to different service environments and the needs of the youth involved.<sup>lxxxii</sup> Redefining the provider role may require a revision of policies around how and when to communicate or interact, for example the use of texting or Facebook, or arranging meetings or outings in the community and/or outside of traditional work hours.<sup>lxxxiii</sup>

## ORGANIZATION

Provider agencies may choose to develop strategies to improve communication & integration between their child/adolescent program staff and their adult program staff (for those agencies that include both programs in house) and/ or develop a specialized transition unit/staff member to bridge the gap between Children/Adolescent and Adult services. Provider agencies should identify a model or approach to be used as the selected approach, which will drive some organizational decisions.

Based on the work of pioneering transition programs, it has been determined that the following competencies are necessary for effective service delivery:<sup>lxxxiv</sup>

-  **Partnering with youth and young adults:** Engages youth and young adults as full collaborators in service planning, delivery, and evaluation.
-  **Supporting recovery and empowerment:** Participates in advocacy by providing accurate information about youth and young adults with mental illness, identifying and challenging situations that are stigmatizing, advocating for policies and procedures that respect individual rights and dignity, and working with youth and young adults to challenge oppressive power structures and overcome legal barriers.
-  **Planning partnerships with providers of other services:** Form partnerships with family members and service providers in relevant agencies and systems to develop and implement individualized transition plans for young people.
-  **Providing individualized, developmentally appropriate services:** Assists and facilitates the development and implementation of an effective service plan that reflects the preferences, needs, interests, and desired outcomes of the young person participating in the planning and services.
-  **Addressing transition domain-specific needs:** Collaborates with young people to meet their needs for education, employment, peer support, parenting support, safe and stable housing, income maintenance, participation in community life, and adult well-being in the context of relevant policies and programs.
-  **Using evidence-supported practice and individualizing interventions:** Locates, appraises, adapts, and applies established and evolving knowledge about mental health and a range of effective practices and programs.
-  **Collaborating to bridge systems:** Reaches within and across services and systems to build constructive working relationships focused on assisting young people to achieve their goals when confronted with fragmented systems.
-  **Promoting support from family, peers, and mentors:** Builds on the capacity of family members, peers, and mentors to provide support in ways preferred by the young person.
-  **Meeting the needs of diverse young people:** Communicates effectively with and is responsive to the preferences of diverse young people and families.
-  **Evaluating and improving services:** Systematically evaluates the services that he or she offers; uses feedback from young people and their family members, when relevant; participates in program evaluations and research to improve services.

For an in-depth description of competencies including the necessary attitude, knowledge, and skills for each competency area, as well as an example, go to: <http://www.pathwaysrtc.pdx.edu/pdf/projPTTC-Compiled-Core-Competencies.pdf>



## FAMILY & YOUTH INVOLVEMENT

Families, youth and professionals have different sets of knowledge, experience and beliefs allowing for all parties involved to bring their unique expertise to the treatment team. Often, after age 18, the family members are no longer included in treatment decisions to align with patients' rights and responsibilities, however it is strongly recommended they are involved in the process for sustained support. Family and youth partnership also needs to inform decision making at the policy and systems level. Family priorities and resources must be identified and should

be considered when working with the emerging adult. Peer support for parents and emerging adults as they journey through the mental health system was empowering for participants in the HTI project. In addition to their direct care staff, Peer Support and Family Liaisons were important functions in service delivery for young adults. HTI Family Liaison experienced some challenges in engaging families to provide support and increase awareness. However there were some families who welcomed the opportunity to understand the unique needs of their emerging adult. Georgia DBHDD is in the process of developing curricula for training youth and family/caregivers to be certified peer specialists (CPS-P and CPS-Y). During this process, behavioral health providers can be more targeted in their recruitment efforts of adult CPS's, to include individuals aged 18 to 30 to work formally with the young adult population. Informal peer support, naturally occurring reciprocal relationships, can be nurtured through small-group interaction and activities. And efforts must be made to engage families – both formally and informally.



## ROUTINE COACHING/SUPERVISION

Providers should have the capacity to provide both administrative and clinical supervision to the direct care staff working with emerging adults and their families. Supervisory staff must have knowledge of the unique needs and characteristics of transition age youth/young adults. It is important for leadership to educate staff about how mental illness can present in young people for staff

that may misinterpret as negative and willful noncompliance. At times, staff may need to work harder than the young person to maintain engagement. Supervision can be helpful to staff when they become frustrated with young people due to lack of focus and goal progression. Remember that even as an adult

it is important to break down goals into small steps and celebrate small successes to empower young people. Other areas should also be explored through supervision and coaching with staff such as:

- ❖ **Create and maintain an open discussion with staff and coworkers.** Discuss stereotypes about mental and substance use disorders to increase knowledge and comfort.
- ❖ **Establish practice measures to ensure confidential handling** of sensitive information and to reassure patients that what they say in the office is shared with their consent/assent.
- ❖ **Educate adolescent patients about their right to consent** to mental health and substance use services and your state's confidentiality laws regarding behavioral health.
- ❖ **Routinely discuss mental health and substance use issues** with adolescents and families as part of anticipatory guidance during annual visits and also acute care visits.
- ❖ **Ask young people and their families about their beliefs** concerning mental health and substance use.
- ❖ **Emphasize increasing adolescent and family wellness** and functioning rather than specific diagnostic labels or treatment approaches.
- ❖ **Collaborate with mental health providers** to reduce stigma and increase awareness and communication about behavioral health issues, and improve the referral process and treatment options for teens. (J. Shalwitz, 2007)

## STAFF TRAINING

Professional development of all staff is essential and should be targeted to the development of the core competencies of:

- Brain development
- Developmental stages
- Characteristics of young adults
- Engaging youth and young adults
- Cultural/linguistic competency
- Young adult and family engagement
- Motivational interviewing
- Person-centered planning
- Trauma-informed care
- Co-occurring disorders
- System of Care
- Utilization of community and other resources that youth need to become successful adults
- Basic self-care skills with Limited Income
- Peer support, Wellness Recovery Action Planning
- Self-advocacy/ Strategic Story Telling
- Building Peer Leadership
- Staff training should be ongoing to ensure there is an impact on working with the population

## FINANCING/BILLING

Time, liability, and reimbursement concerns can impede on the success of developing services geared to the population. Some of the needs outlined can be addressed through specific services that are billable through Medicaid such as Certified Peer Support, Community Support

Individual (CSI), Case Management, Intensive Case Management, Supported Employment (18+) and Psychosocial Rehabilitation Individual (PSRI) can be used for billing for the Transition Coach.

