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

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ODEP
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National
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Disability

NCWD
For Youth

Navigating the Road to Work
Making the Connection between
Youth with Disabilities & Employment

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Acknowledgements

Preface

Transitioning into adulthood is challenging for everyone. "Becoming an adult" typically demands a complex set of decisions and steps that an individual has never encountered before: leaving home; living independently; enrolling and succeeding in school; getting to and from home, school, and work; budgeting resources for basic necessities and recreation; making job and career choices; finding a place to live; and developing social and personal relationships. Every decision requires making one choice over another. For most young adults, this process relies on direction and support from family members or other caring adults, mentors, social networks, and other support systems. For the more than three million young adults diagnosed with serious mental health conditions, however, these choices can be enormously challenging.[1] Many experience higher than average academic, social, and employment failure. Although the precise clinical origins of their emotional disturbances can remain complicated and enigmatic, some promising approaches to reversing these negative trends are emerging.

The National Collaborative on Workforce and Disability for Youth (NCWD/Youth) and the researchers/authors of this report carried out its study and writing as part of a series of research activities on successful strategies for assisting youth with mental health needs as they transition to postsecondary education, employment, and independent lives. Funding came from the Office of Disability Employment Policy (ODEP) in the U.S. Department of Labor. The report presents the findings from case studies of five promising program sites, selected from a national scan of the field, and identifies program design features that appear to improve transition outcomes, look at young adult needs holistically, and incorporate strong career preparation and employment components.

This report uses the term "youth and young adults with mental health needs" to describe the population served by the programs highlighted in this study, in accordance with *Tunnels and Cliffs: A Guide for Workforce Development Practitioners and Policymakers Serving Youth with Mental Health Needs,* co-produced by NCWD/Youth and ODEP in 2006.[2] This term refers broadly to youth and young adults who have been diagnosed with serious mental health conditions *and* those who have such needs but have no formal diagnoses. According to the *Diagnostic and Statistical Manual of Mental Disorders,*[3] which four of the five programs use to determine eligibility for services, "psychiatric disabilities" include a wide range of diagnoses – from schizophrenia to learning disorders. Because the researchers did not want to limit the discovery of promising practices based on a narrow definition of the target population, the degree and severity of mental health conditions or needs were not criteria utilized for this study.

It is the hope and intention of ODEP and NCWD/Youth that this report will add to the burgeoning body of knowledge around 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, make choices about work and career opportunities, build strong connections to their communities, and develop meaningful relationships.

Executive Summary

Many youth with diagnosed mental health needs experience poor transition outcomes. It is estimated that up to 50 percent of incarcerated youth and young adults have an emotional disturbance, up to 20 percent have a serious emotional disturbance, and at least 10 percent have a specific learning disability.[4] Sixty-five percent will drop out of school before obtaining their high school diploma.[5] In comparison to other youth who drop out of high school, youth with emotional disturbances are three times as likely to live in poverty.[6] They experience longer delays before obtaining employment, and have higher unemployment rates than youth with other types of disabilities who overall exhibit bleak unemployment rates of over 60 percent.[7]

> ...Integration into society, including the workplace, is key to the recovery process.

Against this dreary backdrop, historical changes in the treatment of mental illness overall – including deinstitutionalization, community mental health services, and new developments in psychotropic medications – have productively informed the field in two critical ways: (1) Recovery is possible, and (2) Integration into society, including the workplace, is key to the recovery process. Promising interventions continue to emerge, resulting in the creation and implementation of recovery models that minimize and reverse negative outcomes. This includes interventions/practices that recognize youth with mental health needs are not the same as adults and, therefore, that their treatment should be youth-oriented. The programs described in this report operate under this premise and have tailored their models to support youth in transition.

The researchers undertook a national scan of programs that indicated a dual focus on youth and young adults with mental health needs *and* on career preparation, work-based experiences, employment, and related services. The scan relied on input from knowledgeable sources in the fields of mental health intervention, education and training, and workforce development. During telephone interviews with promising program sites, five programs were selected for further study, which included site visits and structured interviews with mental health staff; education, training, and employment staff; case managers; youth and family members. These five programs are:

- The Village Integrated Service Agency's Transitional Age Youth program in Long Beach, California;

- Options in Vancouver, Washington;

- Our Town Integrated Service Agency in Indianapolis, Indiana;

- The Transitional Community Treatment Team in Columbus, Ohio;

- YouthSource in Renton, Washington.

During these site visits, a collection of common design features emerged, which are described in detail in Part II of this report, *Addressing Individual Barriers: What Works at Service Delivery*. The

highlighted design features address commonly cited challenges to successful transition by youth with mental health needs, including the stigma of traditional mental health therapy; feelings of low self-esteem and lack of self-worth; a lack of ownership by youth over their own life plans; low expectations by society on the ability of youth to succeed; traditional work-exposure and employment models that do not maximize individual strengths; and a lack of appropriate transitional housing in the community. The features addressing these challenges that were common across programs in the study include the following: (1) Program locations that are distinct and separate from adult service program locations; (2) Staffing choices that promote engagement of youth and young adults; (3) Individualized mental health interventions that are youth-friendly and innovative, assisting youth/young adults in managing their conditions, engaging in social relationships, identifying life goals, and understanding their choices for achieving those goals; (4) Assessment and service planning processes that facilitate the identification of individual strengths, talents, and skills that can lead to education and career goals; (5) Exposure to the world of work and career options, including individualized support by program staff to identify training, work-based experiences, and jobs that are most appropriate and rewarding for individual clients; and (6) Access to a range of transitional housing options in the community that fit the individual's readiness to live independently.

Part III of the report, *Systems Factors that Affect Program Design and Sustainability,* presents systems-level factors that affect success at the service delivery and individual outcome levels. Three themes emerged from the programs in this research.

First, successful programs actively seek out partnerships with service agencies and organizations in their community to provide the comprehensive array of services needed by youth and young adults

Formalized partnerships address service gaps, allow collaborative identification of appropriate services, and create the possibility of seamless care.

with mental health needs. These partnerships can be informal, but are most successful when formalized by memoranda of understanding and supported by formal community governance structures (e.g., advisory bodies). Formalized partnerships address service gaps, allow collaborative identification of appropriate services, and create the possibility of seamless care.

The second theme is the ability of programs to identify, access, and leverage funding streams to enhance and expand program services. This includes private funding sources and "re-imagined" public funding sources from local, state, and Federal levels.

Finally, the third theme that emerged is state-level capacity to promote systems change to the benefit of the population of transition-age youth with mental health needs. States have the authority to pass legislation, target funding, more effectively utilize Medicaid funding and service options, and develop statewide coordination plans that seek to improve connections to schools and other delivery systems that help prepare youth for the world of work.

The service delivery and systems-level themes highlighted in this report are intended to add to the growing body of knowledge about what can be done to assist transitioning youth and young adults with mental health needs in becoming self-sufficient adults who live independently and experience work and career success. Toward that goal, Part IV of the report includes recommendations for programs, staff members, and policymakers.

Recommendations for Programs and Staff

- *Incorporate youth "voices" into the development and implementation of program service and policy* to improve client engagement, participation, and individual ability to utilize the learning, services, and opportunities offered.

- *Utilize a successful process that identifies individual strengths or "gifts" as the stepping stone to the development of education, career, and life goals, and the gateway to discovery and hope.*

- *Invest the time and resources required to build partnerships* across relevant services and systems in the community.

- *Incorporate on-site and "non-traditional" approaches to mental health interventions* that work with youth and young adults at their own pace and in a highly individualized, youth-friendly way.

- *Train all program staff (not just the career developers) how to individualize exposure to the world of work and to incorporate activities that meet youth and young adults "where they're at"* across all phases of employment, including training and preparing for work, getting hired, retaining jobs, and advancing to better jobs and careers.

- *Cultivate relationships with employers in the program's community* to assist them in seeing the benefits of hiring program clients and create open lines of communication between program staff, the client, and the employer.

- *Be the mentor, family member, parent, teacher, or other positive influence that may be missing* from the life of the youth/young adult client by teaching independent living skills and positive social engagement in daily activities.

- *Understand the Federal and state laws and regulations that affect the program's services and funding.* It's important to find out whether information that is accepted as "common knowledge" is an actual Federal or state requirement or simply information that's been passed on anecdotally.

- *Tailor and test Assertive Community Treatment (ACT) and Systems of Care models that target youth with mental health needs.*

Recommendations for State and Federal Policy Makers

- *Scale up staff capacity in workforce development,* including those in the K-16 education system, to effectively work with all youth and young adults, including those with mental health needs.

- *Design and fund more pilot and demonstration projects* that implement and evaluate promising practices to support youth and young adults with mental health needs in their transitions into work, industry-relevant education, fulfilling careers, and independent living.

- *Create a task force to explore and address the linkages between significant, but currently disconnected, policy issues impacting youth* in their transition to adulthood and the world of work.

- *Explore state codification of models* for serving youth and young adults with mental health needs.

- *Create model Medicaid waivers for states to use* that will cover an array of services for youth and young adults with mental health needs.

PART I—Background

Current Research Findings on Youth with Mental Health Needs

For the purposes of this study, particular emphasis was focused on the role of skills development, work, and career exploration in the lives of young people transitioning to adulthood and living independently. Research was grounded in an understanding of what the body of researchers, practitioners, and policymakers know about the needs of this population, what is being learned, and what is yet to be uncovered.

The bleak outcomes for many youth with mental health needs are well-documented. In addition to the statistics presented earlier in this report, young people with emotional or behavioral difficulties face a series of challenges, including "a culture that stigmatizes them for being different while overlooking their strengths, and lowered self-esteem coupled with limited peer acceptance."[8] Evidence also indicates that systems designed to serve them do so poorly; youth with any kind of social, educational, or career challenge "too often fall off one of the cliffs between youth and adult systems, or get shunted down an arbitrary or inappropriate service tunnel based on considerations dictated by the system rather than on what the youth wants and needs."[9]

A review of Federal programs that address the wide range of needs of youth/young adults with serious mental health conditions identified 55 programs run by more than 20 Federal agencies – all with different purposes, target populations, funding and

> Young people with emotional or behavioral difficulties face a series of challenges, including "a culture that stigmatizes them for being different while overlooking their strengths."

organization.[10] There are many systems at the state and local levels that serve youth and young adults with mental health needs, including public school systems, special education, child welfare, children's mental health agencies, adult mental health agencies, the workforce investment system (including vocational rehabilitation services), public health, and juvenile justice systems. Each carries eligibility requirements based on one or more factors, such as age, income, family circumstances, and type/severity of disability. When there are changes in one of these factors, such as a birthday, eligibility for certain services can also change. For example, youth with diagnosed mental health conditions may have access to mental health services within the children's mental health system until age 18 or 22. Upon aging out, young adults face adult public mental health systems that vary widely across states and localities, provide services only to adults with severe and persistent mental illness, and/or have long waiting lists for services. This leaves millions of young adults with the option of paying for expensive private mental health options or going without services.

Access to each of these systems depends on an individual's exposure to them, either based on referral from one system to another (often by one of the community organizations contracted to provide the direct services), referral by a trusted contact (such as a friend, parent, teacher, counselor, or social worker) or, if the individual is resourceful, self-

referral. In some cases, referral may occur based on existing relationships between systems, such as a referral from a judge to the juvenile justice system, from special education to vocational rehabilitation, or from a children's mental health agency to the Social Security Administration. Podmostko explains that for practitioners in any service tunnel, understanding another service system, the circumstances under which to access the system, and how to access its services may be overwhelming. Youth in one system, therefore, may never gain access to another system despite the best intentions, and despite the fact that another system may more effectively provide a needed service.

Practitioners and researchers increasingly recognize the importance of connecting these multiple systems so that youth and young adults can access the many experiences needed to successfully transition to adult life. The *Guideposts for Success*, identified by NCWD/Youth and ODEP, describe certain experiences that research indicates *all* youth, including youth with disabilities, need to become successful adults.[11] There are five categories within the *Guideposts* intended to steer families, service systems, and youth themselves through the transition processes: school-based preparatory experiences; career preparation and work-based learning experiences; youth development and leadership; connecting activities (supports such as transportation, housing, tutoring, and health services); and family or caring adult involvement. The following values and assumptions under the *Guideposts:*

- High expectations for all youth, including youth with disabilities;

- Equality of opportunity for everyone, including nondiscrimination, individualization, inclusion, and integration;

> Because no one agency...can provide the range of comprehensive supports and services needed by youth/young adults with mental health conditions to overcome... barriers, multiple service systems and levels of governance must collaborate.

- Full participation through self-determination, informed choice, and participation in decision making;

- Independent living, including skill development and long term supports and services;

- Competitive employment and economic self sufficiency, which may include supports; and,

- Individualized, person-driven, and culturally and linguistically appropriate transition planning.

If service delivery for youth with mental health needs is to improve, the following issues must be addressed: the chronic underestimation of their abilities; the importance of exposure to work and employment; the need for transitional housing; the development of independent living skills; and the need for programs to provide developmentally and culturally appropriate services.

Marrone and Boeltzig corroborate the importance of addressing these factors in their comprehensive 2005 study of employment and training services for persons with psychiatric disabilities, *Recovery with Results, not Rhetoric*.[12] The researchers identified a set of persistent barriers to individual success inherent in existing service systems, including the underestimation by service providers of the capacity and skills of individuals with mental health conditions; a tendency to see these individuals as needing only disability-specific services; misunderstanding by mental health systems of the value of employment as an outcome; lack of access to support services related to obtaining and retaining work; minimal or no customer marketing; missing efforts to engage employers; lack of health insurance by individuals; common social isolation by individuals with mental health needs; and a complex

and confusing system of existing work incentive programs and policies.

According to recent investigation, dialogue, and input from youth with mental health needs, overcoming the general public's tendency to underestimate their abilities requires giving young people a meaningful voice in how they are served and how they achieve independence. "In this approach, there is an identified 'continuum of power' and choice that young people should have based on their understanding and maturity in a strength-based change process. This process should also be fun and worthwhile."[13] The process moves at three levels (individual, community, and policy) from youth-guided (having knowledge of services, beginning to research and ask questions, and learning how to self-advocate) to youth-directed (taking a more active decision-making role in treatment) to youth-driven (possessing an expert level of understanding, advocating for other young people, and initiating and implementing policies and services). The programs in this study acknowledge that while this framework exists in theory, the current state of the "youth voice" continuum is largely focused on self-directed individual service planning and goal setting, rather than policy decision-making. The framework, however, is gaining ground, and serves as a powerful mechanism for programs to envision just what "youth-guided, youth-directed, and youth-driven" actually means.

Clark and Davis assert that for youth with emotional and behavioral difficulties, their conditions interfere with the persistence needed to finish school, to get and maintain a job, to establish one's own household, and to form solid adult relationships.[14] The common conditions of poverty correlated with mental illness often mean these youth have marginal financial resources, lack insurance and healthy family supports, live in low-income and/or dangerous

Families and youth work in partnership with public and private organizations to design mental health services and supports that are effective, that build on strengths of individuals, and that address each person's cultural and linguistic needs.

neighborhoods, and have a high vulnerability to drugs and alcohol. Because no one agency, program, or system can provide the range of comprehensive supports and services needed by youth/young adults with mental health conditions to overcome these barriers, multiple service systems and levels of governance must collaborate. Two well-documented and accepted service-delivery models — Systems of Care and Assertive Community Treatment — are illustrative of how such systems can collaborate effectively.

A System of Care (SOC) is a philosophy of how care should be delivered. It is based on principles of interagency collaboration; individualized strength-based activities; culturally- and developmentally-appropriate services; community-based services; and full participation by families, including youth. The SOC concept builds on the "wrap-around" model of social services coordination and provides a promising approach to overcoming the challenge of service tunnels. The Substance Abuse and Mental Health Services Administration (SAMHSA), part of the U.S. Department of Health and Human Services, defines a "System of Care" as a coordinated network of community-based services and supports that are organized to meet the challenges of children and youth with serious mental health needs and their families. Families and youth work in partnership with public and private organizations to design mental health services and supports that are effective, that build on the strengths of individuals, and that address each person's cultural and linguistic needs.

Assertive Community Treatment (ACT) is a similar community-based, multi-disciplinary approach developed in the 1980s to provide treatment, rehabilitation, and support services to persons with severe and persistent mental illness. ACT is a form of case management that is distinguished from more

traditional case management by several important features. First, rather than a case manager coordinating services, an ACT multi-disciplinary team provides services directly to an individual that are tailored to meet his/her specific needs. An ACT team may include members from the fields of psychiatry, nursing, psychology, social work, substance abuse, vocational rehabilitation, and community-based organizations. Based on their various areas of expertise, team members collaborate to deliver integrated services of the recipient's choice, monitor progress towards goals, and adjust services over time to meet the individual's changing needs. ACT teams deliver comprehensive and flexible treatment, support, and rehabilitation services to individuals in their "natural living" settings. This means that interventions are carried out at the locations where problems occur and support is needed, rather than in hospital or clinic settings. ACT teams share responsibility for the people they serve and use assertive engagement to proactively engage individuals in treatment.[15]

An important aspect of living in the community is working. Work in natural community settings helps to reduce boredom, fear, social isolation, discrimination, and the stigma often associated with mental illness. The majority of people with severe mental illness desire competitive employment, and exposure to the world of work can be an effective way to help them achieve their goal. For youth and young adults with mental health conditions, exposure to work should emphasize the following: work-based learning; customized employment; competitive jobs that are based on a person's preferences for type and amount of work; integrated work settings; job-seeking when the unemployed person expresses interest; and "follow-along" supports from mental health and vocational specialists to maintain the job or transition to another one.

Work-based learning occurs when a youth acquires knowledge, skills, attitudes, and habits needed for a particular occupation in a workplace environment.

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Such learning achieves multiple goals: exposure to careers; concrete work experiences valued by employers; and integration into community settings.[16] Customized employment is a flexible process designed to individualize the employment relationship between a job candidate and an employer in a way that meets the needs of both.[17] This can take shape in task reassignment, whereby tasks of an existing employee may be reassigned to a new employee, allowing the incumbent worker to focus on his/her critical responsibilities. This is similar to job carving, or modification of an existing job description to focus on central tasks. Job sharing is also a form of customized employment, where two or more employees share the tasks of a position based on each individual's strengths.

The activities associated with preparing for, obtaining, and retaining employment present a classic example of the need to design services and expectations that are developmentally and culturally appropriate. This requires service providers to ask themselves: What can be expected of any 16-year-old to get a job, to be job-ready, to even get up each day to shower, dress, and get to a job on time? What can be expected of an 18-year-old, or a 22-year-old? Clark and Davis equate this to understanding typical adolescent development and being flexible. They further assert that respect for, more than understanding of, adolescent culture and/or ethnic culture is critical to success.[18]

In moving from dependence to independence as young adults, where one lives becomes an important part of the transition process. While not all youth need support related to their living arrangements, many older youth who lack natural support networks do. The notion of supported housing relies on the concept of providing supports that match the developmental readiness of an individual. While independent, non-congregate housing is generally preferable, supported housing can be critically important to the success of transition-age youth who are learning to live on-their-own.

Identifying the most appropriate housing model for young adults is not easy, and is exacerbated by the fact that most communities sorely lack the scale and diversity of transitional housing needed to fill the need for safe, individualized shelter. "A driving feature of successful housing placement is that it is desired by the young person and that appropriate, individually tailored supports are in place."[19] Supports might include on-site supervision, regular visits by support staff, regular contact between staff and landlords, house rules established by staff and youth, and mentoring on daily living (e.g., cleanliness, laundry, safety, paying rent, and utilities). These supports can range from very light to very heavy, depending on the needs and the type of housing situation utilized (e.g., supervised dorm-style, group homes, group treatment settings, independent with minimal support, live-in mentor, a shared house, single room occupancy, specialized foster care, or subsidized public housing).

The System of Care and Assertive Community Treatment theories present promising models for comprehensive and community-based care; however, Systems of Care have focused primarily on children and ACT has focused mostly on adults. A model that effectively puts these elements of support and cross-system partnerships together for the specific benefit of transition-age youth has yet to be fully developed or realized. This research effort was designed to begin the identification and study of programs that combine the elements of interagency collaboration and systems of care in providing the comprehensive supports that youth/young adults with mental health conditions need to succeed *with* a specific focus on career preparation, work experience, and employment. The resulting case studies offer support to existing knowledge of what works and present some examples of new knowledge.