Unfortunately, many services needed by young adults are not billable under Medicaid or other health plans as medically necessary to include achieving goals that would assist with transitioning into adulthood. Flexible funding (state and/or local community dollars) resources should be developed and cultivated to assist with school applications or obtaining state identification. Through system of care initiatives, funds from other child serving agencies and philanthropy may be blended or braided to assist with funding additional services. Additionally, many local entities are willing and able to provide in-kind donations.

The Affordable Care Act (ACA) includes a targeted provision to require health insurance coverage, including behavioral health, under Medicaid for youth up to age 26 who were previously in foster care and enrolled in Medicaid. Effective January 1, 2014, all states were required to extend Medicaid coverage to age 26 for all youth who are enrolled in Medicaid and in foster care on their 18<sup>th</sup> birthday, or enrolled in Medicaid when they aged out of foster care if over the age of 18. ACA also provides coverage to age 26 for young adults on a parent or guardian's health plan. Some youth will have SSI benefits, but will have to re-apply on their 18<sup>th</sup> birthday. The process to re-apply for SSI can often be discouraging especially if the youth are not immediately eligible for benefits.



## ACCOUNTABILITY

Providers are encouraged to utilize the evidence supported practices noted in this document and ensure fidelity to the model of choice. Evaluation is essential for programmatic self-knowledge, self-improvement and accountability. Information concerning service delivery, impact, and customer satisfaction must be collected, reviewed and analyzed to maintain, improve, and document sound programs of treatment and care. The program evaluation process is designed to promote quality care through on-going objective and systematic assessment of care and correction of identified problems. Each provider is responsible for establishing, supporting, and maintaining program evaluation and for establishing an atmosphere where quality becomes everyone's responsibility. Many programs operate in silo, understandably reluctant to be held accountable for any outcome that is not completely within its control. As a consequence, programs are held accountable only for outputs, not outcomes, and there is no collective accountability for improving the overall health and well-being of marginalized young adults. It is imperative we begin to develop infrastructure for successful behavioral health, transition and primary health care through collaboration.



Research on effective transition programs for youth with mental health needs is limited, but a review of school-based transition programs for youth with disabilities, employment programs, mental health and social service programs, and supported work programs for adults with severe mental illness all indicate components that are instrumental in success – one of which is a systemic foundation. A well-marked road map has not yet been established for what should be included in a systemic foundation to upgrade support systems for transitioning youth, but the states agencies are being recognized as the place where the road maps will be developed.<sup>lxxxv</sup>

There is no coordinated system that guides a youth through the process of becoming a productive and self-sufficient adult; pieces of a system exist, but because services are often incomplete and uncoordinated, they are frequently ineffective. Thus particular attention must be given to improving the processes and procedures used by all stakeholder agencies that have a role in contributing to the evolution of a new system specific to transition age youth/emerging adults.

## DEFINITION OF COMMUNITY PARTNERSHIP & COLLABORATION

### Community Partnership

Community partnerships are relationships between agencies and stakeholders to address an identified community issue. Community partnerships help communities shape strategies to address identified issues by building a network of services based on their own cultures, needs, and resources.

### Collaboration

Working collaboratively is a key component and driving force in developing systems of care. The SOC approach is not a “program” or “model” but rather an approach for guiding processes and activities designed at the system, policy, and practice levels to meet the needs of the target population, in this case, transition age youth and young adults with behavioral health issues. Systems of care are not static; they evolve over time as community needs and conditions change.

The SOC approach is characterized by multi-agency sharing of information, resources, and responsibilities and by the full participation of professionals, families, and transition age youth/young adults as active partners in planning, funding, implementing and evaluating services and outcomes.

The SOC approach facilitates cross-agency coordination of services, regardless of how or where young adults and families enter the system. Young adults and family members work in partnership with public and private agencies/organizations to design services and supports that are effective, build on the strengths of the young person, and address each individual’s cultural and linguistic needs

Collaboration is defined as “a mutually beneficial and well-defined relationship entered into by two or more organizations to be achieved results they are more likely to achieve together than alone.”<sup>lxxxvi</sup>

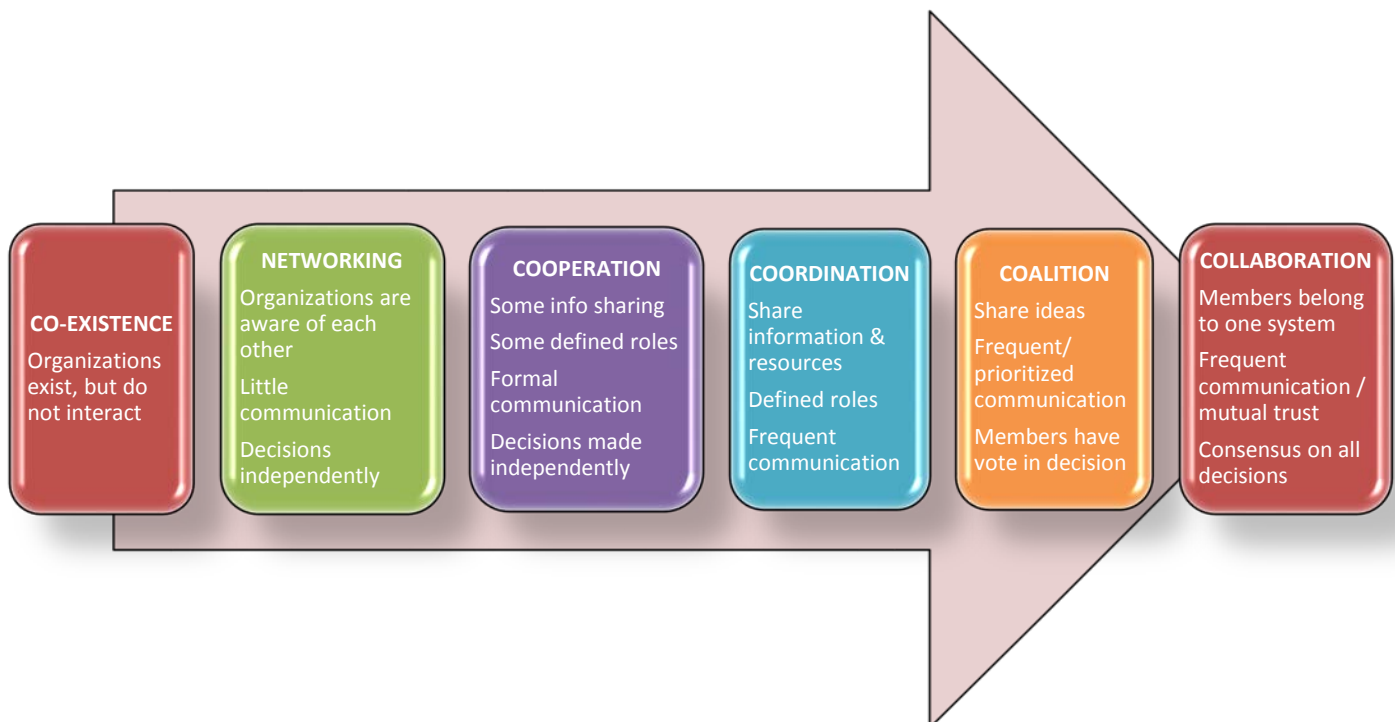
The goal of collaboration is the establishment of a process for problem solving, rather than an end result in itself. In essence, collaboration changes the way organizations work together. Collaboration moves organizations from competing to building consensus; from working alone to including others from diverse fields; from thinking mostly about activities, services, and programs to looking for complex, integrated interventions; and from focusing on short-term accomplishments to broad system changes.<sup>lxxxvii</sup>

Collaboration should not be confused with the ideas of cooperation and coordination, which support and contribute to the development of collaboration. Cooperation is the “first step in collaboration – people agree to help each other in specific ways”; coordination is “the second step in collaboration – people help each other out, but no one changes the way business is done.” Collaboration is achieved once everyone places their own issues aside and blends their efforts to make something new happen.<sup>lxxxviii</sup>

Why should people/organizations collaborate? Problems that organizations face in serving individuals and families are complex and multifaceted; they require the efforts of many different agencies and systems working together to be resolved. Collaboration extends the reach of individual organizations and is more efficient.

Collaborative members, as experts in their respective fields, are allies in the difficult and challenging work of initiating and sustaining system change.

### MOVING TOWARDS COLLABORATION<sup>lxxxix</sup>





Factors Promoting Collaboration<sup>xc</sup>

Structural Factors		Interpersonal Factors
<ul style="list-style-type: none"> <li>• A favorable political and social climate</li> <li>• Appropriate cross-section of members</li> <li>• Commitment and involvement of high level leaders</li> <li>• Development of clear roles and policy guidelines</li> <li>• Concrete attainable goals and objectives</li> <li>• A shared vision</li> </ul>	<ul style="list-style-type: none"> <li>• Quick and interim successes</li> <li>• A view that collaboration is beneficial</li> <li>• Skilled leadership</li> <li>• Credibility or openness of process</li> <li>• A shift to broader concerns</li> <li>• Effective decision making process</li> <li>• Members share stake in both process and outcomes</li> <li>• Sufficient time, staff, materials, and funds</li> </ul>	<ul style="list-style-type: none"> <li>• Open and frequent communication</li> <li>• Establish and maintain informal relationships and communication links</li> <li>• A shared vision</li> <li>• Flexibility and willingness to compromise</li> <li>• Altruism</li> <li>• Appreciation of organizational culture</li> <li>• Trust</li> </ul>

**BARRIERS TO COLLABORATION AND STRATEGIES FOR ADDRESSING THEM**<sup>xci</sup>

Barriers	Strategies for Addressing Barriers
<b>Stakeholder resistance</b>	<ul style="list-style-type: none"> <li>▪ Ongoing involvement of stakeholder at all levels</li> <li>▪ Provide training to stakeholders on any new expectation and their roles and responsibilities</li> <li>▪ Regularly share results with stakeholders</li> <li>▪ Co-training</li> <li>▪ Celebrate often – even minor successes</li> </ul>
<b>Philosophical differences</b>	<ul style="list-style-type: none"> <li>▪ Acknowledge legitimate perspectives</li> <li>▪ Ensure that the goals and concerns of all stakeholders are heard</li> <li>▪ Use “boundary spanners” to facilitate linkages</li> </ul>
<b>Structural barriers</b>	<ul style="list-style-type: none"> <li>▪ Institutionalize collaborative practices by developing written policies and procedures or Memorandum of Agreement</li> <li>▪ Initiate joint planning</li> <li>▪ Use an independent consultant to facilitate strategic planning</li> <li>▪ Adopt common screening tools</li> <li>▪ Adopt common release of information forms and processes</li> </ul>
<b>Language &amp; Communication</b>	<ul style="list-style-type: none"> <li>▪ Recognize and reduce jargon whenever possible</li> <li>▪ Provide cross-training to stakeholders</li> <li>▪ Develop formal communication pathways</li> <li>▪ Establish information sharing agreements</li> </ul>

In addition, the utilization of “boundary spanners” can help overcome barriers. The concept of a boundary spanning role has been popular throughout academic research into innovation systems with over 48,000 peer-reviewed articles referencing the term since 1958. A “boundary spanner” is an individual who has, or adopts, the role of linking the collaborative internal partners with external sources of information. As models of innovation develop, the role of the boundary spanner is critical in seeking out and bringing new ideas into the system.

## ASSESSING READINESS FOR COLLABORATION

Prior to forming a community partnership/collaborative, it may be necessary to conduct a formal or informal assessment to determine the community’s readiness and capacity for developing a partnership. A community assessment is an exercise by which a collaborative gathers information on the current strengths, concerns, and conditions of children, families, and the community; community assessments focus on local assets, resources, and activities, as well as gaps, barriers, and emerging needs.

The process of conducting a community assessment involves:

- scanning the community to locate existing information
- developing a family focus
- identifying community assets and the degree to which they are accessible to the people who can benefit from them
- analyzing the information

## Guiding Principles of Community Assessments

- **The collaborative vision statement should guide the assessment** – the vision points to the information needed in order to take action.
- **Assessment is an ongoing process** – ongoing assessment enables the collaborative to respond to changing needs and conditions.
- **An accurate assessment views the community from multiple perspectives** – information from diverse stakeholder’s results in a more complete picture of the community; people’s views vary regarding programs, agencies, services, and relationships depending on cultural, ethnic and economic circumstances.
- **An effective assessment takes an in-depth look at diversity within a community** – ethnic groups may differ in their opinions about services, and there may be differences among first-, second-, and third generation immigrants.

## IDENTIFYING POTENTIAL PARTNERS

Committed, hard-working members are the foundation of a thriving community partnership; they should represent a diverse group of people from various agencies, organizations, and community groups, as well as individuals who are involved in the identified community issue to be addressed.