Methodology and Research Design

The methodology for this research included multiple phases of design, analysis, and inquiry in order to identify and study programs across the country that effectively focus on career development for youth/young adults with mental health conditions. Criteria for initial consideration during a preliminary national scan of sites included evidence of a dual

focus on youth and young adults with psychiatric disabilities and/or mental health conditions, *and* on career preparation, work-based experiences, employment, and related services. Criteria did not limit consideration to state-driven, locally-driven, or privately-driven programs. Rather, information was gathered from a wide network of potential programs, relying heavily on referrals and suggestions from individuals who are knowledgeable on the subject. Telephone interviews of promising sites inquired about youth-driven and youth guided approaches; funding sources; services related to school-based preparatory experiences, career preparation and work-based learning experiences; philosophy and approach to mental health services; youth development and leadership; family involvement; focused efforts to prevent youth from "falling through the cracks" during transitions from child to adult service systems; and evidence of formalized structures of interagency collaboration.

Researchers filtered the results of the telephone interviews through an additional set of criteria: (1) evidence that multiple systems committed some financial resources to the program; (2) an emphasis on transition-knowledgeable staff; (3) confirmation that multiple and individualized "wrap-around" approaches for addressing comprehensive needs were available; and (4) evidence of scale. Researchers selected the final five sites based on geographic distribution of program, the desire to identify promising practices across a wide range of conditions and/or diagnoses, and the diverse origins of programs (e.g., mental health systems and workforce systems).

The five sites that were selected for the on-site interviews are as follows:

- The Village Integrated Service Agency's Transitional Age Youth program in Long Beach, California, operated by the National Mental Health Association of Greater Los Angeles;

- The Clark County Options program in Vancouver, Washington, operated by the Clark County Department of Community Services;

- Our Town Integrated Service Agency in Indianapolis, Indiana, a program of the Marion

County Mental Health Association, in partnership with Community Health Network's Gallahue Mental Health Services;

- The Transitional Community Treatment Team, in Columbus, Ohio, a part of North Central Mental Health Services; and,

- YouthSource in Renton, Washington, a part of the King County Work Training Program in the Community Services Division of the King County Department of Community and Human Services (and contracted by the Workforce Development Council of Seattle-King County).

Researchers designed and utilized protocols for the on-site interviews with program directors, case managers or their equivalent, mental health providers, employment-related service providers (such as employment specialists or their equivalent), youth focus groups, and family member focus groups. A full description of the methodology for this study is provided in Appendix B, Detailed Methodology and Research Design.

THE FIVE CONTRIBUTING SITES

To provide background and context for the study, the following synopses provide descriptions of each site's defining characteristics: the program's target population, its mission, key program components, work experience and career development activities, staff approaches, and key achievements. The findings from each site visit are also fully summarized in Appendices C-G.

Site 1:
The Village Integrated Service Agency's Transitional Age Youth Program
NATIONAL MENTAL HEALTH ASSOCIATION OF GREATER LOS ANGELES, LONG BEACH, CALIFORNIA

Target Population: The Transitional Age Youth (TAY) program serves young adults, ages 18-25, who have a mental illness or emotional disturbance, and are homeless, at-risk of becoming homeless, or exiting the corrections system. The typical client has no established income, no family or natural supports, no housing, no health insurance, no high school diploma or equivalent credential, and little ability to meet their basic needs. Current enrollment is about 72 clients, with about two-thirds having a severe mental illness diagnoses; dual or multiple-diagnoses are the norm.

Mission: TAY's mission is to mentor young adults with emotional and behavioral difficulties in discovering their strengths and accomplishing their goals in careers, relationships, homes, and wellness. Staff report that "meeting youth where they're at" is critical to achieving their mission statement.

Key Program Components: The TAY program is an intensive case management model that serves members across four essential service domains: career development, housing, community living, and wellness. TAY program staff and clients follow a three-phase strategy along these domains depending on the client's readiness and level of independence: *Rollin' In* (intensive, hands-on service); *Tunin' Up* (supportive, guided service); and *Rockin' Out* (peer-mediated, highly self-directed service). The program utilizes *VisionQuest,* an individual life plan that clients design with guidance from staff members during early participation in the program. The plan is updated regularly as goals are fulfilled or change. Staff members also follow the *Transition to Independence Process (TIP)* system,[20] a set of guiding principles that emphasize person-centered, strength-based, and developmentally appropriate planning and services. Staff members also utilize the *Core Gifts* assessment, a tool that helps youth identify strengths, interests, and unique insights about themselves.[21]

Heavy educational assessment is not emphasized because of the stigma it creates, and because clients have been through countless assessments during their lives. Instead, the education specialists use two basic tools: an education inventory consisting of 10 questions about an individual's school history and subject interests; and the *San Diego Quick Assessment,* a word list grouped by difficulty that individuals read aloud.[22] Staff members engage clients at individual levels of needed remediation during one-on-one customized tutoring sessions, and through online coursework. Staff report that clients achieve greater success when they receive

one-on-one attention and participate in a closed room setting where they do not feel embarrassed or intimidated by peers.

The staff works with all clients at least once per week, including group work, one-on-one mentoring, and specific activities related to housing, education, career development, and life skills. In addition, clients take daily classes on a variety of topics, including oral presentation, artistic expression, story telling, photography, and rebuilding trust after a traumatic event. Services also include on-site psychiatric, medication, and diagnosis management and counseling.

Work Experience and Career Development Activities: Staff members send the message to TAY clients that work, and the education and training that moves an individual into work, is a "vital necessity of life." The program director emphasizes that for *all* youth and young adults, not just youth with mental health needs, trial and error is the key to successfully finding a job and/or career that fits their individual interests. This requires exposing clients to jobs and career paths, teaching clients that everyone must set career goals and design step-by-step processes to get there, and providing opportunities for work

experiences and immediate income. The program's career developer emphasizes "career cruising" as an important way to expose youth to the many work and career options, e.g., a trip to an airport that highlights 27 jobs, their pay scales, and the skills required.

The program uses a *Five-Day Checklist Extravaganza Assessment* for work readiness, which places clients in three Village ISA worksites (doing deli, maintenance, and/or clerical tasks) for five days. Following the assessment, the client and staff members determine next steps to find and secure employment in the community, participate in one week or one month subsidized internships with partner employers, return to one of the three worksites at The Village ISA program for three months of further work experience, or pursue an alternative choice (such as further career cruising, pursuing education goals, or mastering the management of day-to-day living needs).

Staff Approaches: Individual staff members bring strong backgrounds in social work, drug and alcohol counseling, mental or behavioral health, anger management, domestic violence and sexual assault counseling, youth development, Social Security and other benefits, the juvenile justice system, and education. In the past, an important factor was hiring individuals who themselves are consumers in recovery. This is still important but has been replaced with the need to hire staff with "street" credibility, especially individuals who can relate to the population of urban minorities that the program serves. Student aides who are former TAY clients are a unique addition to the staff, and are responsible for hands-on motivation and guidance to current clients. They also play a key role in advising on the evolution and improvement of the program.

Key Achievements: The TAY program model works because it exists as a place for youth to grow, learn, and safely spend time. Clients benefit from the intense personalization of individual service plans, and from working with staff that understand two 18-year olds can be in very different developmental stages and, therefore, require very different service approaches. "Meeting them where they're at" is the repeated mantra. TAY partners with other public systems and organizations in the community, including job training programs, to increase the array of services available to clients. The director asserts that "if young adults with emotional and behavioral difficulties are to transcend the confining boundaries of disability and the mental health system, providers must transcend the boundaries of disability and the mental health system. Partnerships must be established with institutions of education, job training, and youth development."

For additional details on the Transitional Age Youth Program, see Appendix C.

Site 2:
Options
Clark County Department of Community Services, Vancouver, Washington

Target Population: The Options program is designed to meet the needs of youth and their families whose needs are greater than what can be met by clinical interventions alone. The target population is transition-age youth, ages 14-25 years old, who: (1) meet the criteria for a mental impairment diagnosis included in the Diagnostic and Statistical Manual for Mental Disorders[23] (including bipolar disorders, schizophrenia, autism, conduct disorders, substance-related disorders, mental retardation, learning disorders, obsessive-compulsive disorder, and personality disorders); (2) are in, or at risk of, an "out-of-home" placement; and (3) voluntarily consent to participate. Current enrollment is about 60 youth; 84 percent have been arrested at some point, 74 percent have been involved with the public mental health system, 62 percent have experience in special education, 48 percent have an alcohol and/or drug problem, and 44 percent have experienced homelessness.

Mission: Three mission statements guide Options activities: (1) The overarching program mission is to help all youth and families move from isolation to connection; (2) The specific mission of YouthHouse, where the program is housed, is to encourage positive youth development by strengthening youth/adult relationships and supporting efforts by and for youth, in an inclusive, youth-friendly location which honors diversity and operates with joy; and (3) As part of a System of Care (SOC) approach, Clark County's mission is to provide a seamless system of care that better supports transition-age youth with serious emotional disturbances, and their families, in developing health autonomy.

Key Components: Upon entry into the program, transition specialists provide information and individual planning opportunities for youth and partner with them to self-determine their goals and activities in four areas: education, housing, employment, and adjusting to community life. Staff members utilize the guiding principles of the *Transition to Independence Process (TIP)* model[24] and the *Core Gifts* strength-based assessment, an assessment tool to help youth identify personal strengths, interests, and positive insights about themselves.[25] All youth complete a "Success Plan" or individualized service plan that identifies individual goals.

> At Options, staff members and youth alike praise the "anything but traditional" approach to mental health treatment, which includes the daily presence of two therapy dogs that arrive at work in the side car of the mental health professional's motorcycle.

Staff members work full-time on youth development and leadership activities, acting as mentors and role models to clients, and providing one-on-one and classroom opportunities to improve conflict resolution, anger management, relationship building, self-advocacy, and other related skills. Connections to various supports (e.g., education, housing, transportation, childcare, personal

documentation, and financial planning) are the responsibility of all staff working directly with youth. An on-site mental health professional is also a critical service element of the program.

Mental health treatment is described by staff members as non-traditional, activity-based, solution-focused, developmentally-appropriate, friendly, and inviting.

Work Experience and Career Development Activities: Employment is the main focus at Options and the program views competitive employment as the key to helping youth move away from dependence on service delivery systems to living independently. The Options employment specialist takes a "hands-on" and highly individualized approach to assisting each client and, based on the individual needs, Options staff provide one-on-one, classroom, and external opportunities for career assessments, workplace skills training, exposure to career options and pathways, work-based learning opportunities, job matching, supports (such as childcare and transportation), and the "soft skills" (such as dressing professionally and managing emotions on the job) needed to secure and maintain employment. In addition, Options supports youth and young adults who want to work by establishing relationships with local employers to identify employment opportunities; providing follow-up supports for employees and employers; coordinating employment services and supports and coaching clients to navigate those service systems on their own; and mentoring in ways that provide a "safety net" of hope and encouragement, and that help the youth/young adults envision career pathways and advancement goals.

Staff Approaches: Staff serve as "developmentally appropriate" case managers and are key to engaging and retaining the youth in the program. Originally two individuals were hired to focus on employment, a job developer and a pre-employment specialist. When youth in the program said this division was too confusing, the roles were merged into one employment specialist. The youth coordinator role was developed from youth input during the strategic planning process. This role is key to facilitating youth empowerment and coordinating involvement in the management of the program.

One Options client summarized her two-year experience as "a better life, and the faith that it can be the best life that I want." She received help with basic needs, such as obtaining a state identification card and opening a bank account; support in developing independent living and time management skills, participating in anger management counseling, and finishing high school; and the opportunity to live on her own for the first time (at the Options-owned triplex). Today, she lives on her own, is enrolled in college, has held a job for the past 12 months, and is raising her young daughter.

Key Achievements: Options created YouthHouse as a youth-specific gathering place, acknowledging that disconnected youth need a place to be, e.g., a physical location that they know is their space. Services, however, are not site-based; they are located all over the county and strong partnerships allow youth to access the services as needed. The combination of supports in managing mental health conditions, developing skills of adult living, and accessing employment opportunities appears to be successfully helping participants stabilize their living situations, improve employment outcomes, and reduce involvement with the criminal justice system. Youth interviewed during the site visit emphasized the benefits of individualized service, staff that listen to their needs, and the importance of a safe place to be while setting life goals.

For additional details on the Options Program see Appendix D.

Site 3:
Our Town Integrated Service Agency
MARION COUNTY MENTAL HEALTH ASSOCIATION, IN PARTNERSHIP WITH THE COMMUNITY HEALTH NETWORK'S GALLAHUE MENTAL HEALTH SERVICES, INDIANAPOLIS, INDIANA

Target Population: Our Town is designed to meet the needs of young adults, ages 18-25, who have a serious mental illness and are at risk of: (1) hospitalization; (2) becoming homeless; (3) being chronically unemployed; and/or (4) incarceration.

The program currently serves 40 individuals and has served over 100 young adults during the past four years. At the time of admission, more than half of the participants had not finished high school (53.8 percent) and the vast majority were unemployed (82.1 percent). In the year prior to admission, 33 percent had been in jail; 46 percent had been arrested, convicted of a criminal offense, or cited by police; 35.9 percent had been hospitalized for mental illness or substance abuse; and 15.8 percent had been homeless.

Mission: Our Town's official mission is to support young adults with psychiatric disabilities in building upon their interests and abilities to live, work, and thrive in the community. Our Town staff members further describe the mission as helping young people at a crossroads to: (1) manage their illnesses and symptoms; (2) see that they can still pursue their goals as other adolescents do; and (3) maintain their sense of hope and not see their illness as a dead end. The staff works to ensure that every interaction is a therapeutic one, with "interventions" incorporated into the program's daily activities so that young people experience self-actualization without formally structured therapy sessions.

Key Components: Our Town is a case-management program designed to provide early, intensive psychiatric and psychosocial intervention to transition-age youth. Support services are designed to improve their overall quality of life and help them live more independently in the community. Our Town takes a holistic approach to service, including individualized planning in employment, education, housing, mental health and substance abuse treatment, community involvement, and independent living skills.

> In 2006, the **Our Town** treatment team became certified in Indiana as a specialty Assertive Community Treatment (ACT) team serving transition–age youth. Because **Our Town** is a certified ACT specialty team, the program can draw down a state/Federal Medicaid capitation rate of $70 per diem for each qualifying client.

Like the TAY Program, Our Town is an adaptation for transition-age youth of the successful Village ISA model in Long Beach, California, and is based on the evidence-based Assertive Community Treatment (ACT) model developed in the early 1980s. In Indiana, the ACT model has been codified in state law to ensure specific standards are met for Medicaid reimbursement.

Work Experience and Career Preparation Activities: All staff members, not just the employment specialists, are prepared to work with young adult "members" on their employment goals. Work readiness is a primary focus. At the time of the site visit, Our Town was trying to reestablish an apprenticeship program that enabled young adults to work 10 hours per week in different areas of an associated hospital, including maintenance, housekeeping, food service, and nursing. The program also partners with the Eli Lilly Company, which has facilitated three employment-readiness groups that address issues like preparing for job interviews and dressing appropriately for work. Eli Lilly also hosts a bimonthly employment network among health centers, state vocational rehabilitation staff, insurance companies, and the local chamber of commerce to discuss community actions that will improve employment outcomes for transition-age youth.

Staff Approaches: Staff must be very flexible and "stay late, come in early, be on call one night per week, roll with the punches, and juggle things that come up." Staff members act as mentors and role models. Many staff are themselves young adults, requiring the ability to understand the boundaries between being a peer and a case manager.

Key Achievements: Our Town acts as a drop-in center where youth can gather, use the computers and phones, watch a movie, take a nap, and talk with peers. The separate location is considered critical in helping young people feel comfortable and stay engaged. Staff and clients also report that building independent living skills is an important achievement of the program, supporting clients in successfully starting school, beginning new jobs, or living in their first apartments. The Our Town

program partners with transitional housing organizations to set aside apartment units for youth with serious mental illness and, utilizing a grant from the U.S. Department of Housing and Urban Development, offers rental assistance to clients.

For additional details on the Our Town program, see Appendix E.

Site 4:
The Transitional Community Treatment Team
NORTH CENTRAL MENTAL HEALTH SERVICES, COLUMBUS, OHIO

Target Population: The Transitional Community Treatment Team (TCTT) targets youth, ages 14-22 who: (1) have a diagnosis of a severe emotional disturbance or severe mental illness; (2) had a previous psychiatric hospitalization (including residential treatment); and (3) have had multi-agency involvement (such as special education, child welfare, and/or juvenile justice systems). These are "deep end" youth who in the past would have been in state psychiatric hospitals. Approximately 40 percent of the youth participating in the program are African-American.

Mission: TCTT's official mission is to assist adolescents and young adults with mental illness into adulthood, assisting with recovery, enhancing resilience, and achieving employment, independent living, and stable social relationships. Staff members further describe their mission as: (1) helping youth increase their independence as much as they are individually capable of doing so; (2) helping parents and youth understand the disability so that they can understand what they are capable of and not capable of; and (3) assisting families in supporting, not hindering, youth success.

> TCTT staff make every effort to locate services provided in the community (i.e., natural settings) to promote normalization. This includes transitioning youth into safe, affordable housing arrangements — an important part of the TCTT program.

Key Components: Like the TAY and Our Town programs, TCTT is based on an adaptation of the Assertive Community Treatment model, an evidence-based intervention developed for adults with severe mental illness. TCTT is an intensive case-management and treatment program that emphasizes educating youth and young adults about their symptoms and treatment options. Staff members utilize group treatment and life skills instruction to advance client capacity necessary for illness management. The program is housed in a community mental health center, making access to trained mental health professionals easy for youth and families.

The program helps youth navigate the health care system and obtain private insurance or Medicaid coverage. TCTT staff members stress the important role that the youth's family plays in individual success. The program emphasizes a philosophy that strikes an effective balance between a family-centered approach and adolescent empowerment, responsibility, and developmental autonomy. Self-advocacy and family support networks are a key part of case management. The program additionally links individual youth with schools, vocational training, and other community services as needed.

Work Experience and Career Preparation Activities: Youth are encouraged to obtain their certificates of General Educational Development (GED) or equivalent certificates and are connected with appropriate educational resources. They are also linked to community career and technical programs, including public education programs and/or vocational rehabilitation services, for career preparation and exposure to career options or career pathways. Case managers facilitate work-based experiences, such as job shadowing, internships, and community service. TCTT refers participants to the Ohio Bureau of Vocational Rehabilitation, the state's vocational rehabilitation agency, for job-matching services, occupational skills training, and supported employment services.

Staff Approaches: TCTT makes a concerted effort to hire younger staff members that have the skills to work with adolescents with mental health

conditions. They look for individuals who want to work with young adults and who have a background in adolescent development, mental health conditions, disability and employment law, and community resources.

Key Achievements: TCTT staff consider their greatest achievements to be the decreased rates of hospitalizations of youth participants, and the increased rates of employment, educational attainment, and independent living. Staff also felt that being physically located in an adult-oriented treatment facility was important to success, as it ensured that graduates moved seamlessly into appropriate adult services, removing the complications of transitioning from the children's mental health system to the adult system.

For additional details on the Transitional Community Treatment Team, see Appendix F.

Site 5:
YouthSource,
King County Work Training Program

Work Training Program/King County Department of Community and Human Services, contracted by the Workforce Development Council of Seattle-King County, Renton, Washington

Target Population: YouthSource targets all youth, but focuses on at-risk and "disconnected" youth, ages 16-21 years old. YouthSource staff believe there are high rates of drug/alcohol abuse and mental health conditions; however, because they have a non-disclosure policy, they are unsure of actual

> YouthSource staff members are responsible for intensive employer engagement strategies. During the time of the site visit, YouthSource was actively partnered with over 130 regional employers, including REI, King County Public Health, and major Seattle law firms. These partnerships work because staff members actively pursue individual relationships with each company to create a mutually beneficial scenario for both the employer and the employee.

incident rates. Demographic data indicates over 90 percent of youth participating are high school drop-outs, over 90 percent are low-income, and at least one-third were involved in the juvenile justice and/or corrections system.