Possible community partners include:

- Families and youth/young adults from the target population, who have been, or currently are involved with service providers

- Community professionals, such as school personnel, child and adult behavioral and physical health practitioners, child care providers, public and private child agency representatives, adult service providers
- Court and law enforcement personnel
- Public and private service providers
- Faith-based organizations
- Community/civic groups
- Private foundations and philanthropic organizations
- Businesses/Financial Institutions

#### Factors to Consider When Identifying Partners<sup>xcii</sup>

<b>Number</b>	Too few members may overburden the partnership, while too many may make it difficult to accomplish specific tasks or manage the group. A group of 12 to 15 individuals is usually considered ideal. If the partnership needs to involve more members in order to have all of the necessary partners represented, the partnership can establish subcommittees or workgroups for better manageability. Additionally, to keep the group from being too large, each participating organization should only have one representative, who can report back to the organization about the collaborative proceedings.
<b>Relationships</b>	Personal or business relationships among members outside the partnership may affect the group; therefore it is important to be familiar with, and to understand those relationships, including prior history of partnerships. If mostly friends or colleagues are selected as members, decisions may be based on discussions or factors that occur outside the group and may cause divisions or a sense of exclusion within the group.
<b>Leadership &amp; Resources</b>	The ability of a member to contribute time, skills, and resources to the partnership is critical. Consider leadership ability and assets that candidates will provide, based on their connections, job position, access to resources, and their skills, as well as the time they can invest.
<b>Level of Influence</b>	Some members may be included because they will attract other key individuals to the effort. Celebrities, government officials, and directors of large organizations may be magnets for committed, industrious individuals. Even if they do not stay with the project for long, these individuals may be important to helping the group form. It is equally critical to recognize the importance of grass roots and local community leaders.
<b>Readiness for Collaboration</b>	The organizations and individuals should believe that a collaborative process can make a change in the community. The political and social climate within potential partnering organizations should be favorable to participation.
<b>Diversity</b>	Businesses, community organizations, families and representatives from a variety of related fields and with shared interests should be recruited to ensure diversity within the partnership. In addition, the group should reflect the racial/ethnic diversity of the community.

### **Roles and Responsibilities of Partners**

Collaborative may serve any, or all of the following functions:

- Advisory group that guides the system and service delivery
- Overseers of service implementation, including entry/exit protocol development
- Coordinators and communicators of system related information
- Monitors of system implementation and practice change
- Advocates for children and families
- Plan developers

#### **Responsibilities of collaborative members:**

- Participate in determining direction of collaborative
- Prepare for, and attend meetings on a regular basis
- Serve as liaison to the represented organization; report progress of discussions to that organization and ensure that other members do the same for their organizations. Share concerns and ideas of the represented organization with the collaborative
- Invest in developing ground rules for group behavior
- Candidly share interests and concerns, and assure that others are invited to do the same
- Listen and fully understand the views of others
- Develop, conduct, and participate in the completion of a comprehensive community needs assessment
- Help develop and implement a strategic plan and in prioritizing goals and objectives into an action plan
- Serve on workgroups or committees internal to the collaborative
- Assist in implementing activities, including those that directly involve or relate to the represented organization
- Serve as a resource for the development of program activities
- Represent the collaborative at meetings and events as required
- Serve as ambassador for the work of the collaborative and promote its mission when and wherever possible
- Gather and relay appropriate information to the collaborative to serve as a basis for decisions
- Help to develop and implement a plan to develop resources to sustain the collaborative<sup>xciii</sup>

**Roles and Responsibilities by Organizational Level<sup>xciv</sup>**

STATE LEVEL	REGIONAL/LOCAL LEVEL	INDIVIDUAL ORGANIZATION
Resource mapping and strategic planning across state agencies and stakeholder	Resource mapping and strategic planning across regional/local agencies and stakeholders	Internal resource mapping and strategic planning
Development of Memoranda of Understanding (MOUs) between state agencies, including cost sharing	Development of Memoranda of Understanding (MOUs) between local agencies not covered by state MOUs, including locally determined services and coordination	Development of agreements with agencies and organizations not covered by state or regional/local MOUs, including the provision of services not provided by the organization
Coordination of state and federal program evaluation and reporting requirements, as necessary, including selection of specific forms and procedures	Coordination of services between partners, such as identification of qualified personnel to conduct specific screenings, referral procedures for evaluations, and selection of administering organizations	Development of service schedules and administration policy internally and with partners
Development of policy guidelines for use by regions and localities	Implementation of state policy guidelines	Selection of screening instruments and development of policy guidance for screening and evaluations not covered by state or local policy
Guidance for regions and localities including information dissemination	Information dissemination and guidance to regional/local organizations	Guidance and training of youth service practitioners as needed
Training to state and local managers on global issues such as data-sharing, confidentiality	Training to local and organizational personnel on issues such as principles guiding service delivery	Provision of person-centered planning and direct services

Some collaboratives use annual *commitment letters* to clarify members' roles, organizational intentions, and levels of support.

**Example of a Letter of Commitment<sup>xcv</sup>**

Our organization, \_\_\_\_\_, is committed to be an active member of the \_\_\_\_\_ Collaborative. We are committed to the vision, goals, objectives, and strategies that have been and/or will be decided by the Collaborative. We are committed to the planning that such collaborative undertake and understand that it will take time. We acknowledge the contributions and expectations of the other members of the Collaborative. As general evidence of our commitment, we agree to do the following:

- Appoint a representative to attend collaborative meetings and activities
- Authorize that representative to make decisions on our behalf
- Read minutes, reports, and newsletters to keep abreast of collaborative decisions and activities
- Disseminate relevant information to organizational members or employees
- Keep collaborative informed of our organization's related activities

Specifically, our organization will commit the following resources to the collaborative:

- In-kind contributions of staff time, material resources, meeting space, etc.
- Access to our volunteers for collaborative tasks and/or activities
- A financial commitment for \$\_\_\_\_\_.
- Provision of services

**Initial and Ongoing Tasks of the Collaborative**

**Developing the Purpose, Mission and Vision Statements** – the mission statement describes the purpose of the collaborative, or the fundamental reason for its existence. An effective mission statement is concise and easy to understand and to communicate to the community, stakeholders, general public, and funders. The mission statement should identify and include what the collaborative is going to do and why. The vision statement is a broader picture of a desired future described in the present tense. The collaborative must clearly define its vision and mission and assure that the goals derived from them reflect the self-interests of various member organizations as well as the more altruistic goals for the community good. A clear vision and mission can help generate support and awareness for the collaborative, identify partners, reduce conflict, and minimize distractions from appropriate actions.<sup>x cvi</sup>

**Developing the Values Statement/Guiding Principles** – while the values/principles should include all of the system of care core values and principles, the collaborative may have additional values or principles that they want to include based on their unique community culture.

**Developing By-laws** – Bylaws or guidelines establish a structure for conducting business. See an example of a commitment letter above.