Mission: YouthSource's mission is to create a safe and positive community in which youth can enhance their intellectual, emotional, and social well-being, and practice leadership, teamwork, and effective community membership.

Key Components: Because YouthSource is housed in a One-Stop Career Center, services are heavily geared toward becoming ready for work and careers. This focus is grounded in the philosophy that to be work- and career-ready, individuals must be exposed to career opportunities, gain academic and occupational skills, have access to mentors and role models, learn independent living skills, and be connected to support services.

YouthSource has an on-site classroom and computer lab, and utilizes certified teachers and tutors from community partners to help students work toward attaining their high school diplomas, certificates of General Educational Development (GED), post-secondary degrees or certificates, and basic computer skills. Tutors also provide one-on-one remedial education. Educational opportunities are all self-paced and student-centered, "open" entry and exit, and integrated with individual client goals. YouthSource works with school districts on credit recovery as much as possible and aligns assessments with the state's secondary education learning standards.

Work Experience and Career Preparation Activities: YouthSource offers clients multiple employment activities including: (1) introductions to career pathway concepts, goal setting, and individual career pathway planning; (2) "soft skills" training, including how to dress, talking to your boss and customers, managing emotions at work, showing up on time and staying through a shift, relating to co-workers, and handling stress and conflict; (3) subsidies to participating employers for up to 160 hours of an internship; (4) three-week trial or

"challenge" program that prepares clients for the demands of longer training programs; (5) paid job training for up to four months in YouthBuild (construction and trades), Digital Bridge (information technology), and Opportunity SkyWay (aerospace), all of which include industry certification upon completion; and (6) job search assistance (including resume writing, interview skills, and scans of job vacancies) and job placement services.

Staff Approaches: YouthSource core services staff, including the program coordinators and teachers, have Bachelors degrees in related fields (e.g., psychology, sociology, and social work) and the case managers have Masters of Social Work (MSW) degrees. All staff members are familiar with de-escalation strategies and crisis intervention. Most importantly, staff understand the time it takes to build trust with clients, know when and where to refer clients to best meet their needs, and approach counseling and guidance with an understanding that some youth have never experienced therapy before and some have been in and out of therapy their whole lives. Staff report a higher salary rate than that earned by those in equivalent positions at community organizations, which results in low turnover. Clients respond positively to this, as consistent mentors are typically a missing factor in their lives.

> **A model that effectively puts…elements of support and cross-system partnerships together for the specific benefit of transition-age youth has yet to be fully developed.**

Key Achievements: The program is a model for serving at-risk and disconnected youth because of several important factors: the on-site presence of mental health professionals, a close partnership with a community-based mental health center for children and young adults, awareness by staff of the specific needs of disconnected youth, and the reputation of the program among youth and their peers as a place to go for guidance.

Special Note: Insufficient, unstable, and non-flexible funding is a chronic challenge for the YouthSource program and its delivery of services. Staff repeatedly identified the pressure to find new ways to maintain their capacity with more restrictive and/or smaller total amounts of funding. This concern was very tangibly realized shortly after the site visit, when the on-site therapist position was reduced to less than half-time, and eliminated shortly before this report was finalized. YouthSource therefore no longer has on-site access to a mental health specialist.

For additional details on YouthSource, see Appendix G.

PART II

Addressing Individual Barriers: What Works at Service Delivery

Among the many barriers to overcome during the transition to independent living, the commonly cited challenges across the programs in this study included the following: (1) Mistrust by youth of organized programs, especially if perceived to be driven by a public system or adults; (2) The stigma attached to traditional mental health therapy; (3) Low-self esteem and self-worth; (4) Low societal expectations on the ability of youth to succeed; (5) Traditional employment models that do not maximize individual strengths; and (6) A lack of appropriate transitional housing in the community. The design features described below represent common operational principles exhibited by the five contributing programs which address these barriers. Although the sites use different strategies to address these design features, they consider them critical elements for their program's success. It should be noted that because this study consisted of only five sites, these design features should not be accepted as evidence-based practices. Within the limits of this study, they simply codify operations across the five sites. Nonetheless, their alignment with existing research (including Clark and Davis, the *Guideposts for Success*, Marrone and Boeltzig) should not be overlooked.

Design Feature 1: A Place to Call Their Own

A powerful message emerged during interviews with youth at the site visit to the TAY program in California: youth felt strongly that co-location with adult mental health services, and therefore with adults with severe mental illness, prematurely exposed them to their own possibly depressing and un-inspiring futures. In other words, youth felt that

they were seeing themselves in years to come and were discouraged. This honest articulation of their experience with adults with severe mental health illness confirmed a primary feature of four of the five programs: a distinct, physical program location separate from adult mental health service programs. In all programs except TCTT in Ohio, a separate location is considered critical to effective youth engagement.

> ### COMMON DESIGN FEATURE
>
> ☞ A distinct program identity, including a separate physical location, promotes attachment and engagement of youth.

The first challenge that any program serving youth must overcome is engagement. For programs serving youth and young adults with mental health conditions, this endeavor becomes enormous. This population typically is weary of adults telling them what to do and mistrustful that adults actually know what is best. One staff member best summarized this by saying "[t]hese kids are stigmatized and systematized. They have heard 'we are here to help' all their lives. They will test you to the nth degree, and frankly they have a right to." Assuming this observation is true, programs may get only one chance to engage an individual in services, making the appeal and attractiveness of the program site to the young person a critical factor.

All four of the sites operating in a location separate from adult mental health services serve as drop-in centers, with access to computers, phones,

comfortable couches, and recreation. The top floor of Options, for example, is a youth-only recreation room. Adults may enter only upon invitation by a youth client. Three of the four sites with separate service locations also highlighted some authority by youth to select the décor of the program site as a way to further engage and transfer ownership to clients.

According to the sites, a youth-friendly, separate service location from adult services is a critical factor for at least two reasons: (1) Youth do not want to feel that they are transitioning into the adult mental health system, rather than the adult world of living independently; and (2) Youth feel a sense of ownership of the program, and therefore a sense of belonging. This translates to longer engagement and, therefore, greater chances of positive outcomes.

Design Feature 2: Staffing Choices that Maximize Engagement

Facilitating service delivery to maximize opportunities for early and on-going engagement of youth clients depends on the right mix of staff. The sites in this study identified at least three elements of the "right mix" – age, cultural competence, and experience with individuals who have mental health needs. Across the sites, staff members brought strong backgrounds in social work and related fields.

COMMON DESIGN FEATURE

☛ Staff patterns should reflect a blend of knowledge of mental health and work development strategies that are appropriate to different ages and developmental stages.

☛ Staffing choices should reflect a balance between the expertise and guidance that adults can provide with the peer support and sense of youth ownership that youth can provide.

☛ Professional development of all staff is essential and should include gaining knowledge of community resources youth need to become successful adults.

Interviews at all sites emphasized the value of on-site mental health professionals for peer learning about the mental health needs of their clients.

All five sites include and value a mix of staff, with diversity of age (including some staff who are older and some who are closer in age to the clients) and race/ethnicity, cultural competency, and knowledge of mental health. This mix improves engagement of youth and young adults upon entrance into the program and during their participation.

The Transitional Community Treatment Team program in Ohio illustrates the effect of staff cultural competence on the level of comfort, and therefore engagement, of participating youth. TCTT offers diverse staff trainings, including *Serving Persons with Appalachian Backgrounds* and *Islam 101*. The site also makes efforts to hire staff under the age of 30. Similar in intent, at the TAY program in Long Beach, two student aides are a unique addition to the staff because they are former clients of the program and are responsible for motivating and guiding current clients. They also play a key role in advising on improvements to the program. YouthSource in Renton, Washington has clients provide customer service in the reception area.

Clients and staff members of Options in Vancouver, Washington agree that staff closer in age to clients are highly beneficial, but also specifically highlighted clear benefits of older staff – they exhibit lower turnover rates, possess the needed level of life experience that young staff typically do not possess, and tend to not burn out as quickly. Characteristics more important than age are being young at heart and being respectful of youth culture.

Traditional job descriptions found in many clinical settings are also altered. At YouthSource, the on-site mental health professional is more than a friendly, non-traditional mental health counselor – she also serves as an "integrator" of the mental health and the workforce development systems. Because she understands both, she acts as a bridge between otherwise separate "service tunnels." In this role, she educates staff from each service system about the other, and creates connections for youth that may not have existed before.

Design Feature 3: Mental Health Intervention without the Stigma

The type and severity of mental health conditions varied widely across the client populations of the five programs in this study, and even within single programs. Many youth were diagnosed with serious emotional disturbances at an early age, and have spent their lives in and out of traditional mental health treatment, with less than positive outcomes and experiences. Others have experienced high rates of academic and social failure in their lives, but have never known why. In both cases, opportunities to manage their conditions have been missed, with tough consequences as they transition to adulthood.

Across the sites, the presence of on-site psychiatrists and/or mental health professionals was a critical component of care. More importantly, staff and youth clients alike praised the non-traditional approach to mental health treatment utilized by programs. A youth at the TAY program in California described the approach as "[n]o more therapy, no more file reading. I get individualized attention, goal setting, and support in whatever I need but with guidance and a push to do it myself." The five sites agreed that non-traditional approaches to mental health treatment incorporate the following:

- A personalized approach that allows a meaningful trust relationship between professionals and clients;

- Honest discussions between professionals and clients that allow the clients to initiate self-exploration; and,

- "Anywhere, anytime" treatment, i.e., counseling and mental illness management that is integrated into daily activities, such as talking over coffee or lunch, during tutoring, at the grocery store, or while playing pool.

During the site visits, interviewees further asserted that building trust between youth and the on-site mental health professional *during* other activities and *before* attempting one-on-one sessions are important to success.

COMMON DESIGN FEATURE

☛ Effective strategies for serving transition—age youth with mental health needs include providing access to mental health treatment without the stigma of traditional therapy, and outreach and follow-up to keep the youth engaged or to re-engage them if needed.

All five programs place a strong emphasis on outreach and continuous follow-up with clients as part of the therapeutic process. Care coordinators and case managers make home visits if a client misses several appointments. This often involves looking for youth "on the street" and re-engaging them.

Design Feature 4: Assessment and Service Planning Processes that Build on Individual Strengths

All five programs use assessment instruments to identify the current status of youth clients across the domains of employment, housing, education, and community life. Other domains, depending on the site, include clinical recovery, health and wellness, family and natural supports, social networks, cultural and spiritual aspects, and personal empowerment. As part of the assessment and service planning process, programs work to varying degrees with clients to develop future improvements or goals within each domain. This is part of each client's individualized service plan/strategy, treatment plan, *Vision Quest* process (TAY), or "Success Plan" (Options).

Across the sites, program staff emphasize the need to develop assessments and individualized service plans that are rooted in the individual's strengths and interests. This is a keystone of the *Transition to Independence* (TIP) system,[26] which the TAY and Options programs use as a central feature of their services. The TIP system offers seven guiding principles that build on the premise of individualized, strength-based services:

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

- Tailor services and supports to be accessible, coordinated, developmentally appropriate, and built on strengths to enable the young people to pursue their goals in all transition domains;

- Acknowledge and develop personal choice and social responsibility with young people;

- Ensure that a safety-net of support is provided by a young person's team, parents, and other natural supports;

- Enhance a young person's competencies to assist them in achieving greater self-sufficiency and confidence;

- Maintain an outcome focus in the TIP system at the individual young person, program, and system levels; and,

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

To assess clients, the TAY and Options programs use an interview method called *Core Gifts Identification*.[27] The Options Program Manual describes this intervention as a way for staff to help youth identify personal strengths and gain positive insight into themselves at a critical juncture in their lives. The *Core Gifts* philosophy discerns between skills (what you have learned to do, although you may not feel joy in doing them); talents (what you have an innate capacity to do, but may not choose to engage or develop); and gifts (the talents that you feel the deepest connection to, most compelled to learn about, and eager to give). YouthSource uses the *Child and Adolescent Needs and Strengths-Mental Health* (CANS-MH) tool, an "information integration tool" designed to support individual case planning.

> ### COMMON DESIGN FEATURE
>
> ☛ Utilization of a specific assessment and service planning process assists clients in addressing their current status and future goals across multiple life domains.

Design Feature 5: Employment — Preparing For It, Finding It, Keeping It

Four of the five sites place employment and training at the forefront of their goals and activities, citing career preparation and skills development as "cornerstones" and "the main focus." All five programs utilize some form of individualized exposure to work and employment and, in cases where the youth or young adult is ready, program staff create opportunities for work-based learning, abiding by the philosophy of "place and train" instead of "train and place." For some youth, this means placement in competitive employment in the community with minimal support. For youth with severe conditions, this might mean work experience with an employer that is on-site, with active involvement by a supervisor. To be successful, some youth need reasonable accommodations in the workplace, such as flexible schedules or a mentor co-worker. Program staff at the sites also identified the following employment-related activities as important:

- Identifying and building on the young adult's strengths and interests;

- Exposing clients to jobs and career paths;

- Teaching clients that all individuals must set career goals and design step-by-step processes to get there; and,

- In the meantime, providing opportunities for temporary work experiences and immediate income to those clients who are ready.

Program staff across at least three of the sites recognized that most youth are unaware of the diverse jobs and careers available in their community, and that exposure to these jobs, their pay scales, and the steps needed to obtain them can play a big role in a young person's motivation to pursue employment. For youth to choose career pathways based on informed decisions, their individual strengths and interests must be identified and acknowledged. Staff support and capacity, therefore, must be sufficient to assess skills, readiness, and interests, and then customize a unique employment opportunity.

One story from Options illustrates the value of building on a client's strengths and interests. In this case, a young adult was re-arrested for a parole violation (of an original conviction of car theft) on the first day of his new job as a car mechanic. With help from program staff, upon release he was able to return to the job. Despite the fact that the young man's interest was initially manifested through stealing cars, he was able to turn a previously misguided interest into a skilled vocation.

There are two important features in these programs that have been used with success in workforce development programs for other "at-risk" youth. The first is exposing youth to the value of work. Incentives in the form of cash or other equally tangible rewards can be a powerful mechanism to keep youth engaged in working toward their goals and can teach them about the value of work. This is highlighted by incentive systems at the TAY and YouthSource programs. Both offer cash incentives for participation and completion in certain activities, including weekly classes, attainment of GEDs, and other achievements.

The second important feature focuses on supporting employers. Finding employers willing to become engaged in working with youth involved in these programs can be challenging. Designing and implementing a "win-win" situation for employers and youth clients can result in meaningful work experience or a paid job for clients, and a good employee for a company. YouthSource's employer engagement strategy illustrates what is possible with local companies when employers see what they stand to gain by placing a YouthSource client in their ranks: 160 hours of subsidized wages by the program; a one month no-cost employee trial period; and the opportunity to give back to the

community in a tangible way. YouthSource works with over 130 local employers and staff stay with the youth through the trial period to assist both the young person and the employer.

The Options example of the young car mechanic also illustrates the importance of establishing a relationship with employers. Because of the employer's relationship with Options and his understanding of the goals of the program, the employer reserved the job for the young man while he served his time. As a result, today the employer has a competent and loyal employee who has worked for him for two years.

Design Feature 6: Housing as a Critical Part of the Service Mix for Older Youth

All five sites view the shortage of suitable and affordable transitional housing for this population as one of the greatest challenges to individual success, particularly for older youth who are most likely to be unattached to family or other support networks. Because many clients arrive to the programs in a state of homelessness or at-risk of becoming homeless, housing is a critical issue. The shortage of housing in most communities is an obvious barrier to the goal of living independently. Programs must rely on existing options in the community (e.g., homeless shelters, subsidized housing waiting lists, and SoberLiving programs), which do not always fit the needs of individual youth.

Three of the programs prefer to operate their own transitional housing units to increase the quantity of suitable housing for youth and to also manage the circumstances of the use of the housing, depending on the greatest needs of their client population and available options in the wider community. Other approaches used are to establish partnerships in the community for the use of transitional housing units

and to utilize Federal or other grants (either directly or through community partners) to subsidize the expense.

The Options and TAY programs operate their own transitional housing units and TCTT will begin doing so in the near future. Options owns an apartment triplex for youth in need of transitional, supported independent living. The triplex serves three clients at a time, and is strictly barred from being utilized as a temporary shelter in emergency situations, even if a unit is available. This is part of the program's commitment to non-duplication of services that are otherwise available in the community.
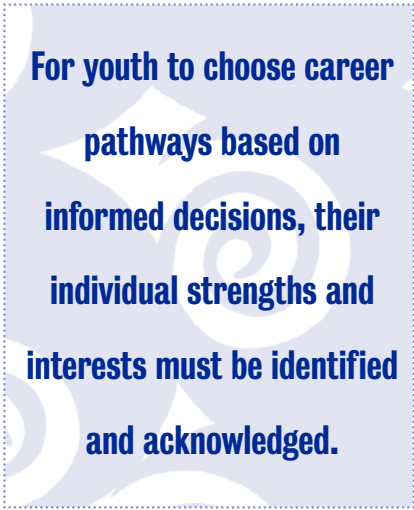
TAY, after closing a dorm-style complex in February 2007, purchased a new complex in August 2007.

For youth to choose career pathways based on informed decisions, their individual strengths and interests must be identified and acknowledged.

The previous arrangement called for on-site, around-the-clock staffing, which proved too expensive and time consuming to sustain. The new complex will support 12 youth living independently.

The program will pay a property manager to loosely monitor activity, and will hire two housing specialists to provide on-site supervision in the evenings and on weekends.

Our Town, which does not operate its own apartments, utilizes memoranda of agreement with community-based organizations for its clients to be able to access 10 apartment units in the same building as the program's offices, and 10 additional off-site apartments are currently under construction. These units, in addition to rental assistance for youth, are paid for through a "Shelter-Plus-Care" grant from the U.S. Department of Housing and Urban Development.

PART III

Systems Factors that Affect Program Design and Sustainability

Across the five programs studied, there was a strong message of cross-systems collaboration. In the context of unstable funding environments and target populations with complex needs, no single program can succeed alone. Programs highlighted multiple mechanisms for cross-system service alignment, including advisory boards, memoranda of understanding, and use of unique funding sources. The themes below highlight specific dimensions of cross-system collaboration, integration, and alignment.

Theme 1: Local Collaboration and Service Alignment Creates Networks of Care

Programs serving youth and young adults with mental health needs face two immediate challenges: first, assisting individual youth in accessing multiple services that meet their multiple needs; and second, navigating and effectively utilizing the fragmented and disconnected services that exist in any community. These tasks are exacerbated by the confusing and often misunderstood state and Federal laws and regulations that affect transition-age youth.

At the local level, it is this set of challenges that the "system of care" philosophy is designed to overcome. Local communities know best which programs and resources are geared toward specific needs and, if they are unknown, organized efforts to map these resources can be undertaken. The Options program undertook such a "resource mapping" effort in its early planning phases, and today operates as part of a regional support network for people with mental illness. The network is constantly evolving toward a comprehensive system that provides the diversity of services needed by youth and a continuum of services that spans transition "cliffs." The network includes various agencies and systems — including children and adult mental health, substance abuse, child welfare, juvenile justice, workforce development, and education — and related community organizations.

In an effort to uncover service gaps across systems, particularly between the children's and adult mental health systems, Options and system partners undertook an in-depth review of state policies and regulations. The Options staff discovered that in Washington State, mental health centers are licensed by service areas, not by clients' ages. Consequently, it was not necessary for a child to transfer to an adult mental health provider at the age of 18 unless it was clinically indicated. Prior to this discovery, staff assumed that transitioning to adult services at age 18 was required. As long as youth remain eligible for Medicaid it is irrelevant whether the mental health provider is an adult or child provider. This was a bureaucratic issue which had been changed years ago when licensing became based on services rather than on age of the people served. Options also re-examined a commonly-held belief about Medicaid reimbursement. Initially they assumed that Medicaid would only pay for supported employment services if the client was age 18 or older. However, upon further research Options staff discovered that if clients under the age 18 have employment goals in their treatment plans, and they are trying to get jobs (even part-time jobs), Medicaid can be billed under supported employment services.

The governance entities and structures, and the funding sources of programs serving youth with mental health needs can determine the breadth and depth of services that youth receive. In turn, the scope of services required to fulfill a program's mission can also determine the structure of that program's governance. Across the five programs, elements of each exist.

In four of the five sites, the programs are housed in community mental health centers, funded by county and/or state mental health agencies. (YouthSource is the one exception, as it is housed in a One-Stop Career Center). As a result, these four programs share the philosophy of community-based mental health care, whether through a deliberate System of Care model, an Assertive Community Treatment model, or a modification of either. The governance structures incorporate some type of community-focused, multi-stakeholder advisory board or other collaborative entity that serves as a vehicle for sharing information and guiding the connection/alignment of services across the community. In all the sites, some form of community collaboration was implemented either in the planning phase of the program or very early in the program's development.

> ### COLLABORATION AND SERVICE ALIGNMENT: HIGHLIGHTS
>
> ☞ Familiarity with other systems and providers can lead to discoveries about "true" versus "mythical" regulations. Programs should assume nothing about restrictive regulations and always check the relevant legal source.
>
> ☞ Interagency advisory and/or community forum structures can be used to align local efforts to assist transition–age youth and create the infrastructure for a network of care.
>
> ☞ Memoranda of agreement are tangible examples of local collaboration between agencies and programs and can specify conditions of partnerships. They can be constructive mechanisms to integrate services for the benefit of youth with mental health needs.

The TAY, TCTT, and Our Town programs bring together independent local agencies and programs in an interagency advisory or community forum structure to expand access to overall community services, bridge service gaps, and uncover areas of duplication. These cross-system governance structures help to build community care networks, such as System of Care models. They also serve to increase community knowledge about the myths and realities of transition-age youth and to identify where and why certain services may be inappropriate for meeting their needs.

YouthSource relies heavily on formal agreements with community services, including the Children's Mental Health Center, Seattle public schools, AmeriCorps, ArtCorps, Job Corps, YWCA, King County Superior Court, and the Washington State University Extension office. These partners provide invaluable in-kind support, including tutors, classes, counseling, and social support services. Our Town has also worked effectively with community organizations, utilizing memoranda of understanding to increase housing capacity for their target population. TCTT has been able to broaden the scope of the services it provides through formal agreements with the juvenile justice and child welfare systems to serve transition-age youth in their custody who have mental health needs.

Theme 2: Identifying, Accessing, and Leveraging Funding Streams

Local programs often feel trapped by the limitations of the funding sources that support them. In place of the ideal (and so far mythical) pot of money that is both stable and flexible, programs do best if they strategically leverage multiple funding streams at the same time. Private foundations can often provide a flexible supplement to public dollars. However, they are usually interested in initiating and evaluating new approaches. Many foundations are willing to provide "start up" or seed money, but once success is demonstrated they expect the program to become self-sustaining.[28] This requires a solid understanding of existing public funding streams.

Each program in this study supports its activities

through some unique combination of funding sources, primarily due to the lack of a single funding authority that supports this particular population. Four of the five programs in this study started with part or full funding through a competitive grant process. In all of these cases (Options, YouthSource, TCTT, and Our Town), the grant has ended. As a result, the program has had to change in some way to accommodate funding cuts. The common change has been a shift to fee-for-service billing: to Medicaid for three of the four programs and to state drug and alcohol services for YouthSource. The shift is challenging in all cases, particularly for programs with a strong emphasis on community-based or highly customized care. Many services cannot be billed due to strict criteria for billable services (clinical treatment must be billed in 15 minute increments, for example). Some programs accommodate by seeking private grants. Others shift certain services into more flexible funding streams. YouthSource, which does not use Medicaid funding, faces strict spending restrictions from their WIA funds on administrative costs, and therefore covers the costs of on-site therapy activities using their general county revenue funding.

All the sites, except for YouthSource, rely heavily on Medicaid dollars for at least 50 percent of their operating costs. These four sites are in states that have chosen to include "rehabilitation services" for individuals who are eligible for Medicaid in their state plans. In addition, Our Town accesses an ACT "capitation rate" under Indiana's Medicaid Plan. Other sources of funding put together or "braided"

Some programs accommodate by seeking private grants. Others shift certain services into more flexible funding streams.

by the programs include state funds, Federal funding, and private foundation funding. For example —

- TAY uses funds awarded under California's Assembly Bill 34 which addresses the needs of people with severe mental illness;

  - Options, YouthSource, and TCTT receive county "general revenue" dollars for up to 50 percent of their costs;

  - At YouthSource, the local workforce development board funds about 40 percent of YouthSource activities, HUD funds their YouthBuild program, and the Gates Foundation funds their Digital Bridge program;

  - TCTT uses Chafee Independence Act funding for "wrap-around" services for youth in or aging out of foster care;

  - Our Town bills specific services under Medicaid and receives an ACT capitation rate under Indiana's Medicaid Program, a private grant (Marion County Drug Free Communities), and a HUD Shelter-Plus-Care grant that covers rental assistance costs;

- YouthSource accessed Federal alcohol/drug treatment funding by writing to the relevant state agency and demonstrating how the youth they served are a "priority" group that would benefit from services; and,

- All the programs rely on in-kind services through community partnerships.

Relevant Federal Funding Streams

Medicaid is administered by the Centers for Medicare and Medicaid Services, part of the U.S. Department of Health and Human Services, and funded by the states and the Federal Government:

- *Eligibility:* Medicaid provides health coverage for children, youth, and adults who meet Federal/state eligibility criteria (e.g., receiving Supplemental Security Income benefits, being in foster care, living in a family that receives TANF—Temporary Assistance for Needy Families).

- *Mandatory Services:* Federal law requires state Medicaid programs to cover certain services, such as acute care.

- *Optional Services:* States can *choose* to cover additional services in their Medicaid program. Some optional services that are relevant to youth with mental health needs are:

  o *Rehabilitation services,* a broad category of services that focus on reducing physical and mental disabilities, including restoring basic life skills for independent functioning, communication and socialization skills, and family education and services related to the treatment and rehabilitation of other covered individuals;

  o *Clinic services,* which cover preventative, therapeutic, diagnostic, palliative, or rehabilitative services delivered in community-based settings; and,

  o *Targeted case management services,* where states can target case management to specific groups and/or to individuals who reside in specified areas.

One of the most commonly cited transition "cliffs" occurs within the Medicaid program. Depending on the state they live in and their eligibility category, many young adults lose Medicaid (and therefore the health, mental health, and psychiatric rehabilitation services Medicaid covers) when they turn 18. Some of these youth would still be eligible for Medicaid under the "adult" categories of eligibility, but agencies don't always offer that information and most young adults and families do not know to ask.

Medicaid Waivers: States can apply for various types of Medicaid waivers: (1) Home and Community-Based Services waivers, also called 1915(c) waivers, which allow for alternatives to providing long-term care in institutional settings to meet the needs of specifically defined groups and/or conditions, or to provide community-based services to individuals who would otherwise qualify for Medicaid only if institutionalized; (2) Research and Demonstration Project waivers, also called Section 1115 waivers, giving states the authority to conduct demonstration projects that test new ideas of policy merit; and (3) Freedom of Choice waivers, also called 1915(b) waivers, which allow enrollment into managed care, utilization of "central brokers", use of cost savings to provide additional services, and limits on the number of service providers. States can only apply these waivers to individuals who are currently Medicaid-eligible for Medicaid.

Workforce Investment Act, Title I-B: Funding under Title I-B of the Workforce Investment Act (WIA) can provide an array of employment and work preparation services for low-income youth, ages 14-21, who have barriers to employment, through community service providers (including One-Stop Career Centers) affiliated and approved by local WIA boards. Services include education remediation, tutoring, GED programs, summer job opportunities, occupational skills training, paid and unpaid work experience, and mentoring. Young adults ages 18 and older may qualify for WIA's adult programs, which provide an array of services in job matching and skills training. Performance by youth clients in WIA programs is measured by gains in literacy/numeracy, attainment of degrees/certificates, or placements in employment, training, or educational programs. WIA funding also covers JobCorps, a residential program for youth ages 16-24 that provides academic and job training.

Vocational Rehabilitation: State vocational rehabilitation agencies, funded by the Workforce Investment Act's Title IV, provide services and job training to people with the most severe physical and mental disabilities, including supported employment, workplace training, transportation, and independent living supports.

Chafee Independence Program: This program, authorized under the Social Security Act's Title IV-E, is a capped entitlement to states, based on the number of children in foster care. States use these funds to serve youth likely to remain in foster care, or who have aged out of care, up to age 21. The funds are flexible and may be used in any manner that is calculated to achieve the aim of the program — i.e., independent living for foster care children.

Two observations about the workforce investment system emerged during site visits during this study. First, three of the five programs only minimally utilized WIA/One-Stop services (YouthSource is housed in a One-Stop Career Center and Options has a close partnership with the local workforce system). Staff asserted that workforce services were geared toward adults, not youth, and especially not youth with mental illness. This is largely due to limited WIA funds for youth, but is also driven by performance measurement standards that discourage many local Workforce Investment Boards from using their resources for programs that require services beyond a year. Second, the self-directed nature of workforce development programs, combined with the fact that most youth do not self-disclose their mental illness, makes provision of accommodations challenging.

Theme 3: State Capacity for Systems Change

Transitioning from the disjointed child-serving world of children's mental health, special education, juvenile justice, and child welfare into the disjointed services of the adult world – with a new set of confusing eligibility requirements and misaligned programs – can be discouraging and even a disincentive to pursuing help. The sites in this study all face the realities of disconnected services to some extent. Closing the gaps between services and systems for "end-users" (i.e. youth and young adults) requires determining how effective examples of local collaboration (such as those demonstrated by the five sites in this study) can be taken to scale.

In a large part, the answer rests at the state level. States have authority to make a difference, but do not always take steps to exercise that authority. Three ways they can do this are: (1) passing state legislation; (2) utilizing various Medicaid options and waivers more effectively; and (3) implementing mental health transformation "state incentive grants."

State Legislation — Indiana and California are examples of states that have passed specific legislation targeting transition-age youth. In Indiana, the Assertive Community Treatment (ACT) model was codified in state law to ensure certain standards are met for Medicaid reimbursement; the Our Town treatment team became certified as a specialty ACT team serving transition-age youth in 2006. In 1999, the California Legislature passed Assembly Bill 34 to address the needs of people with severe mental illness and in 2000 passed follow-up legislation expanded this mandate to target severely mentally ill youth aged 25 years or younger.

State Medicaid Plans — As mentioned above, Federal law gives states the flexibility to choose certain optional services for adults and to expand eligibility groups for Medicaid coverage. *Rehabilitation* services are those that focus on restoring basic life skills needed for independent functioning, communication and socialization skills, and family education and services related to the treatment. *Clinic* services and *targeted case*

management can also be adopted or amended into state Medicaid plans, and can expand coverage. States may also apply for Medicaid waivers, including Home and Community-Based Services waivers, Research and Demonstration Project waivers, and the Freedom of Choice Waiver.

Mental Health Transformation State Incentive Grants — In 2003, the President's New Freedom Commission on Mental Health issued its report, *Achieving the Promise: Transforming Mental Health Care in America*. The Commission stated "[w]e envision a future where everyone with mental illness will recover, mental illnesses can be prevented or cured, mental illnesses are detected early, and everyone with mental illness in any stage of life has access to effective treatment and support — essentials for living, working, and participating fully in the community."[29] The Commission recognized that much of the work of systems transformation needs to take place at the state and local level.

**SYSTEMS CHANGE:
HIGHLIGHTS**

☛ States have the authority to improve services to transition-age youth with mental health needs through a variety of mechanisms:

- State legislation;

- Medicaid waivers;

- Amendments to state Medicaid plans; and,

- State Incentive Grants (SIGs) to fund coordination of state systems to benefit youth with mental health needs.

To further the transformation goals, the Substance Abuse and Mental Health Services Administration awarded Mental Health Transformation State Incentive Grants to support an array of infrastructure and service delivery improvement activities to help states build a foundation for delivering and sustaining effective mental health and related services. States receiving the grants must create a Comprehensive Mental Health Plan which responds to the Commission's recommendations. These grants help states concentrate on the system changes needed to meet the needs of mental health consumers and to support recovery.[30] They are different from the Community Mental Health Services Block Grants (where funds are to be used for adults with serious mental illness and children with "serious emotional disturbances") in that they encompass the entire population of the state with a focus not only on those who have, but also on those who are at risk for, serious mental illness or emotional disturbance.

A truly effective and transformed mental health system must be relevant to the entire population — which means including promotion and prevention activities. States that receive the grants must create mechanisms and structures that improve collaboration and address the overlap among different systems. At least one of the sites visited, TCTT, reported that the needs of youth in transition are addressed in Ohio's State Transformation Plan and that TCTT will in all likelihood play an important role as a provider of technical assistance to other communities attempting to respond to the needs of this population.

PART IV

Recommendations: Putting the Pieces Together

The intent of this research is two-fold: (1) to share common design features of programs that are integrating service to youth with mental health needs *and* exposure to work experience and career development; and (2) to identify systems-level features that positively influence service delivery. The recommendations below illustrate the points of intersection between these, and suggest areas for further study.

Recommendations for Programs and Their Staff Members

- *Incorporate youth voices into the development and implementation of program services and policies.* This will improve client engagement, participation, and individual ability to utilize the learning, services, and opportunities offered. Programs should consider how the youth are utilized through at least three filters: (1) *Youth involvement* in daily program activities; (2) *Youth guidance* and input on program policies and services; and (3) *Youth direction* on decisions that directly affects services and policies.

- *Utilize a successful process that identifies individual strengths or "gifts" as the stepping stone to the development of education, career, and life goals, and the gateway to discovery and hope.* Staff members and youth clients across the five programs emphasized the value of utilizing a tool or instrument that assists youth and young adults in identifying their individual strengths.

- *Invest the time and resources required to build partnerships across relevant services and systems in the community.* The intensive and individualized case management approaches that work for the programs in this research rely on partnerships so that individual clients have access to the comprehensive array of services available in a community, which no single program can offer alone. Partnerships with the child welfare, juvenile justice, education and training, and housing systems are particularly critical. Partnerships take time and effort, but the rewards/benefits for youth and young adults with mental health needs are significant.

- *Incorporate on-site and non-traditional approaches to mental health interventions, working with youth and young adults at their own pace and in a highly individualized, youth-friendly way.* Across the sites, the presence of on-site psychiatrists and/or mental health professionals was a critical component of care, although not based on prior approaches. Staff and clients alike lauded the non-traditional approaches to mental health treatment utilized by programs. Therapy and file reading are replaced by relationship-building, fun, and determination of each youth's "core gifts."

- *Train all program staff (not just the career developers) how to individualize exposure to the world of work and to incorporate activities that meet youth and young adults "where they're at"* across all phases of employment, including training and preparing for work, getting hired, retaining jobs, and advancing to better jobs and careers. Programs in this research utilized a combination of exposure to jobs/careers, job readiness guidance, work-based learning, and customized employment.

- *Cultivate relationships with employers in the community, assist them in seeing the benefits of hiring program clients, and create open lines of communication between program staff, clients, and employers that can be accessed on an on-going basis.* All of the programs in this study achieve this to varying levels, but for at least one the pay-off of making employer engagement a priority is clear (i.e., 130 actively engaged employers).

- *Be the mentor, family member, parent, teacher, or other positive influence that may be missing from the life of the youth or young adult client by teaching independent living skills and positive social engagement in daily activities.* All programs in this research heavily emphasize the staff time dedicated to assisting clients in making appointments, accessing public transportation, setting up bank accounts, managing finances, building healthy relationships, doing laundry, going grocery shopping, and cooking for themselves.

- *Understand the Federal and state laws and regulations that affect the program's services and funding.* It's important to find out whether information that is accepted as "common knowledge" is an actual Federal or state requirement or simply information that's been passed on anecdotally. Regulations and policy guidance, particularly for complex funding sources like Medicaid, may be misunderstood or misinterpreted, resulting in missed opportunities for eligibility or additional funding.

- *Tailor and test Assertive Community Treatment (ACT) and Systems of Care models* that target youth and young adults with mental health needs.

Recommendations for State and Federal Policy Makers

The overarching recommendation for policy makers is to eliminate the "tunnels and cliffs" caused by legislation and regulations that generate barriers among the core systems serving youth and young adults. To do this will require that policy makers explore and meaningfully address the linkages between policy issues (e.g., industry skill shortages and large populations of youth unprepared for further education or employment, homelessness and un-managed mental illness, and mental illness and incidents of juvenile delinquency). In addition, state and Federal policy makers should take the following steps:

- *Scale up staff capacity in the workforce development field, including secondary education institutions, to effectively work with all youth and young adults, including those with mental health needs.* It is important to note that none of the programs incorporated substantive strategies to work with school districts in their programs, in spite of the fact that mental health issues are often first identified in school settings. Currently, many of the youth mental health practitioners who are effectively finding and expanding outreach and engagement strategies for youth and young adults with mental health needs do not have expertise in work and career preparation specifically. Career educators and workforce development professionals have that expertise, but do not have the specific knowledge of engaging young people with mental health needs. This is a classic situation of disconnection and could be addressed through demonstration projects.

- *Design and fund pilot demonstrations that develop and evaluate promising practices to transition youth and young adults with mental health needs of all severities into work, industry-relevant education, and fulfilling careers.* Gather input into the design of such pilots (including requirements for multi-agency coordination and funding commitments) from effective programs. Multiple Federal agencies should fund and implement these pilot demonstrations to promote/support state level initiatives. *The design features identified in this research should be key features of the demonstrations.* Demonstrations should additionally encourage (1) Innovative approaches to the major barriers of cross-system collaboration, including sharing information across agencies and organizations; (2) Implementation strategies that clarify and incorporate the youth voice across the

continuum of empowerment — youth driven, youth directed, and youth guided; (3) Connections that support transitional housing; and (4) Relationships with schools that create opportunities for earlier intervention to prevent the downward spiral of too many youth.

- *Create a task force to explore and address the linkages between significant, but currently disconnected, policy issues impacting youth* in their transition to adulthood and the world of work.

- *Explore state codification of models* for serving youth and young adults with mental health needs.

- *Create model Medicaid waivers for states to use* that will cover an array of services for youth and young adults with mental health needs.

The overarching recommendation for policy makers is to eliminate the "tunnels and cliffs" caused by legislation and regulations that generate barriers among the core systems serving youth and young adults.

PART V

Conclusion

Transition is an awkward period of life for any young adult. Many youth with diagnosed mental health needs experience poor transition outcomes and are among this country's least understood and most vulnerable youth. This report presents the findings from case studies of five promising program sites and identifies program design features that appear to improve transition outcomes, incorporate a holistic approach to meeting youth needs, and incorporate strong career preparation and employment components. Additionally, the report presents systems-level factors that affect success at the service delivery and individual outcome levels.

This case study research demonstrates that no one government agency, state entity, local organization, program or project, or individual can do this hard work alone. Families, programs, and governmental entities must all work together, across silos and boundaries, if there is any hope of improving the outcomes of youth with mental health needs. Policymakers at all levels of government must tap the expertise of youth with mental health needs, programs and service

> **Policy makers at all levels of government must tap the expertise of youth with mental health needs, programs and service providers, researchers, and practitioners to improve the likelihood of successful transition outcomes.**

providers, researchers, and practitioners to improve the likelihood of successful transition outcomes. Youth service professionals who work with youth with mental health needs across systems will be more successful if apprised of the policy directions, promising practices, and the views of youth and families. Successful programs must actively seek out partnerships with service agencies and organizations in their community to provide the comprehensive array of services needed by youth and young adults with mental health needs.

There is much we know, and yet so much more that we need to learn, about supporting these youth as they move from the difficult adolescent years toward independence, adulthood, work, and self sufficiency. The service-delivery and systems-level themes highlighted in this report are intended to add to the growing body of knowledge about what can be done to assist transitioning youth and young adults with mental health needs in becoming self-sufficient adults who experience personal and employment success.