**Developing the Strategic Plan and Action Plan** - Strategic planning is a systematic process by which an organization plans for the future, focuses limited resources into areas considered most beneficial by stakeholders, ensures continuity of decision making, promotes relevance as well as efficiency, and takes into account the community itself and its environment. The plan should reflect the purpose, vision, and mission of the partnership. In essence, the strategic planning process asks the organization to respond to four questions:

- Where are we now? (assessing)
- Where do we want to be? (planning/strategizing)
- How do we get there? (implementing)
- How do we measure our progress? (evaluating)<sup>xcvii</sup>

The Action Plan is a detailed description of the tasks and activities in the implementation process. The components of a good action plan include: person/s responsible, date to be completed, resources required, action steps, and who needs to be involved.

**Establishing Work Groups** – The Collaborative, as a whole, is not the best group for detailed work – the Collaborative should establish work groups or committees, make assignments, monitor progress, and review and evaluate final recommendations from committees/work groups.

Considering the following questions may assist the collaborative in deciding when work should be directed to committees or work groups:

- Does the task involve research or more investigation before a recommendation can be made?
- Is expertise needed from people other than collaborative members to ensure outcomes are achieved?
- Are there details that need to be thought through and drafted for the collaborative so that thoughtful deliberation can occur?
- Are there tasks specific to strategic planning that require committee work?

Once a work group/committee is determined necessary, consider the following:

- People are identified who have the skills and expertise necessary to accomplish the work
- Clear due dates/deadlines are set
- Obstacles to implementation are dealt with immediately at the collaborative level
- Progress reports are shared at every collaborative meeting by work group chair

### **Developing Memorandums of Understanding/Agreement –**

Memoranda of Understanding/Agreement (MOU/MOA) serve as an agreement among members, agencies, and service providers that reflect a commitment to principles, tasks, and funding that are necessary to accomplish the Collaboratives goals.

**Conducting Business** – Meetings must be productive and useful or members will stop attending. Include the Purpose, Mission and Vision statements in the handouts, or post them, at every meeting; referencing these documents regularly helps the group to focus on the work to be done. Meeting structure should have:

- A process agreed upon by all members as how to conduct meetings (bylaws)
- A process that allows each member to participate and no one person to dominate



- Utilization of data
- A clear decision-making process
- Summary at the end of each meeting that details what was agreed upon during the meeting, what tasks were assigned, and solicitation of items for the next meeting agenda
- Documentation of meetings

Data is one of the greatest tools for the collaborative; data reflects trends in the system, what is working and what is not working. Reporting of data is one way to accurately inform the collaborative and funders of how the partnership is doing, how the system is doing and where to focus next. However, for data to be useful to collaborative members, each member should be able to understand data reports, and data must be related to the purpose and tasks of the collaborative.

### **Sustaining the Community Partnership/Collaboration**

Sustainability refers to the Collaboratives capacity to support and maintain its activities over time. In order to sustain a community partnership, it is critical to keep members interested and involved.

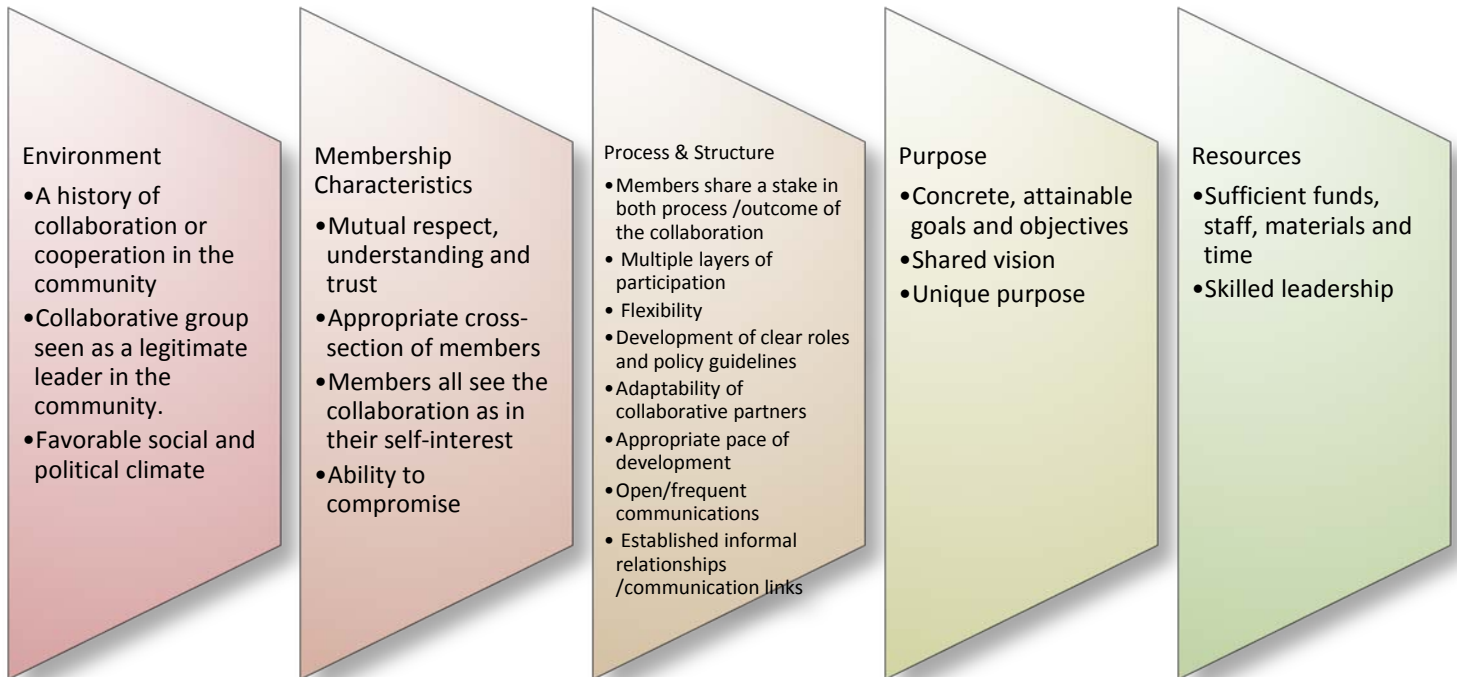
Strategies include:

- Ensuring meetings are brief, focused, and productive
- Providing members with meaningful tasks that are suited to their interests and abilities
- Staying on track and continuing work toward the goals outlined in the strategic plan
- Highlighting successes and milestones, so that members can see progress and achievements
- Adapting to changes in the community
- Soliciting member input for ideas on improvement
- Having open, honest dialogues with ways to work through tension and conflict
- Orienting and recruiting new members as other members leave, move, or rotate off
- Reassessing work groups as they relate to the mission and vision; establish new work groups and sunset existing ones as needed
- Having retreats annually or regularly, as decided by the collaborative, to reestablish vision, mission, goals, and work activities
- Regularly conducting formal and informal training that give members the knowledge needed to be effective partners
- Making your collaborative important and necessary in the community

### **The Six “R’s” of Participation:**

Members will continue to participate in collaboratives when they are:

- *Recognized* for their service
- *Respected* for themselves and their values by others
- Have a valued *Role* in the collaborative
- Have opportunities to network and develop *Relationships* with others
- Are *Rewarded* for their participation
- See visible *Results* for their efforts<sup>xcviii</sup>

TWENTY FACTORS FOR SUCCESSFUL PARTNERSHIPS<sup>xcix</sup>

## Suggested Formal &amp; Informal Partnerships

- Family/ Youth and Young Adult
- State Agencies
  - Department of Behavioral Health & Developmental Disabilities
    - Technical Assistance regarding collaborative development, service delivery, and funding
    - Limited funding may be available
    - Housing vouchers
  - Department of Human Resources/Division of Family & Children Services
    - Transitional living programs (for young people in custody)
    - Independent living programs (for young people in custody)
    - Case management
  - Department of Juvenile Justice
    - Independent living programs (for young people committed to DJJ)
    - Case management
  - Department of Education
  - Department of Labor
  - Department of Vocational Rehabilitation

- Department of Community Affairs
  - Housing
- Georgia Department of Economic Development's, Workforce Division (GDEcD, WD) <http://www.georgia.org/competitive-advantages/workforce-division/>
- Landlords of local apartment complexes
- Local Agencies/Organizations
- State Initiatives
  - Jim Casey Youth Opportunities Initiative. <http://jimcaseyyouth.org/our-work>
- Faith Community
- Georgia Mental Health Consumer Network <http://www.gmhcn.org/>
  - The Georgia Mental Health Consumer Network is a non-profit corporation founded in 1991 by consumers of state services for mental health, developmental disabilities, and addictive diseases; the mission is to promote recovery through advocacy, education, employment, empowerment, peer support and self-help.
- Youth M.O.V.E.
  - Youth M.O.V.E National is the only youth led national organization devoted to improving services and systems that support positive growth and development by uniting the voices of individuals who have lived experience in various systems including mental health, juvenile justice, education, and child welfare.
  - Youth 'Motivating Others through Voices of Experience' (M.O.V.E.) National envisions systems in which every young person that enters a youth serving system is being prepared for life through genuine opportunities and authentic youth involvement throughout all systems levels, by guiding the redevelopment of the systems so that no youth falls through the cracks, and advocating for youth to utilize their power and expertise to foster change in their communities and in their own lives.
  - The Georgia Chapter: Youth M.O.V.E. Georgia (Statewide Chapter)
    - Address: 1381 Metropolitan Parkway, Atlanta, GA 30310
    - Office: (404) 758-4500

### YOUTH TO ADULT LINKAGES

Assisting transition age youth/young adults with behavioral health conditions from adolescence to adulthood has meant transitioning them from child/adolescent services to adult services – two very different service delivery systems, that often result in the interruption continuity of care and relationships. Barriers to seamless transitions can be eliminated through thoughtful systems change processes that incorporate sound practices and policies and are driven by system of care values and principles. In order to meet the needs of emerging adults with behavioral health needs it is suggested to continue to review the research which delves further in ways of providing more of the educational, economic, social, and health supports.

## RESOURCES/LINKS

### AUTISM

- **Autism Speaks: Family Services: Transition Tool Kit**

A guide to assist families on the journey from adolescent to adulthood; it includes information on self-advocacy, transition planning, community living, employment and other options, education, legal matters, health, and resources.

<http://www.autismspeaks.org/family-services/tool-kits/transition-tool-kit>

### BENEFITS

- **Conducting Outreach to Transition-Aged Youth**

Provides information regarding the laws that school districts, state vocational agencies, and the Social Security Administration are governed by to provide benefits/services for transition-age youth with disabilities and the benefits/services that are available through those agencies.

[http://www.edi.cornell.edu/publications/PPBriefs/PP\\_25.pdf](http://www.edi.cornell.edu/publications/PPBriefs/PP_25.pdf)

### BRAIN RESEARCH

- **The Teen Brain: Still Under Construction**

<http://www.nimh.nih.gov/health/publications/the-teen-brain-still-under-construction/index.shtml>

### CO-OCCURRING MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES

- **Paving the Way: Meeting the Transition Needs of Young People with Developmental Disabilities and Serious Mental Health Conditions**

The guide describes programs providing innovative services and descriptions of best practices for serving young adults with co-occurring mental health and developmental disabilities.

<http://www.pathwaysrtc.pdx.edu/pdf/pbPavingTheWayMonograph.pdf>

### CO-OCCURRING MENTAL HEALTH AND SUBSTANCE USE

- **Reclaiming Our Future: A Pathway for Treating Co-occurring Mental Health and Substance use Disorders in New Hampshire's Adolescents and Young Adults**

This report includes recommendations for improving treatment outcomes for young adults with co-occurring disorders. <https://www.naminh.org/uploads/docs/NAMIR reclaimingOurFuture.pdf>

- **Designing a Recovery-Oriented Care Model for Adolescents and Transition Age Youth with Substance Use or Co-occurring Mental Health Disorders**

This report represents the work of developing a recovery-oriented care model for adolescents and transition age youth with substance use or co-occurring mental health disorders (SU/COD).

[http://gucchdtacenter.georgetown.edu/resources/Recovery\\_Report\\_Adolescents%20-%20FINAL.pdf](http://gucchdtacenter.georgetown.edu/resources/Recovery_Report_Adolescents%20-%20FINAL.pdf)

### DEVELOPMENTAL DISABILITIES

- **A Guide for Transition Age Youth**

The guide assists families and youth making the transition from adolescent to adulthood, addressing frequently asked questions.

[http://sdr.org/wordpress/wp-content/uploads/2012/04/Transition\\_Eng.pdf](http://sdr.org/wordpress/wp-content/uploads/2012/04/Transition_Eng.pdf)

### **EDUCATION**

- **Embark Toolkit for College Access**

Useful documents to educate and motivate Georgia post-secondary employees (including college faculty, staff, and administration), child welfare professionals, and others who work with Transition Age youth, including information on Chafee, and other educational programs/supports

<https://www.fanning.uga.edu/embark-access-toolkit>

### **EMPLOYMENT**

- **Meeting the Needs of Transition-Age Youth under the Rehabilitation Act: Issues Facing and Resources for State VR Agencies and Community Programs**

Provides a summary of, and links to, resources that will help address the needs of transition-age youth, identifying promising policies, practices, and procedures.