APPENDICES

APPENDIX A
Matrix for Site Selection

POTENTIAL SITE	SPECIFIC FOCUS ON YOUTH W/ MENTAL HEALTH NEEDS	SPECIFIC FOCUS ON CAREERS/ WORK	PROVIDES 50% OR MORE OF SERVICES LISTED IN PROTOCOL	YOUTH INVOLVED AND YOUTH DRIVEN	INTERAGENCY COLLABORATION	EVIDENCE OF INNOVATION	SOURCE OF FUNDING
1. PROJECT ROAD (Jefferson County, Colorado)	SOMEWHAT: Ages 15-22, "youth in transition to adulthood," not explicitly focused on mental health needs	NO: but includes activities related to gaining employment, career exploration, independent living	NO	YES: Youth on advisory board	YES: Member of LINKS, statewide collaborative on systems change for children and youth with MHN; strong local relationships with workforce, mental health, human services, and community organizations	NO: In practice a drop-in center for youth with recreational activities, independent living classes, and support services	Jefferson County Mental Health Services
2. DISABILITY PROGRAM NAVIGATORS (Larimer County, Colorado)	NO: but partners with "club house" on MH cases, seeing positive results but limited to a few individuals that self-disclose MHN	YES: Housed in One-Stop Career Center so main goal of program is employment	NO	NO	SOME: Relies heavily on ability of local workforce boards to integrate and on staff to make referrals	NO: Other than partnering with Spirit Club House and one individual success story, program does not show innovative practices	Federal funds from DOL/ETA and SSA (for DPN); limited support from state WIA Title I funds
3. PROJECT RECONNECT, PYT UTAH (Salt Lake City, Utah)	YES: Ages 16-24 (was 14-25 but reductions in funding led to tighter age range) with "serious emotionally disturbance" diagnosis	YES: Uses TIP, Casey Life Skills Assessment, employability credentials, soft skills, career prep/ experience	YES	YES: "Youth-driven, family-focused"	YES: Steering committee includes DHS, JJ, courts, workforce, housing, VR, and school districts	YES: Transition coordinators trained as job coaches; five sites focus on hardest-to-serve youth; integrated cross-system approach leads to "true" wrap-around support	Started with PYT grant, now capitation payments through Medicaid

Appendix A: Matrix for Site Selection *(continued)*

POTENTIAL SITE	SPECIFIC FOCUS ON YOUTH W/ MENTAL HEALTH NEEDS	SPECIFIC FOCUS ON CAREERS/ WORK	PROVIDES 50% OR MORE OF SERVICES LISTED IN PROTOCOL	YOUTH INVOLVED AND YOUTH DRIVEN	INTERAGENCY COLLABORATION	EVIDENCE OF INNOVATION	SOURCE OF FUNDING
4. IMPROVING TRANSITION OUTCOMES/ WEST SIOUX COMMUNITY SCHOOL (Haywarden, Iowa)	NO: Serves school-age youth only; youth with all disabilities, but staff believe they effectively emphasize supports for MHN	YES: Uses CASE (Career and Self Exploration) based on intensive psychiatric rehab assessments; youth run all aspects of community coffee shop; program goal is career prep and work experience	YES	YES: but program serves only 11 students	YES: Advisory Committee represents VR, school, health, workforce development, chamber of commerce, and local non-profit	YES: Self-sustaining, fun, for-credit, work experience and introduction to career possibilities/path-ways; other schools pay to be trained on their curriculum	Originally ODEP grant, now self-sustaining and costs absorbed by school staff time
5. YOUTHBUILD MIDTOWN CONSTRUCTION PROGRAM (St. Petersburg, Florida)	YES: Students are "high risk" (many ex-offenders) with MHN, ages 16-24	YES. Hands-on construction skills, career pathway exploration, assessment, leadership development	YES	SOMEWHAT: but generally students go through traditional program	YES: Relationship with school districts, adult basic education, JJ, courts, health, and mental health systems	YES: Tight coordination with Boley Center, non-profit MH provider (day, residential, vocational, outpatient)	Federal HUD YouthBuild funds
6. YOUTH–SOURCE, SEATTLE–KING COUNTY WORKFORCE DEVELOPMENT COUNCIL (Seattle, Washington)	YES: Ages 16-21, focuses on high risk, disconnected, hidden disabilities; program no longer exists as originally intended but certain aspects remain	YES: Services highly geared to work experiences, employment; basically one-stop career center for youth w/emphasis on assessment of MHN and learning disabilities	YES	YES: Youth highly involved in own planning	YES: Strong relationships with VR, mental health, post-secondary education, Job Corps, and apprenticeships	YES: Co-location of multiple critical resources and highly trained staff in youth development and MHN assessment	WIA Title I – Youth funds and Governor's WIA 10% discretionary funds
7. STUDENT INTERVENTION TEAM/JOB CORPS (Angell, California)	SOMEWHAT: Ages 16-24, no exclusive focus on youth with MHN but have created strategies for "high risk" Job Corps students on case by case basis	YES: All services geared toward work success, including skills training, career exploration, and community living	NO	SOMEWHAT: Informally involved through program evaluation process and feedback loop	YES: Like most Job Corps Centers, staff relies on referrals to other services as needed	YES: Specific team planning strategies adopted for students struggling with program	Federal Job Corps funds

Appendix A: Matrix for Site Selection *(continued)*

POTENTIAL SITE	SPECIFIC FOCUS ON YOUTH W/ MENTAL HEALTH NEEDS	SPECIFIC FOCUS ON CAREERS/ WORK	PROVIDES 50% OR MORE OF SERVICES LISTED IN PROTOCOL	YOUTH INVOLVED AND YOUTH DRIVEN	INTERAGENCY COLLABORATION	EVIDENCE OF INNOVATION	SOURCE OF FUNDING
8. CAREER START PROJECT (11 demo sites in Vermont)	SOMEWHAT: School-age youth; focus on all disabilities with some emphasis on high risk due to psychiatric conditions	YES: Goals are career exploration, work experience, job placement, and post-secondary education; too early to determine effective practices as they are still planning systems collaborations	YES	YES: Youth on advisory councils at state and local levels	YES: Formal and informal; inclusive of MH, VR, local school districts, higher education, work-force investment boards; children and families agency	YES: 11 demos around the state that integrate policy and practice, focus on community-driven "systems change"	ODEP Transition Grant; additional support from state employment and training agency, VR, and Human Resource Investment Council
9. PROJECT RENEW/ ALLIANCE FOR COMMUNITY SUPPORTS (Manchester, New Hampshire)	YES: School-age youth defined or identified as "high risk"	YES: Career exploration, pathways, soft skills, independent living, counseling, focus on transition to post-secondary and employment	YES	YES: Youth on board of directors and feedback taken seriously	YES: Formal and informal, but in all cases strong relation-ships with UNH Institute on Disability, human services, workforce, education, local school districts, courts, juvenile justice system, community-based orgs, and public defender office	YES: Innovative use of "Futures" planning and high quality person-focused service; they work hard to keep small caseloads per staff member; serve 50/year.	Started with grants from U.S. Department of Education and State Department of Rehabilitation Services; now fee-for-service based
10. OPTIONS PROGRAM/PYT (Vancouver, Washington)	YES: Youth between ages 14 – 25; must have DSM "Axis I" diagnosis and/or be at eminent risk of out-of-home placement	YES: Uses the TIP (Transition to Independence Process) model	YES	YES: Youth involved from beginning in strategic planning; logic model changed based on youth input	YES: Informal	YES: True understanding and practice around the concept of being "youth driven" and incorporating "youth voices"; strong emphasis on building employer relationships	SAMHSA, Workforce Investment Act, managed care funding, and county's general funds

Appendix A: Matrix for Site Selection *(continued)*

POTENTIAL SITE	SPECIFIC FOCUS ON YOUTH W/ MENTAL HEALTH NEEDS	SPECIFIC FOCUS ON CAREERS/ WORK	PROVIDES 50% OR MORE OF SERVICES LISTED IN PROTOCOL	YOUTH INVOLVED AND YOUTH DRIVEN	INTERAGENCY COLLABORATION	EVIDENCE OF INNOVATION	SOURCE OF FUNDING
11. ODYSSEE PROGRAM/PYT – MAINE MEDICAL CENTER (Portland, Maine)	YES: Youth ages 14 – 21, who have had a first time hospitalization	YES: Utilizes the ACT Model, which allows program to be involved with youth wherever they are; career centered rather than mental health	YES	YES: Youth help select what goals they will monitor; youth provide direct feedback about their jobs, e.g., is it working and how	YES: Employer Consortium provides work experiences and paid employment to people with mental illness; Region 1 and Maine Children's Cabinets, Transition Linkage Coalition	YES: Strong relationship between education, VR, and mental health agencies	SAMHSA
12. OUR TOWN INTEGRATED SERVICE AGENCY (Indianapolis, Indiana)	YES: Youth 18-25 with serious mental illness; certified by state as an ACT Team; 80% of young adults served must have psychiatric diagnosis of either schizophrenia, bipolar, or major depression	YES: Has a full time employment/ educational specialist to assist members in reaching their goals	YES	YES: From beginning youth were considered members and their input was sought; still seek out their input regarding goals of the program, personal roles, and what they want to learn about	YES: Advisory group: VR, NAMI, universities, MH centers, (Supported Employment Consultation and Training); Employment Network-VR, MH centers, NAMI, consumer groups, chamber of commerce, insurance companies	YES: Not a traditional mental health center; "discovery" rather than "recovery," with discovery being more youth oriented; helping them discover their place in the world	Started with funding from Eli Lilly; major funder now Medicaid
13. TCTT – TRANSITIONAL COMMUNITY TREATMENT TEAM (Columbus, Ohio)	YES: Youth ages 14 – 22 with emotional disturbances and mental illnesses; has two specialized teams, in addition to regular TCTT teams - one for juvenile justice and another for child welfare	YES: Career preparation is key component; staff includes vocational specialist; youth often in special education when referred; refers to VR for job assessments/placements; provides general skills training; mental health VR in Franklin County (Central Ohio Vocational Alternatives)	YES	YES: Has focus groups, has a youth advisory group; each youth helps to design his or her own treatment plan, covering all life domains; if they are children, families or custodial agencies are always involved	YES: Are part of the Youth Forum, a local collaborative; do planning and staff training; some access to flex funds; team also participates in adult mental health system – involves monthly meetings of clinical directors, COVA, and residential providers; child system has more meetings around specific youth	YES: Bridging child and adult systems; staff fluent in both so youth don't get lost; age sensitive, developmentally appropriate treatment; culture of team designed to fit needs of youth; unconditional care; located at MH center so youth don't have to make another transition	Started in 1990 with Robert Wood Johnson grant for five years; Medicaid is now largest payer; has contracts for services with child welfare and juvenile justice systems, and with independent living (Chaffee funds).

Appendix A: Matrix for Site Selection *(continued)*

POTENTIAL SITE	SPECIFIC FOCUS ON YOUTH W/ MENTAL HEALTH NEEDS	SPECIFIC FOCUS ON CAREERS/ WORK	PROVIDES 50% OR MORE OF SERVICES LISTED IN PROTOCOL	YOUTH INVOLVED AND YOUTH DRIVEN	INTERAGENCY COLLABORATION	EVIDENCE OF INNOVATION	SOURCE OF FUNDING
14. JUMP START/TRANSITION AL REHABILITATION SERVICES PROJECT, CENTER FOR PSYCHIATRIC REHABILITATION SERVICES, BOSTON UNIV **(Boston, MA)**	YES: Youth ages 16-26 with a diagnosis of SED or MI	YES: Supported employment model: choose, get, and keep meaningful work	YES	YES: Youth input sought and utilized in design of program	YES: Interagency advisory group – over 50% consumers; became part of Education and Rehabilitation's advisory groups	YES: Approached problem from educational viewpoint rather than MH viewpoint; participants viewed as students and respected	Rehabilitation Services Administrations funding from 10/2002-12/2003
15. TRANSITION AGE YOUTH, THE VILLAGE INTEGRATED SERVICE AGENCY **(Los Angeles, California)**	YES: Youth ages 18-25 with "emotional disturbances, behavioral disorders, and co-occurring disorders"	YES: Program categorized into four domains: career development (comprehensive services including job matching, work experience, and other supports), community living, wellness, and housing	YES	YES: Former students act in advisory role	YES: Multi-agency referral and screening process including MH, VR, DCSS, local school district, probation, service providers, community colleges, drug and alcohol services, housing; same agencies also sit on board of directors	YES: Developmentally appropriate, or highly customized, treatment and guidance; comprehensive supports taken very seriously	Service Contracts with Los Angeles County of Mental Health; additional support from local donors and foundations
16. THRESHOLDS PSYCHIATRIC REHAB, LOREN JUHL YOUNG ADULT PROGRAM **(Chicago, Illinois)**	YES: Youth ages 16-21 with "severe mental illness"	YES: Jointly implemented with VR ("Doors") to provide job support, customized employment, work preparation, skills; community living, completion of GED, other services	YES	YES: Each individual chooses their own course; relies heavily on self-guidance, customized treatment	YES: Relationships with VR, human service agencies, employers, education, and housing (but more formal interagency contracts exist in adult programs than in young adult program)	YES: Extreme customization based on team planning regardless of severity of condition	Capitation payments via Medicaid, other state MH and DCF funds

Other Programs Scanned but Eliminated for Listed Reasons

PROGRAM	SYNOPSIS OF SCAN
JOB CORPS SITES	Communication with National Office of Job Corps and national mental health consultants to Job Corps; some leads in California (with one promising site, listed above) and Oklahoma; end findings did not show strong enough or deliberate enough focus on mental health needs.
DISABILITY PROGRAM NAVIGATORS	Contacted all states with current DPN programs (31 states) through their workforce development staff directors; some leads in Colorado, Washington State, Florida, Connecticut, and Maine; end findings did not show strong enough or deliberate enough focus on mental health needs; mostly deal with MHN as they arise.
YOUTH BUILD	Communication with Youth Build Affiliated Network and Board of Directors, which sent survey out to members; low response rates; some leads in Massachusetts, Texas, Florida, but end findings did not show deliberate focus on mental health or specific promising practices transitioning youth with MHNs.
YOUTH OPPORTUNITY	Contacted project directors for DOL Regions 1-6; referrals to sites in San Diego and Seattle; many sites de-funded, expired, or changed focus. Little indication of deliberate focus on MHN or development of effective practices serving youth with MHN.
MIGRANT/SEASONAL FARMWORKERS	Youth programs expired in 2004.
NATIONAL GUARD CHALLENGE	26 states have programs that focus on at-risk youth age 16-18 and emphasize job skills training, life skills, and leadership; programs eliminate youth with substance abuse or unlawful records; end findings do not show significant MH focus.
YOUTH PRISONER RE–ENTRY GRANTS	Discussed Juvenile Ready4Work initiatives (Seattle, Houston, Brooklyn, New York City, Camden NJ, Los Angeles, Boston) funded by DOL and private sources; PPV's senior staff in faith-based and community partnerships believed sites were too early in development to determine specific, effective practices for youth with MHN.
INTERMEDIARY GRANTS (ODEP)	Researched past or existing grants in AL, CA, CO, IA, MA, MN, NH and VT for specific mental health focus; one lead in Iowa, but in reality a weak focus on MHN.
ADULT CUSTOMIZED EMPLOYMENT GRANTS (ODEP)	Reviewed profiles of 20 programs (AL, AK, CA, GA, IL, IN, MA, MD, MI, MN, MT, NY, TN, TX, VA, WA) – some very promising programs deliberately integrating employment and training services for persons with disabilities into One-Stop Career Centers, *and* some with specific target of MHN/psychiatric disabilities/emotional disturbances. Upon follow-up, none demonstrated the combined, deliberate focus on youth or young adults *and* persons with MHN or psychiatric disabilities. Would be worth additional research and comparison study with youth/young adult programs, but realistically outside scope of this project.
OLMSTEAD WORKFORCE ACTION GRANTS (ODEP)	Inquiries made into 6 programs (GA, IL, MA, MD, TN, WA) – some very promising activities, but no programs could meet combined criteria of 1) Focus on youth or young adults; 2) Focus on MHN or psychiatric disabilities; and 3) Still in existence or lasting elements incorporated into participating systems post-grant period; not within scope of this project.

APPENDIX B

Detailed Methodology and Research Design

The methodology for this research, designed by researchers and staff at NCWD/Youth and approved by ODEP, included the following components:

1. National scans of promising practice sites and programs, including interviews with key informants;

2. Identification of sites and programs effectively focusing on career development and youth/young adults with mental health conditions;

3. Development of initial protocol for telephone interviews and collection of information using the telephone interview protocol;

4. Analysis and identification of potential case study sites based on preliminary findings from telephone interviews;

5. Development of site visit protocols, including interview questions for various program staff members, youth, and family members;

6. On-site visits to five final programs;

7. Analysis of information collected through on-site interviews and summary of findings in case study reports;

8. Follow-up with programs, as needed; and,

9. Preparation of this report in order to document promising practices.

Criteria for initial consideration during the national scan included evidence of a dual focus on youth and young adults with psychiatric disabilities or mental health conditions, *and* on career preparation, work-based experience, employment, and employment-related services. Criteria did not limit consideration to state-driven, locally-driven, or privately-driven programs. The intent was to identify any program, regardless of its public or private roots or funding sources, which effectively serves youth/young adults with mental health conditions in transitioning successfully to independence.

Information was gathered from a wide network of potential programs and relied heavily on referrals and suggestions from individuals who are knowledgeable on the subject. Scans began with programs funded by the U.S. Department of Labor (DOL) and the Substance Abuse and Mental Health Services Administration (SAMHSA) in the U.S. Department of Health and Human Services, and were broadened to additional Federal, state, and private programs through key informant interviews. The scan began with SAMHSA Partnerships for Youth in Transition (PYT) grants. Through key interviews with PYT directors and researchers, additional programs were identified within state and local mental health agencies. On the workforce development and career preparation side, the scan included state and local Workforce Investment Boards; High School/High Tech programs; ODEP's Olmstead Workforce Action Grants, Adult Customized Employment Grants, and Youth Intermediary Grants; the National Guard Challenge; and DOL's Youth Prisoner Re-entry Grants, migrant and seasonal farm worker youth programs, Youth Opportunity programs, Youth Build programs, Disability Program Navigators, and Job Corps sites.

If programs appeared to meet the criteria of a dual focus on career preparation and transition of youth/young adults with mental health conditions, and were still in operation, telephone interviews were scheduled to probe for additional information. A protocol was developed to frame telephone interviews and the questions were used as formal interview queries into the following topics:

- Youth-driven and youth-guided approaches;

- Funding sources;

- Services related to school-based preparatory experiences, career preparation, and work-based learning experiences;

- Philosophy and approach to mental health services;

- Youth development and leadership;

- Connecting activities;

- Family involvement;

- Efforts to prevent "falling through the cracks" during transitions from child to adult service systems; and,

- Evidence of formalized structures of interagency collaboration.

While certain programs meeting most or all of these criteria rose to the top for final selection, additional criteria also played an important role in the final recommendations made to ODEP for further study, including the following:

- Evidence that multiple systems committed some financial resources to the program;

- Emphasis on transition staff;

- Confirmation that multiple and individualized "wrap-around" approaches for addressing comprehensive needs are available;

- Some evidence of scale or caseload based on reconciling often high client intake numbers for workforce programs and smaller caseloads for mental health services;

- A diversity of target populations across the programs representing a range of condition severity, from "at risk" youth and young adults to those with specific psychiatric diagnoses such as schizophrenia, bipolar disorder, and depression;

- A spread as to origins of program, e.g., the workforce, adult mental health, and children's mental health systems;

- A diversity of models selected, e.g., Transition to Independence Program (TIP), adaptation of Assertive Community Treatment (ACT), expansion of System of Care (SOC) model, and workforce development models; and,

- Geographic distribution.

> **The final five contributing sites were selected based on ODEP's objective of identifying promising practices across a broad spectrum of condition severity.**

Upon vetting the results of 17 telephone interviews, a set of nine (total) first and second tier sites were recommended to ODEP for in-depth case studies. The final five contributing sites were selected based on ODEP's objective of identifying promising practices across a broad spectrum of condition severity. Final choices also were made based on site availability for site visits.

Researchers designed detailed site visit protocols, which served as guides for in-depth conversations with multiple on-site staff members, youth clients, and family members where available. Interview protocols were designed for program directors, case managers or their equivalent, mental health providers, employment-related service providers (employment specialists or their equivalent), youth focus groups, and family member focus groups.