<http://www.tacesoutheast.org/webinars/2009/091609/index.php>

- **Supporting Self-Determination and Enhancing Career Development for Young Adults with Mental Health Diagnoses**

PowerPoint presentation. [http://www.pathwaysrtc.pdx.edu/pdf/Webinar\\_CareerVisions.pdf](http://www.pathwaysrtc.pdx.edu/pdf/Webinar_CareerVisions.pdf)

- **Transitioning Youth with Mental Health Needs to Meaningful Employment and Independent Living**

Presents practices and policies that most effectively support youth and young adults with mental health conditions to leading independent and productive lives, gain access to the services and supports they need, and make choices about work and career opportunities

[http://www.ncwd-youth.info/assets/reports/mental\\_health\\_case\\_study\\_report.pdf](http://www.ncwd-youth.info/assets/reports/mental_health_case_study_report.pdf)

- **Supported Employment**

<http://store.samhsa.gov/shin/content//SMA08-4365/GettingStarted-SE.pdf>

- **Guideposts for Success**

Presents educational and career development interventions that can make a positive difference in the lives of young people

<http://www.ncwd-youth.info/guideposts>

### **FUNDING**

- **Coverage of Behavioral Health Services for Children, Youth, and Young Adults with Significant Mental Health Conditions**

Information bulletin from CMS and SAMHSA,

<http://medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-05-07-2013.pdf>

- **Moving On: Analysis of Federal Programs Funding Services to Assist Transition Age Youth with Serious Mental Health Conditions**

This review by the Bazelon Center has identified 57 programs that are run by 20 or more different agencies in nine departments of the federal government.  
[http://www.bazelon.org/LinkClick.aspx?FileTicket=8VESX\\_BWHBA%3D&TABID=104](http://www.bazelon.org/LinkClick.aspx?FileTicket=8VESX_BWHBA%3D&TABID=104)

## **HEALTHCARE**

- **Young Adult Clinical Preventive Screening Guidelines**

Tools designed to guide clinicians through the preventive care portion of young adult clinical care <http://nahic.ucsf.edu/yaguidelines/>

## **HOMELESSNESS**

- **Spotlight on PATH Practices and Programs: Serving Transition Age Youth**

A resource for programs serving transition age youth experiencing homelessness and mental illness.

<http://pathprogram.samhsa.gov/ResourceFiles/cyw4m4nr.pdf>

- **Ending Youth Homelessness: Preliminary Intervention Model Webinar**

A Preliminary Intervention Model, designed to help communities identify the systems and capacity necessary to meet the needs of all youth experiencing homelessness  
[http://usich.gov/media\\_center/videos\\_and\\_webinars/preliminary-intervention-model-webinar](http://usich.gov/media_center/videos_and_webinars/preliminary-intervention-model-webinar)

- **HUD's Homeless Assistance Programs**

<https://www.onecpd.info/homelessness-assistance>

- **HUD Continuum of Care Program**

<https://www.onecpd.info/coc>

- **HUD Family Unification Program**

[http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/public\\_indian\\_housing/programs/hcv/family](http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/hcv/family)

## **POLICY**

- **Policy Priorities for Transitional Age Youth**

Recommendations to improve the lives of transition age youth in San Francisco; provides implications for policy development and revision in other jurisdictions.

[http://www.taysf.org/wp-content/uploads/2014/03/TAYSF\\_PolicyPrioritiesdoc.pdf](http://www.taysf.org/wp-content/uploads/2014/03/TAYSF_PolicyPrioritiesdoc.pdf)

- **Engaging Stakeholders to Improve the Quality of Children's Health Care**

The guide is based on the early experiences of three States in the CHIPRA Quality Demonstration Grant Program that are using funds to engage stakeholders in meaningful ways—**Georgia**, Idaho, and Massachusetts

<http://www.ahrq.gov/policymakers/chipra/demoeval/what-we-learned/implementation-guides/implementation-guide1/impguide1.pdf>

### **RESEARCH**

- **2013 State of the Science: Conference Proceedings, Improving Outcomes for Young People with Serious Mental Health Conditions**  
A summary of presentations, findings, and recommendations.  
<http://www.pathwaysrtc.pdx.edu/pdf/pb-2013-proceedings.pdf>

### **SERVICE DELIVERY**

- **Community-Based Approaches for Supporting Positive Development in Youth and Young Adults with Serious Mental Health Conditions**  
An in-depth description of positive development approaches to serving young adults.  
<http://www.pathwaysrtc.pdx.edu/pdf/pbCmtyBasedApproaches09-2011.pdf>
- **Supporting Youth in Transition to Adulthood: Lessons Learned from Child Welfare and Juvenile Justice**  
This paper describes assessment, case management, and other practices implemented in either system that have shown promise in improving outcomes for the transition age population.  
<http://cjjr.georgetown.edu/pdfs/TransitionPaperFinal.pdf>
- **Tips on Core Competencies for Transition Service Providers**  
<http://www.pathwaysrtc.pdx.edu/pdf/projPTTC-CoreCompetenciesSvcProviders.pdf>
- **Transition Planning with Adolescents: A Review of Principles and Practices Across Systems**  
This review of best practices across other youth-serving systems leads to a number of recommendations for child welfare systems.  
<http://jimcaseyouth.org/sites/default/files/documents/transition-planning-with-adolescents.pdf>
- **Transitioning Youth from Child and Adolescent Mental Health Services to Adult Mental Health Services**  
Evidence indicates that using a model of care focused on shared responsibilities between C&A and Adult services in planning is considered necessary to achieve effective transition.  
[http://www.excellenceforchildandadulthood.ca/sites/default/files/policy\\_growing\\_up\\_to\\_do.pdf](http://www.excellenceforchildandadulthood.ca/sites/default/files/policy_growing_up_to_do.pdf)
- **DBHDD Case Management Toolkit**  
[HTTPS://DBHDD.GEORGIA.GOV/SITES/DBHDD.GEORGIA.GOV/FILES/RELATED\\_FILES/SITE\\_PAGE/CM\\_TOOLKIT-FINAL6-15-13.PDF](https://dbhdd.georgia.gov/sites/dbhdd.georgia.gov/files/related_files/site_page/cm_toolkit-final6-15-13.pdf)
- **PERSON-CENTERED PLANNING: Pathways to Your Future A toolkit for anyone interested in Person-Centered Planning**  
[http://pcp.sonoranucedd.fcm.arizona.edu/sites/pcp.sonoranucedd.fcm.arizona.edu/files/PCPToolkit\\_Final.pdf](http://pcp.sonoranucedd.fcm.arizona.edu/sites/pcp.sonoranucedd.fcm.arizona.edu/files/PCPToolkit_Final.pdf)