The unique features of each site lent themselves to a wide range of emphases and program elements, depending on the individual program mission statements, funding source requirements, and available resources.

As a result, researchers utilized the interview protocols as guides to the following lines of inquiry:

1. The history of the program, including mission, target population, evolution of the program to its current form, and self-reported promising practices;

2. The program model and primary features, including information on evidence-based practices utilized or modified as part of the program;

3. The guiding structure of the program, such as advisory boards, youth and family involvement, funding sources, and interagency collaboration;

4. Details of management and operations, including staffing charts, staff competencies, partnerships in the community to provide needed and complementary services, and internal/external information management;

5. The array of services offered to youth clients including, but not limited to, school-based preparatory experiences, career preparation and work-based learning experiences, youth development and leadership opportunities, connecting/wrap-around or support services, and others;

6. The services rendered and the experience of the client in the program from intake to exit;

7. The process of quality monitoring and quality improvement; and,

8. The relationship to the larger service delivery system and to state policy.

The detailed findings from each site visit are fully summarized in Appendices C-G. Synopses of each case study are included in the report.

APPENDIX C

The Village Integrated Service Agency Transitional Age Youth Program

NATIONAL MENTAL HEALTH ASSOCIATION OF GREATER LOS ANGELES
LONG BEACH, CALIFORNIA

I. BACKGROUND

A. Site Visit

On June 7-8, 2007, the Institute for Educational Leadership's National Collaborative on Workforce and Disability for Youth (NCWD/Youth) conducted a site visit at The Village Integrated Service Agency (ISA) Transitional Age Youth Program in Long Beach, California. The visit was part of a study sponsored by the U.S. Department of Labor's Office of Disability Employment (ODEP) to identify promising practices and develop new knowledge on effective practices for helping youth with mental health needs transition to postsecondary education and/or employment. The site visit included interviews with the project director, members of the service team (encompassing career development, case management, mental health, education, and team coordination), and two group discussions with student members and family representatives.

B. Program History

In 1999, the California Legislature passed Assembly Bill 34 (AB34) to systematically address the needs of people with severe mental illness. "AB34 programs" provide intensive supports to individuals with serious mental illness in order to reduce homelessness, incarceration and hospitalizations, and to increase education and employment. In 2000, follow-up legislation expanded this mandate to target youth (age 25 or younger) with severe mental illness.

While most AB34 programs elected to serve both adults and youth as one client group, The Village chose a more specialized approach for youth and, as a result, two programs operate in Long Beach, each on their own site: one for adults with mental illness and one for youth with mental illness.

The Mental Health Association in Los Angeles County developed the Village ISA model, a recovery-based, community integration model that has been successful in helping individuals with severe mental illness reduce their hospitalization and incarceration rates, increase competitive employment, and improve housing and financial status. The Village utilizes a psycho-social, educational model of recovery based on the evidence-based Assertive Community Treatment (ACT). The TAY program is modeled after The Village ISA, but has and continues to adapt its services to meet the unique needs of youth. For example, they have "re-imagined" the recovery model into a "discovery model" that takes into account the developmental readiness of young people to become independent. The Village was awarded the distinction of being deemed an "exemplary practice" by both the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Mental Health Association (now Mental Health America).

1. Target Population — TAY's target population is young adults ages 18-25 with mental illness or emotional disturbances, who are homeless, at-risk of becoming homeless, or exiting the corrections

system. Youth may be aging out of the children's mental health system, child welfare or juvenile justice, or they may be leaving long-term institutional care. Youth must live or be willing to live in Long Beach, and cannot have a pattern of violence in their history. Current enrollment is about 72 clients, and the typical client has no established income, no family or natural supports, no housing, no health insurance, no high school diploma or equivalent credential, and little ability to get basic needs met. Data indicates that about one-third of the clients are African American, one-third Latino, and one-third Caucasian. Most clients are referred from the Department of Children and Family Services (about 70 youth), and others enter the program from jails, hospitals, Children's Mental Health services, schools, or through self- or family-referrals. Currently all clients except one (a 21-year-old enrolled in special education classes) are out-of-school youth. Diagnostic impressions indicate about two-thirds of the clients have severe mental health diagnoses (bipolar disorder, depression, schizophrenia, other personality disorders) and one-third have Post-Traumatic Stress Disorder. About 60 have abused drugs and alcohol, and about one-third have some sort of significant cognitive impairment. Dual or multiple-diagnoses are the norm, not the exception.

2. Program Mission — TAY's mission is to mentor young adults with emotional and behavioral difficulties in discovering their strengths and accomplishing their goals in careers, relationships, homes, and wellness in the Long Beach community. Staff members described the mission of the program as the following: to provide options and choices that allow young people to design and implement their own life game plan. This means addressing crises and undertaking vision exercises that allow them to identify goals and the path to get to them. In the meantime, staff must make sure that the vast array of supports is provided so individual youth do not permanently fail. This includes housing, income, health insurance, travel training, anger management, education attainment, skills attainment, work experience, exposure to options, socialization, and medication management. Most importantly, staff purport that "meeting youth where they're at" is a

critical success factor to achieving the above mission statement.

3. Defining Features — Because TAY is transforming a well established adult-oriented recovery model into a more developmentally appropriate "discovery model," the guiding principles, practices, and policies emphasize the importance of balancing "tough love" and passion with documented promising practices. The project director emphasized a "do not give up" attitude and said that failure in all cases is simply another opportunity to try something different. This mantra is repeated to member clients and staff. TAY is an intensive case management model that serves members across four essential "life domains" – Career Development, Housing, Community Living, and Wellness. These domains and the programs, principles, and program features are the centerpieces for staff development and day-to-day operations. They are also used in TAY's "immersion training" for Mental Health Association staff in other counties. Each domain is seen as equally vital for success and the program follows a continuum of developmental readiness in each, depending on the member's needs. (The domains are explained in more detail in Part D, below). Informally, the Director emphasizes these guiding "mantras" for TAY staff members:

- Be passionate about working with young adults or stay home.

- One of the primary goals of TAY services should be the diversion of young adults with emotional and behavioral disorders from the mental health and criminal justice systems.

- Young adults with emotional/behavioral disorders (EBD) are at a psycho-social stage where they are exploring and forming new, adult roles (identity formation) that will probably influence behavior more than any other factor. Services will be most cost-effective if an array of age appropriate, normalized experiences ("exposures") unrelated to mental health is offered at initial and on-going interventions.

- Seek not just to educate and inform, but to inspire.

- If young adults with emotional and behavioral difficulties are to transcend the confining boundaries of the disability and mental health systems, providers must transcend the boundaries of the disability and the mental health systems. Partnerships must be established with institutions of education, job training, and youth development.

- Most young adults avoid the mental health system for good reasons – it is rarely welcoming, tolerant or cool. Effective TAY services must adopt more youth-friendly approaches and environments.

- If the "average" American young adult does not fully "emancipate" from their families until age 28, it is not reasonable to expect young adults with EBD, many with little or no family support, to emancipate successfully at age 18.

- Know that today you will be ignored, dismissed, and cursed at for things that you will be thanked for profusely years later. (Unless you're wrong, in which case you will just be ignored, dismissed and cursed at).

- Remember all the dangerous, ill-advised, destructive things you and your friends may have done as a transition-age youth and consider that many of the disturbing behaviors that you are witnessing are not due to mental illness or deep-seated pathology.

Program features emphasize the following guideposts:

- It's critical to identify developmentally appropriate housing, including family-like settings with caring adults and peer-mediated college dorm, semi-independent apartments. TAY offers rent subsidies based on client engagement in education, job training, and/or work. The program also operates a 12-unit apartment complex for young adults ready to live without 24/7 supervision.

- Career development should be at the center of any TAY "System of Care" with mental health and dual disorder services aimed at removing barriers to achievement in these areas.

- Helping young adults with EBD qualify for SSI may compromise their long-term goals for short-term survival and stability — explore other funding sources and housing subsidies as well.

- Strategies to reduce early parenthood are crucial.

> **The project director emphasized a "do not give up" attitude and said that failure in all cases is simply another opportunity to try something different.**

4. Funding — TAY is funded to serve up to 100 clients primarily using AB34 funding through MediCal (California's Medicaid program) and through a "full service" partnership under the 2004 California Proposition 63 Mental Health Services Act (MHSA). MHSA funds were made available in January 2006 and provided TAY an opportunity to renovate a site independent from The Village program for adults.

MHSA stipulates that the California State Department of Mental Health contracts with county mental health departments to develop and manage the implementation of a comprehensive mental health system, including community program planning, services and supports, capital (buildings), and information technology, education and training, prevention and early intervention for children, youths, adults and older adults with serious emotional disturbances and/or severe mental illness. It has been hailed as the most important mental health act since deinstitutionalization and focuses on the following goals:

- To define serious mental illness among children, adults, and seniors as a condition deserving priority attention, including prevention and early intervention services, and medical and supportive care.

- To reduce the long-term adverse impact on individuals, families, and state and local budgets resulting from untreated serious mental illness.

- To expand the kinds of successful innovative service programs for children, adults, and seniors begun in California, including culturally and linguistically competent approaches for underserved populations. These programs have already demonstrated their effectiveness in providing outreach and integrated services, including furnishing medically necessary psychiatric services and other services to individuals most severely affected by or at risk of serious mental illness.

- To provide state and local funds to adequately meet the needs of all children and adults who can be identified and enrolled in programs under this measure. State funds shall be available for needs that are not already covered by Federally sponsored programs or by individuals' or families' insurance programs.

- To ensure that all funds are expended in the most cost effective manner and services are provided in accordance with recommended best practices, subject to local and state oversight to ensure accountability to taxpayers and the public.

II. PROGRAM DESCRIPTION: SYSTEM LEVEL

A. Guiding Structure

The National Mental Health Association of Greater Los Angeles (MHALA) administers the TAY program and it is tightly affiliated with The Village adult program. As such, TAY is governed by the policies and regulations of MHALA and The Village Board, and does not have a separate governing body.

B. Management and Operations

1. Staffing — A director, team coordinator, eight mentors, one psychiatrist, one career developer, one part-time education specialist, and two student aides staff the program. Additionally, a registered nurse intern volunteers on-site three days per week. Student aides are a unique addition to the staff because they are former clients of the program, and are responsible for hands-on motivation and guidance to current clients. They also play a key role

in advising the evolution and improvement of the program. Individual staff members bring strong backgrounds in social work, drug and alcohol counseling, mental/behavioral health, anger management, domestic violence and sexual assault counseling, youth development, Social Security and other income benefits, juvenile justice system navigation, and education. However, TAY's director emphasized that there is not a set of specific degrees or experiences that determine staff competency. Most important is a personality that "doesn't flinch," never gives up, and that can build relationships with youth and creatively find ways to customize services to client needs. In the past, an important factor was hiring individuals who themselves are consumers in recovery. This is still important, but has been expanded to hiring staff with "street cred," especially those who can relate to the urban youth the program serves. Program staff are guided by the following informal, but widely accepted, principles:

- Recognize and support developmentally appropriate relationships with young adults that may include being a coach, teacher, mentor, sponsor, "awakener," learner, and even proxy parent.

- Seek balance in all programmatic efforts and be prepared to adjust them often as needs change, for instance:

  ~ Doing for or with young adults versus letting them do for themselves;

  ~ Protecting and buffering young adults from natural consequences versus allowing them full contact with the natural consequences; and,

  ~ Accepting a great deal of vile, obnoxious banter versus teaching and coaching more acceptable styles of communication.

- Don't be afraid to incentivize, reward, and make outright bribes for constructive behaviors – remember you're often competing with crack, Nintendo, and incredible lethargy.

- Involve members in activities that encourage them to practice delayed gratification, cause and effect, and planning skills.

- Accept and understand the current behavior without assuming its permanence. Repeat to yourself "it's just a phase, it's just a phase."

- Develop exposure strategies for providing the life experiences that often precede the choosing, getting, and keeping of jobs, permanent housing, and relationships.

- Consider "entitlement issues" (the expectation that others will provide for you) as an age-appropriate attitude.

- Get in touch with your "inner parent," e.g., don't be afraid to encourage getting up by shaking the bed, pulling covers, and making snippy comments.

- If people being punctual and keeping their appointments is really important to you, you may want to consider another line of work.

2. Information Management — Internally, staff members stay in close contact and regular communication about individual youth clients. This occurs through sharing case notes, centralized filing, email, and one-on-one conversations. These are in addition to daily morning staff meetings, weekly two-hour meetings to review the status of all clients, and three team meetings per week to discuss progress and needs of individual clients based on the program's service provision in three general stages: Rollin' In, Tunin' Up, and Rockin' Out (described further in Part III). TAY is a "non-disclosure" entity, which means the program can't share information with external agencies except with hospitals in emergency situations. Strong relationships exist between TAY and the local City College Disabled Student Center. The program also has a contract with SoberLiving, a residential drug and alcohol treatment site where some TAY clients live. The program director also is a member of the local Workforce Investment Board Youth Advisory Council and coordinates community inter-agency meetings on the needs of transition-age youth in Long Beach (the Long Beach TAY Collaborative).

3. Training — In addition to orientation, new staff spend two weeks in crisis intervention, First Aid/CPR, cultural diversity, and psychiatric trainings

from the on-site psychiatrist. Staff members also attend mandatory monthly in-service trainings on various topics, and participate in external trainings to maintain continuing education requirements that are associated with existing degrees or certifications. TAY offers scholarships to staff members in order to take external trainings or courses. According to staff, "ad hoc" capacity- and knowledge-building occurs regularly through sharing articles, talking with the psychiatrist on site, and during staff meetings. Staff are well-versed and follow the *Transition to Independence Process* (TIP) guidelines, with some modifications:

- *Engage young people through relationship development, person-centered planning and a focus on their futures.* Staff repeat the importance of customized attention and support for each individual, and emphasize the need to listen to their clients without making assumptions about their needs or failures. Staff assert that youth know immediately if they are not being heard.

- *Tailor services and supports to be accessible, coordinated, developmentally appropriate, and built on strengths to enable young people to pursue their goals in all transition domains.* Developmentally appropriate support is a keystone of service for program staff. Members of the staff emphasized that understanding developmental appropriateness means understanding that individuals may behave more youthfully than their chronological age assumes *and* also, in some cases, individuals may behave older. Youth aging out of foster care, for example, in many cases behave older (as a result of having to "grow up fast") but may act out in anger (indicative of younger behavior) due to post-traumatic stress.

- *Acknowledge and develop personal choice and social responsibility with young people.* At TAY this guideline expresses itself most in the emphasis on career exposure. In order for an individual to choose, find, and retain a job, they first must be exposed to their employment options. All staff are responsible for exposing youth to career paths, and clients follow a path to employment that meets their readiness and increases their capacities.

- *Ensure that a safety-net of support is provided by a young person's team, parents, and other natural supports.* Staff members consistently report that for most clients, natural supports in the form of parents or family are non-existent. For those who do have parents nearby, they are often mistrusted or in some cases part of the problem for youth attempting to live independently. For this reason, program staff must balance unconditional support and commitment with opportunities for self-growth that often come from trying and failing.

- *Enhance a young person's competencies to assist them in achieving greater self-sufficiency and confidence.* At TAY, staff members are much more than case managers. They ride buses with clients, go to coffee shops, walk the streets, visit places of employment, go grocery shopping, go to the laundry mat, and go camping together. Staff believe that this is the only true way to achieve the day-to-day mentoring and teaching that is necessitated by youth who have never previously had consistent life teachers. Every event in a single day is an opportunity to identify strengths, weaknesses, interests, and opportunities.

- *Maintain an outcome focus in the TIP system at the individual young person, program, and system levels.* (See discussion below in Part III.)

The project director and education specialist independently cited "Dialectical Behavioral Training (DBT)" as a needed but missing piece of staff development. "No one just does their job description; we all do emotionality full time." DBT offers methods for coping with sudden, intense surges of emotion that are common for many youth with emotional disturbances by teaching four sets of specific skills: Mindfulness, Interpersonal Effectiveness, Emotional Regulation, and Distress Tolerance. The director also is considering motivational interviewing skills training, so that staff members are better able to draw out self-driven,

Every event in a single day is an opportunity to identify strengths, weaknesses, interests, and opportunities.

constructive behaviors, and decision-making by youth. Additionally, the program is recruiting an occupational therapist to fill what the director calls a learning gap for clients and a teaching gap for staff members. Staff members attended a training session on "systematic" instruction to teach them how to recognize which cues or prompts best help individual learners complete a task, as opposed to assuming that only one way exists.

III. PROGRAM DESCRIPTION: SERVICE DELIVERY LEVEL

A. Primary Components of the Program

TAY offers a comprehensive array of integrated services and supports:

- *Supported education* — All program staff are responsible for helping students achieve their educational goals. In addition, a part-time education specialist facilitates education remediation, online GED attainment, and preparation to access and take advantage of educational opportunities in the community.

- *Employment and work experience* — TAY places a heavy emphasis on exposure to jobs and career opportunities, work experience, career preparation, gaining and retaining employment.

- *Referrals to supported housing, direct provision of housing, and rental subsidies based on engagement in education or work* — The lack of appropriate housing is a significant challenge for most clients. TAY staff spend significant portions of time working with clients to identify and secure stable, developmentally appropriate housing for each individual. This requires strong relationships with transitional housing programs, such as SoberLiving. TAY also operates a 12-unit apartment complex for clients who are ready to live independently but still need independent living skills training, support, and regular contact with program staff. Until February 2007, the program provided 24/7

on-site supervision of a dorm-style apartment building. Due to staffing costs, this was eliminated. Today, two housing specialists spend evenings and weekends at the 12-unit complex and making the rounds to clients living independently, with their families, or in other transitional housing programs. Additionally, the program offers rental subsidies to clients who remain engaged in education, training, or work.

- *Income/benefits advocacy and money management* — Staff educate clients daily and as needed on financial budgeting and planning, including benefits management, if clients are receiving Social Security disability benefits.

- *Social programming* — All staff members are responsible for organizing social events including field trips, excursions to coffee shops, annual camping trips, and other opportunities to network and have fun.

- *Dual diagnosis services* — The presence of a psychiatrist on-site allows clients and staff to identify and learn to manage dual- or multiple-diagnoses. Staff members, however, are committed to working with the client based on their unique identity, characteristics, and life goals beyond their clinical diagnosis.

- *Psychiatric/medication counseling* — All clients have access to the on-site psychiatrist and staff members certified in mental health counseling.

- *Life coaching* — This is a daily service which staff provide to clients and it takes shape in many ways, including side-by-side mentoring, one-on-one conversations, group work, assistance with job applications, bank account management, transportation, making and keeping appointments, getting a driver's license or other form of identification, and mediating with landlords and roommates.

Across these services, the program is conceptualized into the four previously-mentioned life domains (Career Development, Housing, Community

> **If staff members do not hear from a client for an extended period of time, they will conduct scans of hospitals and jails.**

Living, and Wellness), and across three developmentally appropriate phases (Rollin' In, Tunin' Up, and Rockin' Out). Staff pay close attention to this model. Information is managed and shared based on where the individual client is on the matrix [see chart on next page]. However, staff do not assume that individual clients fit into one phase, such as Rollin' In, for *all* life domains. Each client is individually assessed based on their abilities and needs in each life domain, resulting in a customized mix of services and support for clients. [Illustrated in the chart at the end of this appendix.]

In addition to group work, one-on-one mentoring, specific activities related to housing, education, career development, and life skills, the program offers daily classes on a variety of topics, e.g., writing, oral presentation, artistic expression, story telling, photography, and trust after trauma. TAY is a "token society," meaning clients receive financial incentives in the form of "TAY dollars" to attend these classes. TAY dollars are certificates that can be spent at the local pizza parlor or the general store next door.

Staff members attempt to work with all clients at least once per week, which sometimes involves home visits. If staff members do not hear from a client for an extended period of time, they will conduct scans of hospitals and jails and some staff reported intensive searches in cases where cause for serious concerns existed.

B. School-Based Preparatory and Career Preparation Experiences

Most TAY clients have a history of interrupted, failed, and frustrating experiences with the education system. The education specialist noted that many are also functionally illiterate, which means TAY must address remediation and trust issues at the same time. Re-introducing clients at their own pace, and finding ways to motivate them to overcome their discouragement, are critical components of success.

Assessment, exposure, engagement, and support are the cornerstones of the program's education component. However, heavy assessment is not emphasized because of the stigma it creates and because clients have likely been through countless assessments during their lives. Instead, the education specialist uses two basic tools: (1) an education inventory consisting of 10 questions about an individual's school history and subject interests; and (2) the San Diego Quick Assessment, a list of words grouped by difficulty that individuals are instructed to read aloud. A score is given based on how many words in each group are missed by the individual. As client members progress in the program, heavier assessments may be used, but only when the client chooses and sees the need in order to move toward educational goals.

Staff relentlessly look for opportunities to expose youth to the many choices they have to continue their education. The program maintains a strong relationship with the Long Beach City College Office of Disabled Students Programs and Services (DSPS), with that office helping youth navigate course catalogues, financial aid, and daily routines on campus. The partnership with City College also provides opportunities for staff to expose clients to college life through college tours, sitting in on classes, eating pizza on "the quad," and exploring course catalogues.

Staff engage clients at individual levels of needed remediation during one-on-one customized tutoring sessions, and use a variety of resources including the *Laubach Way to Reading* materials. TAY recently purchased the online *PLATO Simulated GED Test Package* for clients pursuing their GED certificate after noticing that clients using the same program at the Long Beach School for Adults were not successfully progressing. Barriers included transportation issues, waiting lists for computers, and an open-space computer lab. TAY staff report that clients achieve greater success when they receive on-site, one-on-one attention in a closed room setting where they do not feel embarrassed or intimidated. As with all program components, staff members practice the "never give up" approach to supported education. For example, in order to

discover one client's barriers to college success, at the time of the site visit a TAY staff member was co-enrolling in a City College class with a client who had enrolled in college for the past four years but never completed any courses.

Career preparation and development at TAY involves all staff members along a continuum of services: "Discover, Assess, Plan, Intervene, and Evaluate." The director describes the approach to career development as "the wherever you're at, there you are" model, and emphasizes that for all youth (not just youth with mental health needs), trial and error is the only key to successfully finding a job or career that fits an individual's interests and strengths. The "Discover" phase of career development, therefore, is ongoing. The program's career developer emphasizes discovering core strengths (called "core gifts"), and "career cruising" (e.g., taking a trip to the airport that highlights 27 jobs, their pay scales, and the skills required).

The "Assess" phase incorporates a "Five-Day Checklist Extravaganza Assessment" for work readiness. The Assessment places clients in three worksites (deli, maintenance, and clerical) at The Village ISA site over a five-day period and they are assessed in seven areas: (1) attendance/punctuality/stamina/breaks; (2) attitude/relations with others; (3) hygiene; (4) acceptance of feedback/suggestions; (5) following instructions; (6) ability and performance; and (7) worksite-specific skills. Following the assessment, the client and staff members determine the next steps (the "Plan" phase). This leads to decisions and actions (the "Intervene" phase) to find and secure employment in the community, participate in a one week or one month subsidized internship with partner employers, return to one of the three Village ISA worksites for three months of further work experience, or an alternative choice (such as further "career cruising", pursuing education goals, or managing day-to-day living needs).

The director and career developer agreed that real world work experience that provides on-the-job skills training, soft skills development, and income is the critical set of elements preferred by clients. TAY

clients veer away from education and training that is not integrated with work, partly because they need immediate income in addition to skills upgrading. The director and career developer also were very candid in their assessment of how well the five-day "Extravaganza", three months of work experience, and subsidized internships work for this age-group overall. A recent assessment showed that 11 out of 20 clients successfully completed the Extravaganza during July and August 2007, but only two were still working one month later. These outcomes are forcing staff to question what may be developmentally appropriate expectations for clients, including expectations of work-readiness. "Just showing up to work requires a dozen different behaviors: setting the alarm, responding to an alarm, getting up, taking a shower, brushing your teeth, getting dressed in work appropriate clothes, making breakfast, checking the clock, locking your door, getting on the bus, getting off the bus, smiling and greeting co-workers. Successfully doing this once is a lot, but doing it everyday can be extremely challenging." For those clients not ready to engage in regular work, the program is finding success by engaging them in day work (such as through event planner temporary agencies).

For TAY clients who are able to participate in training, they can access community training programs such as those offered by Goodwill Industries; Project Move, which offers a certificate in retail; the Long Beach School District Regional Occupational Center, with approximately 50 courses and certificates in a variety of fields, such as landscaping, animal care, auto repair, medical billing, and clerical occupations; or the Los Angeles Opportunities Industrialization Center, with vocational training in computer maintenance, office software, automotive technology, culinary arts, and retail sales.

Staff report only limited partnering with the local Workforce Investment One-Stop Career Center, which is perceived as serving mostly adults. The Career Center operates a Construction Apprenticeship and Certificate program, but TAY clients have not been ready for the five days a week, eight hours a day schedule that it requires. The Career Center also has three Disability Program Navigators, but they specialize in navigating services for the clients who have developmental disabilities or who are blind or deaf.

C. Youth Development and Leadership

TAY utilizes *Vision Quest*, a customized individual life plan that clients design with guidance from staff members during their "Rollin' In" phase of service. The plan is updated regularly as goals are fulfilled or as they change. Over the course of multiple one-on-one interview sessions with mentors, the career developer, the education specialist, the psychiatrist, and others, clients address the following topics: What Wellness Means to Me; Career of My Dreams; Where and How I want to Live; When I Go to School, What I Want to Learn; and The Kinds of Relationships I Want in My Life. Staff members and clients report that this approach maximizes the ability of clients to drive their own service plans.

Core responsibilities of TAY staff are mentoring, serving as role models, training clients in self-advocacy and conflict resolution, exposing clients to opportunities that will allow them to make good choices, and assisting them in building self-esteem and becoming empowered by their lives and decisions. This was emphasized by staff members during interviews, and is particularly evident in the description of required staff competencies.

An element of service related to youth development highlighted by one staff member was regular "walk and talks", a coordinated walk around the neighborhood where clients are paired together and encouraged to share what is going on in their lives in a constructive way. Staff provide tips on how to ask questions, how to share personal perspectives, and how to keep conversations flowing. The simple exercise builds trust, strengthens relationships, and teaches communication and how to relate to others in everyday settings.

As previously mentioned, two former TAY clients are employed as student aides and work full time to coordinate services, mentor clients, and guide the program from a youth point-of-view.

D. Connecting Activities

Staff members unanimously cite connecting and support services as a significant proportion of their work with clients. All staff are responsible for hands-on assistance to clients to secure housing, made increasingly difficult by the loss of their dormitory-style supervised residency in February 2007. Staff members also assist with obtaining personal documentation (e.g., driver's licenses, birth certificates, library cards, and voter registration cards). TAY assists clients with transportation training, and staff members offer their own transportation to clients as needed (although the director asks staff members to set boundaries on how they use personal resources and time to assist clients). Staff offer financial planning/management classes and one-on-one mentoring, and regular benefits counseling, tutoring, and connections to other community services. In addition, they plan and coordinate recreational activities, including trips to art festivals and camping trips. Fun is a critical component of daily activities, as evidenced during the site visit by a spontaneous "client vs. mentor" race in the alley, which everyone in the building attended to cheer on the runners.

> TAY utilizes Vision Quest, a customized individual life plan that clients design with guidance from staff members.

E. Entry into Services

Clients are referred to the program from courts, judges, probation officers, children's mental health, child welfare, schools, and other community sources. Self- or family-referrals also occur but are less common. The Department of Children and Families refers most clients. Additionally, "TAY Impact" meetings, convened by the Mental Health Association of Greater Los Angeles, serve as assessment and referral meetings where community service providers (such as TAY) review new cases from child mental health, homeless programs, child welfare, and other systems. As a group, they identify the best fit for new clients and some TAY clients arrive to the program through this process.

Enrollment begins with the administrative task of entering the client into The Village system, which includes intake information such as eligibility, access to health insurance, possession of identification, presence of family or natural supports, and immediate health or housing needs. Clients then begin working with staff to create their "VisionQuest," which becomes their individual service plan. New clients are guided through a series of appointments in order to create the VisionQuest, including appointments for housing, career goals, education assessment and goals, and with the psychiatrist. In addition to the VisionQuest goals, the service plan identifies mental health and functional goals which, like all the goals, are developed by the client with staff guidance.

Formal updates of the VisionQuest are done every six months, but informal updates occur regularly depending on the client's progress, development, and decisions about his/her future. Clients have access to all staff members and are not assigned one staff member as their primary contact. The ratio of staff to clients is approximately one to six, which allows staff and clients to develop close relationships.

F. Quality Monitoring

As an AB34-funded program, TAY is required to collect before (pre-enrollment) and after (post-enrollment) changes over 12 months and across nine "quality of life" domains: (1) Residential (i.e., where the client is living); (2) Employment (i.e., the client's involvement with unpaid/paid work); (3) Education (i.e., the member's involvement in school or training); (4) Legal (i.e., the extent of contact with the criminal justice system); (5) Income (i.e., the member's financial assets); (6) Conservatorship (i.e., whether the member has control over life decisions); (7) Payeeship (i.e., the member's control over his/her money); (8) Incarceration (i.e., whether or not the client has been incarcerated); and (9) Hospitalization (i.e., to what extent the client has been hospitalized).

Since 1995, The Village ISA has collected outcomes data in these domains across 15 programs operated by the Mental Health Association of Los Angeles (MHALA), including TAY, resulting in data on at least 1,600 clients. The Village ISA "outcomes" staff, along with MHALA, coordinate the monthly aggregation of data across the programs in order to produce the county's monthly report card due to the State of California. Annualized data in July 2007 indicated that for those clients enrolled for an average of six months almost 60 achieved some level of employment (less than 20 hours per week), incarceration episodes decreased by 17, and hospitalization episodes also decreased by 17. For clients enrolled for at least one year, almost 100 achieved some level of employment, incarceration episodes decreased by 50, hospitalizations decreased by almost 100, and homelessness decreased by 44. In addition to participating in outcomes collection described above, TAY bases individual and program progress on feedback from the clients, and emphasizes that progress will look very different for each client based on their needs and personal goals.

> The message for TAY clients is that work — and the education and training that moves an individual into work — is a "vital necessity of life."

IV. RELATIONSHIP TO STATE

As described in the background section above, California has actively re-structured their mental health system through AB34 requirements and the Mental Health Services Act, both of which are implemented through county mental health associations. As a MHALA program, TAY is therefore indirectly accountable to the State for its integrated service provisions and its outcomes. TAY plays a unique role in that they provide training to other county programs around the State. In that capacity, TAY has the opportunity to influence statewide service principles and practices to transition-age youth.

V. LESSONS LEARNED

A. Most Important Achievements

From the outset, TAY has felt strongly about employment and work. The message for TAY clients is that work — and the education and training that moves an individual into work — is a "vital necessity of life." Exposing clients to jobs and career paths, teaching clients that all individuals must set career goals and design step-by-step processes to get there, and providing opportunities for work experience and immediate income, are critical achievements of the program.

The presence of an on-site psychiatrist and on-site licensed therapists is critical for two reasons: (1) staff need that on-site knowledge as a resource to differentiate what behavior is a manifestation of the mental illness and what behavior is age-appropriate; and (2) clients learn that the psychiatrist ("Dr. Mark") is there when they need him but he's not there to provide the type of traditional therapy that most clients have learned to disdain. This translates to meaningful and self-driven mental health counseling without a stigma.

Staff members also report a refreshing approach that provides supports to youth who are just that: youth. This is in stark contrast to traditional mental health services that treat the mental illness before treating the individual behind the illness. "These kids are no different than anyone else. They are people who need what all people need — support, guidance, rewards, and choice." Recognizing the developmental phases of individual clients is also a key achievement of the program and its evolution over the past few years. "Meeting them where they're at" is the repeated mantra, and staff take seriously the concept that two 18-year olds can be in very different developmental stages and, therefore, require very different service approaches.

B. Program's Greatest Challenges

Finding and securing appropriate housing is a persistent challenge. As the most immediate need during crisis intervention, it is woefully unavailable to this population due to their history, their poverty, their lack of "know-how" in navigating complicated public support systems, and the shortage of low-income or transitional housing in the community. Insufficient funding and resources are also an on-going problem. Staff members report that additional needs emerge every day. As an example, one staff member spoke longingly of the need for a program van. Transporting youth to appointments and field trips, with the added bonus of marketing the program, would be a small investment with big returns. The director reported that an emerging challenge is the lack of evidence around specific sub-populations within the target population currently served. For example, in order to effectively serve an individual youth's needs, staff need an understanding of the distinctions among youth aging out of foster care, youth with multiple diagnoses, youth with substance abuse, and youth with learning disabilities. Finally, the stigma around mental illness and disconnected youth is a continuing challenge. The program director, staff members, and clients themselves actively advocate to community organizations, employers, and others in order to de-mystify the needs and realities of the population.

C. Influence on Larger Service Delivery System

The Village ISA and TAY programs are responsible for collecting, aggregating, and analyzing outcomes for the mental health programs of Los Angeles County. They also design and deliver trainings to mental health service providers across the state and in other states. In these capacities, the programs directly influence the larger service delivery system. Staff members also report that their outreach to employers, their involvement with the Long Beach Workforce Board Youth Council, and other opportunities for sharing knowledge about serving transition age-youth is positively influencing the wider service system. They participate in the Long Beach TAY Collaborative, a multi-agency group made up of directors and stakeholders involved in

care and service to the population of transition-age youth in the Long Beach community, coordinated by the county mental health agency. Partners include the Mental Health Association, Vocational Rehabilitation, the Department of Children and Families, the school district, community colleges, juvenile justice and probation, housing, drug and alcohol services, and other community-based organizations and public services. The most recent expression of shared information within the community is "TAY Cross-Talk"— regular forums for over 20 community service providers to discuss promising practices and potential solutions to common challenges.

D. Overall Learning

TAY's director repeatedly emphasized that the program is constantly evolving to better meet the needs of the target population and, despite a growing body of evidence-based practices and research, the field overall is still full of unknowns. What is known, however, is that the TAY model works because it exists as a place for youth to grow, learn, and safely spend time. The comprehensive service array and the intense customization of individual service plans translate into positive improvements in clients' lives, from medication management to full-time employment to social engagement and normalcy.

E. Benefits to Young Adults and Families

"If not for the Village TAY, I would not be here today." (19-year-old TAY client)

"What works about the Village TAY? Staff, staff, staff — No more therapy, no more file reading. I get individualized attention, goal setting, and support in whatever I need but with guidance and a push to do it myself. It's family. Its very existence is what works — if it weren't here, I wouldn't be here." (23-year-old MHA/Village TAY client)

"We all would be in jail, dead, strung out, scared in a corner of an alley. We set goals, we talk about them, we try things, we discover, sometimes we fail, and when we get discouraged we work through it." (22-year-old TAY client)

On-Going Developmental/Functional Assessment

Intensive ➜ Structured ➜ Teaching ➜ Supportive ➜ Individualized ➜ Mentoring ➜ Follow-along ➜ Peer-mediated ➜ Self-directed

LIFE DOMAIN	ROLLIN' IN	TUNIN' UP	ROCKIN' OUT
CAREER DEVELOPMENT	• To establish life habits; "show up" • In-house education/training (GED) • Engaged, routine attendance • Exposures, internships, job/school tours	• To explore educational/work training opportunities in the community • Major partnerships with community colleges, adult schools, WIBs • Keeping appointments, maintaining schedules • Community-based apprenticeships, supported education	• To get and keep job with career connection • Ongoing education/certification, graduation • Self-directed job searches, advancement, and raises • Competitive employment, peer mentorships
HOUSING	• Intro to Adult Living 101, "You pay for where you lay" • 24/7 supervised, supported, "house-parent" • Housing scholarships, subsidies *Example: specialized, residential teaching facilities*	• To practice independent living skills • Cooking, cleaning, budgeting, shopping • Getting along with others, managing guests *Example: Master-leased, permanent supportive apartments*	• To obtain/maintain housing of choice, "home" • Manages own guests/roommates • Pays own rent, own payee, adequate income *Example: Scattered-site apartments*
COMMUNITY LIVING	• To learn how to get needs met, "be nice" • S.O.D.A.S. (Situation, Options, Disadvantages, Advantages, Solutions), rationales, problem-solving • Mandatory fun, routine-sustainable activities *Examples: Economic literacy, anger management*	• To practice community functioning skills • Individualized fun activities in community • Relationship skills, positive sex/intimacy *Examples: Study groups, bus training*	• To successfully function in meeting needs • Places of belonging, community integration • Know how to get info/help, problem-solve *Examples: Give back — volunteer, teach new members*
WELLNESS	• Develop life dreams/visions: inspire, core-gifts • Identify barriers to life goals (symptoms, drugs/alcohol, behavioral, physical); develop coping skills, take care of self • Educate on illness, meds, therapy, pregnancy *Examples: Strength-Quest, goal-setting groups, trauma groups*	• Practice coping methods, problem-solving • Harm reduction on drugs and alcohol • Informed/empowered on illness, meds, treatments • Community therapists, community groups	• Take responsibility for managing life/recovery • Access support when needed • Follow-along by staff with occasional reminders *Example: TAY's Wellness Recovery Action Plan (WRAP), a self-care empowerment tool: Clients identify what works for them in certain situations, e.g., "when I get stressed, here are three things that work for me."*

APPENDIX D

Clark County Options Program

CLARK COUNTY DEPARTMENT OF COMMUNITY SERVICES
VANCOUVER, WASHINGTON

I. BACKGROUND

A. Site Visit

On June 28, 2007, the Institute for Educational Leadership's National Collaborative on Workforce and Disability for Youth (NCWD/Youth) conducted a site visit at the Clark County Options Program in Vancouver, Washington. The visit was part of a study sponsored by the U.S. Department of Labor's Office of Disability Employment (ODEP) to identify promising practices and develop new knowledge on effective practices for helping youth with mental health needs transition to postsecondary education and/or employment.

Options started as a demonstration site under the Partnership for Youth in Transition initiative funded by the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration from 2002 – 2006. Because it was a demonstration site, it has been extremely well documented and the findings here draw heavily from the program's March 2007 final report to SAMHSA and the Options Program Manual. This information was supplemented by information gathered during the June 2007 site visit, which included interviews with the project director and members of the service team, including the mental health service provider, the employment specialist, and a transition specialist (or case manager). Four youth clients also participated in a group interview; no family members were available for interviews.

B. Program History

Options is managed by Columbia River Mental Health Services under contract with the Clark County Department of Community Services. It is housed at the YouthHouse, a community center for a variety of youth activities, in Vancouver, Washington. With leadership from the Clark County Department of Community Services, the program was developed in response to the Partnership for Youth Transition initiative introduced by the Center for Mental Health Services/ Substance Abuse and Mental Health Services Administration (SAMHSA), part of the U.S. Department of Health and Human Services. After funding was awarded, planning began in October 2002, hiring and training of staff began a year later, and service delivery began in January 2004. The grant funding ended in September 2006 but Options continues to be funded by a combination of Medicaid and state and county general funds.

At the same time Clark County was planning the Options program, it was also involved in the latter stages of a multi-tier redesign of its children's mental health system funded in part by a SAMHSA Children's System of Care grant. This prior work clearly provided advantages, including linkages with important stakeholders, sharing of expertise, and established collaborative relationships of trust amongst key groups. This proved invaluable, with Options utilizing existing collaborative relationships as a tool for building community support for the target population.

1. Target Population — Options is designed to meet the needs of youth (and their families) whose needs are greater than what can be met by clinical interventions alone. The target population is transition-age youth ages 14 to 25 years old who: (1) have a diagnosis that meets criteria in the Diagnostic and Statistical Manual for Mental Disorders; (2) are in an out-of-home placement or at risk of out-of-home placement; and (3) voluntarily consent to participate. Family members of participating youth are involved at their and the youth's discretion.

Current enrollment is about 60 youth. In any given month, services are provided to an active caseload of between 45–60 youth. The Options program has collected excellent data since its inception, both pre-enrollment and post-enrollment:

- Most youth served (about 60 percent) are aged 16 and 17.