- **Person Centered Planning**  
<http://www.pacer.org/tatra/resources/personal.asp>
- **Person-Centered Thinking Tools**  
<http://www.helensandersonassociates.co.uk/reading-room/how/person-centred-thinking/person-centred-thinking-tools.aspx>
- **A Manual for Person-Centered Planning Facilitators**  
<http://rtc.umn.edu/docs/pcpmanual1.pdf>
- **Things People Never Told Me**  
<http://www.pathwaysrtc.pdx.edu/pdf/proj2-ThingsNoOneToldMe.pdf>
- **Strengthening Family Support for Young People with Mental Health Needs in the Transition to Adulthood: A Tip Sheet for Service Providers;** <http://www.pathwaysrtc.pdx.edu/pdf/projPTTC-FamilySupportTipSheet.pdf>
- **“During Meetings I Can’t Stand It When....” Tips for Facilitators;**  
<http://www.pathwaysrtc.pdx.edu/pdf/proj3-facilitator-guide-2013.pdf>
- **Georgia Title X, Part C – McKinney-Vento Education for Homeless Children and Youth;**  
<http://www.gadoe.org/School-Improvement/Federal-Programs/Pages/Education-for-Homless-Children-and-Youth.aspx>

### **SUBSTANCE USE**

- **Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide**  
Historically the focus of substance use with adolescents has been prevention, however the reality is that different interventions are needed for young people along the substance use spectrum, and some require treatment. This guide describes approaches found to be effective.  
[http://www.drugabuse.gov/sites/default/files/podata\\_1\\_17\\_14.pdf](http://www.drugabuse.gov/sites/default/files/podata_1_17_14.pdf)

### **TOOLKITS**

- **Gateway to the World: A Toolkit and Curriculum; Self-Directed Assessment and Practice Modules for Youth in Transition**  
A guide to a web-based curriculum that is self-directed and easily accessed, covering strategic goal setting and prioritizing, employment tools, household management, illness management.  
<http://www.dshs.wa.gov/pdf/dbhr/mhtg/appendix.pdf>
- **Healthy Transitions Initiative Toolkit**  
Provides documents developed and/or used by Healthy Transition Initiative grant funded jurisdictions at both the state and community level.  
<http://pathwaysrtc.pdx.edu/HTItoolkit/>

- **Behavioral Health: An Adolescent Provider Toolkit**

Guide focuses on adolescent mental health and substance use conditions, and is primarily for use in primary care settings. Included are screening and assessment tools, issue briefs, evaluation and treatment algorithms, counseling guidelines, education materials for teens and their adult caregivers.

[http://www.ahwg.net/uploads/3/2/5/9/3259766/behavioral\\_health.pdf](http://www.ahwg.net/uploads/3/2/5/9/3259766/behavioral_health.pdf)

- **Integrated Dual Disorders Treatment Implementation Toolkit & Workbook (SAMHSA)**

<http://www.psych.iupui.edu/ACT/EBPs/IDDT/IDDT%20Workbook/IDDT%20Workbook%20index.html>

### **TRANSITION AGE/YOUNG ADULT/EMERGING ADULT INFORMATION**

- **Negotiating the Transition-Age Years**

A publication of the National Alliance on Mental Illness (NAMI), providing information specific to transition age youth with mental health conditions.

<http://www.nami.org/Content/ContentGroups/CAAC/Begin-Issue8-final.pdf>

- **Innovative Programs Targeting Youth and Young Adults Living with Mental Illness and their Families**

A catalog of programs and activities in the field that focus on youth and young adults.

[http://www.nami.org/Template.cfm?Section=child\\_and\\_teen\\_support&template=/ContentManagement/ContentDisplay.cfm&ContentID=151771](http://www.nami.org/Template.cfm?Section=child_and_teen_support&template=/ContentManagement/ContentDisplay.cfm&ContentID=151771)

- **Youth Move National**

A website developed by and for young adults, providing information, connections and support

<http://www.youthmovenational.org/>

- **Transition Age Youth; Find Youth Info**

A website featuring up-to-date articles and information on transition age youth

<http://findyouthinfo.gov/youth-topics/transition-age-youth>

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

This Info Brief 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.

<http://www.dol.gov/odep/ietoolkit/publications/376.pdf>

- **Jim Casey Youth Opportunities Initiative**

The Jim Casey Youth Opportunities Initiative works to ensure that young people — primarily those between ages 14 and 25 — make successful transitions from foster care to adulthood, by working nationally, in states, and locally to improve policies and practices, promote youth engagement,

apply evaluation and research, and create community partnerships. The website has a number of resource materials.

<http://jimcaseyyouth.org/our-work>

- **Becoming an Adult: Challenges for Those with Mental Health Conditions**  
<http://labs.umassmed.edu/transitionsRTC/Resources/publications/brief3.pdf>
- **Co-occurring Disorders; Focal Point: Youth, Young Adults, & Mental Health**  
<http://www.pathwaysrtc.pdx.edu/pdf/fpS14.pdf>
- **The Adolescent Brain: New Research and Its Implications for Young People Transitioning from Foster Care**  
<http://jimcaseyyouth.org/adolescent-brain%E2%80%94new-research-and-its-implications-young-people-transitioning-foster-care>
- **The Developing Brain, Adolescence and Vulnerability to Drug Abuse**  
[http://www.mentorfoundation.org/uploads/Adolescent\\_Brain\\_Notes.pdf](http://www.mentorfoundation.org/uploads/Adolescent_Brain_Notes.pdf)
- **The Teen Brain: Still Under Construction**  
<http://www.nimh.nih.gov/health/publications/the-teen-brain-still-under-construction/index.shtml>
- **The New Adolescents: An Analysis of Health Conditions, Behaviors, Risks, and Access to Services among Emerging Young Adults**  
[http://www.usc.edu/student-affairs/Health\\_Center/thenewadolescents/](http://www.usc.edu/student-affairs/Health_Center/thenewadolescents/)
- **OK to Talk**  
<http://ok2talk.org/>

### **TREATMENT**

- **Evidence-Based Treatments for First Episode Psychosis: Components of Coordinated Specialty Care**  
CSC is intended primarily for youth, adolescents, and young adults ages 15-25,  
<http://www.nimh.nih.gov/health/topics/schizophrenia/raise/summary-of-fep-treatment-components-d9-11apr-2014-final-edits-for-briefin.pdf>
- **A TREATMENT IMPROVEMENT PROTOCOL: Trauma-Informed Care in Behavioral Health Service**  
<http://store.samhsa.gov/shin/content//SMA14-4816/SMA14-4816.pdf>
- **Integrated Treatment for Co-Occurring Disorders: Getting Started with Evidence-Based Practices**  
<http://store.samhsa.gov/shin/content/SMA08-4367/GettingStarted-ITC.pdf>

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