- About 60 percent are male.

- Over 90 percent are Caucasian, 2 percent are Latino, 2 percent African-American, and 1 percent Native American.

- The majority of youth entering the Options program have been involved with the juvenile justice system in some capacity, regardless of gender or race. Data indicates that 84 percent have at some point been arrested.

- Regarding interaction with other systems, 74 percent have been involved with the public mental health system, 62 percent have experience in special education, 48 percent have an alcohol or drug problem, and 44 percent have experience with homelessness.

- About 21 percent have been admitted to substance abuse residential treatment programs, 20 percent have experienced psychiatric hospitalization, and 16 percent have experienced psychiatric residential treatment.

- At the time of enrollment, over 65 percent of youth are still in the custody of their parents or of an extended family member, although there were identified factors present that supported imminent risk of out-of-home placement for these youth.

- About 15 are in state custody, either through child welfare or juvenile justice.

- Few of the youth are considered independent adults, although 6 percent report living independently.

- Few live with a partner or have children, although this has occurred in several cases.

- A small number of youth report being homeless at the time of intake.

- About 70 percent are enrolled in high school or a GED program when they become involved with Options. About 10 have already graduated high school or received a GED. Three youth were involved in postsecondary education at the time of intake.

- Only eight youth were employed in any way at the time of intake. About 40 had work experience in some capacity in the three months prior to enrollment.

2. Program Mission — Options describes three inter-related missions:

> **Options Mission:** *To help all youth and families move from isolation to connection.* "Your Power, Your Right, Your Choice," is the program's motto (which was developed by youth); it emphasizes that Options is not just a program to assist in youth's transition into the adult mental health system, but a program that helps transition youth into adulthood.

> **YouthHouse Mission:** *To encourage positive youth development through strengthening youth/adult relationships and support efforts by and for youth. It is an inclusive, youth-friendly location, which honors diversity and operates with joy.* The physical location of the Options program is an important element of the program design, and considered to be a sanctioned space for staff and youth to work together, and a place for youth to call their own.

> **Clark County Transition System's Mission:** *A seamless system of care in Clark County that better supports transition-age youth with serious*

emotional disturbance (SED), and their families, in developing health autonomy. The Options program is one piece of an evolving comprehensive, integrated system of care to support Medicaid-eligible youth, adults, and families with mental health needs. This system (the Regional Support Network or RSN) serves as the mental health consortium provider for all of Clark County, and Options represents a portion of the consortium that addresses the needs and challenges of transition-age youth.

3. Defining Features — The Options practice model is based in four theoretical perspectives which, in addition to the presence of an on-site therapist, make up the main features of the program: the Transition to Independence Process (TIP); Program of Assertive Community Treatment (PACT); Supported Employment; and Core Gifts assessment.

Transition to Independence Process (TIP) — The TIP system model, developed by Dr. Hewitt "Rusty" Clark at the University of South Florida's National Center on Youth Transition (which focuses on transition-age youth and young adults with emotional and/or behavioral difficulties), is an evidence-based program that stresses the importance of providing access to appropriate services, engaging young adults in their own future planning process, and utilizing services that focus on each individual's strengths. TIP has seven guiding principles:

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

- Tailoring services and supports to be accessible, coordinated, developmentally appropriate, and built on strengths, enabling young people to pursue their goals in all transition domains.

- Acknowledging and developing personal choice and social responsibility.

- Ensuring that a safety-net of support is provided by a young person's team, parents, and other natural supports.

- Enhancing competencies to assist youth in achieving greater self-sufficiency and confidence.

- Maintaining an outcome focus at the young person (individual), program, and system levels.

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

> The Options program views competitive employment as a critical way to move individuals from dependence on a service delivery system to independence.

Program of Assertive Community Treatment (PACT) — Assertive Community Treatment is an acknowledged multidisciplinary mental health service delivery approach for providing treatment, rehabilitation, and support services to people with severe and persistent mental illness in their local communities. The ACT model was originally conceived as an integral part of Options, and the intention was to replicate the existing, adult-oriented PACT in Clark County for transition-age youth. During the second year of implementation, though, Options realized that because of the expense, it wasn't possible to dedicate a full ACT team to transition-age youth. It was also acknowledged that the existing adult-oriented model could be an effective vehicle to achieve the same goal. As a result, a child and adolescent specialist was added to the existing team within the community mental health system and today Options is one of their key partners.

The Assertive Community Treatment approach involves collaboration in service delivery so that individuals can live successfully in the community. The model's fundamental principles are as follows:

- To coordinate services in a community so that complex individual needs are met;

- To offer services in the community, including homes, places of employment, and places of recreation;

- To individualize services as much as possible, and ensure "24-hours-a-day" coverage of needs through coordination;

- To assertively engage and adapt treatment based on client's needs; and,

- To provide a continuum of care, not limited by arbitrary time constraints.

Supported Employment — The Options program views competitive employment as a critical way to move individuals from dependence on a service delivery system to independence. Employment in the community not only results in income, but also social interaction and integration. "Supported employment" services focus on achieving employment with equitable wages and benefits, development of new skills, increased community participation, enhanced self-esteem, increased consumer empowerment, and improved quality of life. Options supports youth who want to work by doing the following:

- Establishing relationships with local employers to identify opportunities for youth employment, establish employer agreements, and provide follow-up supports for the employee and the employer.

- Providing individualized resources for employment and career options.

- Coordinating employment services and supports (such as those provided through the Workforce Investment Act and state vocational rehabilitation services), and coaching the youth to navigate these service systems themselves.

- Coordinating supports related to the attainment and retention of employment, such as transportation, job readiness (e.g., "soft skills" such as interviewing, appropriate dress, and customer service), and job coaches.

- Acting as a safety net of support, hope, encouragement, and connection to the youth's core gifts and life goals.

- Mentoring youth in ways that help them envision career pathways and advancement goals, while also acknowledging the need for "survival jobs."

Core Gifts — The Core Gifts tool provides a way for staff to help youth identify personal strengths and gain positive insights into themselves at critical junctures in their lives. Designed by Bruce Anderson at Community Activators, a company that provides resources for human services organizations (www.communityactivators.org), it helps discern between skills (what you have learned to do, but may not feel joy in doing them); talents (what you have an innate capacity to do, but may not choose to engage or develop); and gifts (the talent that you feel the deepest connection to, most compelled to learn about, and eager to give). Core Gifts offer staff and youth an opportunity to participate in a non-clinical healing process that allows youth to see that they have something to offer to others, and something on which to base their future goals and hopes. Three primary ways to identify core gifts are utilized by Options staff: (1) an interview method called Core Gift Identification; (2) identifying themes of contribution through a lifespan and across a variety of situations; and (3) helping people to identify a significant suffering they have experienced and connecting that wound to what they have to offer others.

> Core Gifts offer staff and youth an opportunity to participate in a non-clinical healing process that allows youth to see that they have something to offer to others.

On-site Mental Health Therapy — An on-site therapist is an additional critical service element of the program. Therapy at Options, as described by the therapist and other staff members, is non-traditional, activity-based, solution-focused, developmentally-appropriate, friendly and inviting. The on-site therapist supports clients in building healthy relationships, communicating, and taking control of their lives and their illnesses. Because most youth in the program have dealt with mental health counseling over the course of their lives, and

because in many cases the experience was ineffective, youth often do not view counseling as useful or necessary to their success. To overcome this stigma, the mental health therapist at Options must take a non-traditional approach to counseling, including focusing on the present and on future goals, and only working on past issues as they impede present and future success. Staff members and youth clients alike laud the "anything but traditional" approach, which includes the daily presence of two therapy dogs, who arrive to work in the side car of the therapist's motorcycle.

Housing — Housing is also a priority element of the program, and the Options program owns an apartment triplex for youth in need of transitional, supported independent living. The triplex serves three clients at a time and is strictly barred from being utilized as a temporary shelter in emergency situations, even if a unit is available. This is part of the program's commitment to non-duplication of services that are otherwise available in the community. Staff are highly knowledgeable of available transitional housing services in the community that fit the needs of clients in any given situation, but unanimously cite the shortage of safe transitional housing as a significant challenge.

4. Funding — Options' annual operating budget is about $300,000. Although SAMHSA grant funding ended in September 2006, Options continues to be funded through a combination of Medicaid and state and county general funds. The transition from grant funding has been a challenge, particularly because Medicaid funds are "fee-for-service" and certain activities are not eligible for Medicaid reimbursement. For example, prior to the end of the grant, staff members were able to track missing youth by undertaking "hit the streets" searches. This was a very valuable and powerful tool for staff and youth to re-connect and move forward. Under the current reimbursement structure, a client must show up for an appointment in order for staff to bill their time.

II. PROGRAM DESCRIPTION: SYSTEM LEVEL

A. Guiding Structure

Options was originally guided by a steering committee that met monthly. The committee included 22 community stakeholders representing the following sectors: youth, families, business, child welfare, developmental disabilities, education, community citizens, juvenile justice, mental health, shelter services, substance abuse, and workforce development. Today, a core group of this committee – representing mental health, juvenile justice, education, and child welfare – continues to meet on a quarterly basis. Youth are invited to all steering committee meetings and are also involved on hiring committees for new staff. Additionally, a quarterly roundtable convenes clients to guide key programmatic decisions and strategies.

B. Management and Operations

1. Staffing — The staffing for Options has varied slightly over the four years. Today, the staff consists of a program manager, a program coordinator, up to four transition specialists (equivalent to case managers), an employment specialist, and a youth coordinator. Originally two individuals were hired to focus on employment, a job developer, and a pre-employment specialist. When this division became too confusing (as expressed by youth in the program), the roles were merged into one employment specialist. The youth coordinator role was developed from youth input during the strategic planning process. This role is key to coordinating youth empowerment and involvement in the management of the program. Additional staff include a Vocational Services Manager (0.10 FTE), a Clinical Consultant (0.10 FTE), and clerical support (0.5 FTE). Staff are financially supported by the Clark County Department of Community Services and the Columbia River Mental Health Services.

Staff share many roles and appropriately cross-train and communicate to provide coordinated and continuous support services for each client. All staff serve in some capacity as case managers, as that role

is a critical piece of youth engagement and retention at Options. This includes daily communication with clients, helping them meet basic needs such as housing and transportation, and ensuring that clients are referred to and accessing external services. Role clarity among staff members is important in order to reduce duplication and improve coordination across services. The program manual includes detailed job descriptions for each position and examples of how staff should utilize the expertise of other staff members to best meet client needs.

During the site visit, multiple staff members shared a unique lesson about the age of staff, and the impact on engagement and service to clients. During the implementation phase of the demonstration grant, program leadership felt it was important to hire staff members that were young, thinking that clients would relate better to individuals closer in age. Instead, they found that younger staff tended to exhibit higher rates of turnover and burn out quickly (finding it difficult to balance their personal life with their professional commitments). Older staff exhibited tangible life experiences that mattered to clients (e.g., signing leases, opening bank accounts, developing budgets) and represented a "safer haven" for young clients to confide.

2. Information Management — Central files on all clients (that include intake documents, life domain checklists, treatment plans, and updated notes) are maintained and accessible to on-site staff members. Files are not shared externally, except for information needed by hospitals or parole officers.

Staff members meet twice weekly. One weekly meeting includes on-site staff and is conducted to share overall youth goals, needs and progress, local resources, and planning. Staff members report that this meeting is an opportunity to talk openly with each other about what individual clients need. This is also an opportunity for the on-site mental health therapist to educate and assist staff in understanding what is developmentally appropriate behavior and treatment, and what is appropriate for particular mental health conditions. The therapist reported that she relies on research and recommendations of

the noted developmental psychologist Erik Erikson for developmentally appropriate theories and practice. She also reported that Post-Traumatic Stress Disorder is commonly discussed by staff members, due to the likelihood that some clients' current anxieties and symptoms are rooted in past traumas.

The second weekly meeting is held in conjunction with staff meetings of the community mental health center, Columbia River Mental Health, and is attended by core Options staff, the part-time vocational coordinator, and the part-time clinical consultant (both employees of Columbia River Mental Health). For Options staff members, this meeting serves as an opportunity to get clinical advice on youth and programmatic information from the vocational manager, and to learn more about and share community resources. Staff members also routinely check in with each other as well as other providers to review the status of youth and to continue building relationships based on the success of the individual youth. Toward the goal of routine communication, staff members are provided with company cell phones.

3. Training — Options offers a rich array of training for staff:

- Introduction to the TIP model and skills acquisition in the SODAS (Situation, Options, Disadvantages, Advantages, Solutions) problem-solving method. Staff are also trained in the value and terminology of conducting person-centered plans with youth.

- Introduction to the Core Gifts process, including *How to Facilitate Core Gifts, Motivation, Welcoming Communities, and Five Strategies to Being an Ally.*

- Introduction to Supported Employment, including person-centered planning, job shadowing, job development, job retention, job analysis, employment preparation skills, interviewing, and portfolio development.

- Overview of the program's history, including the program's logic model, original grant proposal,

the Options Manual, and principle statements (for youth, staff, and the community).

- Orientation to the local community mental health center.

- Opportunity to "job shadow" fellow staff.

- Introduction to wrap-around philosophy and practice.

- Introduction to WorkSource (Washington State's workforce investment system) and other public employment services.

- Introduction to Individualized Education Programs (IEPs), the Individuals with Disabilities Education Act (IDEA), and related regulations.

- Orientation to shared youth facilities, e.g. the YouthHouse where the Options program is housed, along with several youth-related community programs.

- Introduction to the juvenile justice system and issues.

- Introduction to youth-related issues.

- Resource mapping and tours of the community.

- Introduction to mandated reporting, and local crisis management structure and resources.

All staff members are trained in record keeping, privacy regulations, access/intake procedures, charting specific to internal and funding reporting requirements, and on-the-job safety. Staff are also provided copies of the extensive and thorough Options Program Manual. Finally, all staff of the community mental health center must complete on-line training in the following areas: corporate compliance, cultural diversity, customer relations, psychopharmacology, cultural issues in mental health treatment, confidentiality and the Health Insurance Portability and Accountability Act (HIPAA), drugs in the workplace, sexual harassment, client rights, recovery model, vocational assessments and supported employment, and serious mental illness.

> **Staff work full time on youth development and leadership by acting as mentors and role models to clients.**

III. PROGRAM DESCRIPTION: SERVICE DELIVERY LEVEL

A. Primary Components of the Program

When youth enter the program, transition specialists provide information, planning, and development opportunities and partner with them to self-determine their goals and activities in the program within the four domains of service: education, housing, employment, and community life adjustment. The TIP model, to which staff members adhere closely, and the Core Gifts concept, which staff utilize with most (but not all) clients, provide a set of principles for activities and engagement within these four domains.

The program manager described supported employment as "the main focus," asserting that to meet the interests and needs of youth clients, staff must be realistic about two questions: (1) From a youth's perspective, why are they participating in the program?; and (2) What will ultimately lead an individual to independent living? In both cases, the answer is *a job.* Options staff provide one-on-one, classroom, and external opportunities for career assessments, workplace skills training, exposure to career options and pathways, work-based learning opportunities, job matching, and supports needed to secure and maintain employment (e.g., childcare, transportation, professional attire, and on-the-job management of emotions). These services are either directly provided by Options staff, or through partners and referrals in the broader community.

Staff are required to attempt multiple contacts with youth each week, which may include phone calls, stops by the YouthHouse, various planned youth activities, and individual meetings with the mental health service provider on site, the job developer, or others.

B. School-Based Preparatory Experiences

Options provides supports for completion of high school diplomas, GEDs, or postsecondary degrees and certificates based on individual goal-setting and related needs.

C. Youth Development and Leadership

Staff work full time on youth development and leadership by acting as mentors and role models to clients, and by providing one-on-one and classroom setting opportunities to improve skills such as conflict resolution, anger management, relationship building, and self-advocacy.

D. Connecting Activities

All staff working directly with youth have the responsibility of helping make connections to a wide range of supports such as housing, transportation, childcare, personal documentation, and financial planning.

E. Entry into Services

Youth are referred from a variety of services and agencies, including Connections (a program of the Clark County Juvenile Justice Department), Catholic Community Services, schools, child welfare, private service providers, and through self-referrals. The referral process includes a referral packet for each client, with a letter from Options to the individual requesting a current mental health assessment; a release-of-information form; a full description of services and supports offered by the program; a youth signature section to clearly indicate their choice to enter the program; a program brochure and business card of the project coordinator; and an assessment-information form that establishes eligibility and provides baseline information. Because of the high demand for placement in the program, the project coordinator manages a waiting list of eligible individuals.

> **All staff working directly with youth have the responsibility of helping make connections to a wide range of supports.**

Upon completion of the packet, the project coordinator calls the referral source to find out if the youth is in an out-of-home placement, homeless, or at imminent risk of an out-of-home placement. At this point, an assigned transition specialist will begin to engage the individual client, completing the *Life Domain Checklist,* which provides current status and information on mental health, alcohol and drug issues, activities of daily living (e.g., food, transportation, scheduling, and childcare), work and school, family and natural supports, income and finances, social networks, legal issues, medical and dental care, housing and shelter, and cultural and spiritual attributes.

The individual's transition into Options services is immediate based on the needs identified during completion of the intake packet and the *Life Domain Checklist.* Soon after intake is completed, clients work with the staff team to develop their "Success Plan" or individualized treatment plan. This includes identification of their core gifts and development of goals for participation in the program and for the successful, long-term ability to live independently. Plans are updated on an as-needed basis or every six months.

F. Quality Monitoring

Performance measures are carefully designed and tracked by the Options program. They include multiple measurements in four categories: (1) basic demographics, service utilization, and reasons for exit; (2) service activity data including core activities, education, housing, employment, and community life adjustment; (3) individualized youth transition plan reviews; and (4) youth satisfaction measures. Additionally, four categories for outcome measures are tracked: (1) living situation status; (2) employment/training/ education status; (3) criminal justice status; and (4) community activity status. Tracking data within these categories is the responsibility of all staff, which are trained in the process and technicalities of the database system.

The March 2007 report to SAMHSA summarized the following nine-month outcome measures for 51 youth:

- Youth had received, on average, 99 hours of face-to-face support. About 60 of the service hours were focused on community life skills and other case management activities. Approximately 26 of the services hours were dedicated to employment and the rest focused on education and housing;

- Overall, the youth were satisfied with the Options program and the work of the transition specialists, rating their overall satisfaction at 4.2 or higher on a 5 point scale, with 5 being "very satisfied";

- Housing remained fairly stable over the nine months time period with fewer youth living at home at nine months and more youth living with friends or independently. Numbers living in foster care or the corrections system, or who were homeless, remained unchanged;

- Involvement in educational programs remained high over the 9 month period, with approximately 70 percent involved in either high school, GED or some other program. By the 9 month time point, 10 youth had either graduated from high school or received their GED;

- Employment status showed strong positive improvement. Close to 40 of the youth had worked in some form in the past 90 days; and,

- The most striking positive outcomes were seen in involvement with juvenile justice. At nine months there was a significant decrease in the number of youth with at least one substantiated offense (from 51 pre-intake to 29 during the 9 months post intake). There was also a significant reduction in the frequency of offenses, from an average of 1.6 offenses during the nine pre-intake months to an average of 0.7 offenses during the nine post-intake months.

IV. RELATIONSHIP TO STATE

During the site visit, the state was not mentioned. When asked directly about this, the program manager said that as a local stakeholder, she and staff are completely focused on how to improve their immediate community for the needs of their clients. However, as a frontline service provider, funded by state Medicaid dollars, a direct relationship exists with the state and Federal agencies that dictates eligibility and regulatory policies. As such, the program manager asserted an obligation to communicate what works and what does not and how policy can support the former.

V. LESSONS LEARNED

A. Most Important Achievements

An important achievement of the Options program is the acknowledgement that disconnected youth need a place to be, a physical location that they know is their space. YouthHouse provides a gathering place and a sanctioned space. In fact, the top floor is a recreation room that is for youth-only. Staff may only be present in the rec room if invited by a youth member. The YouthHouse is purposely designed to support youth morale and well-being. However, this does not mean that services are site-based. They are located all over the county and strong partnerships create opportunities for youth to access the broad array of services needed.

Collaboration and partnerships across the community are a critical achievement of Options, and from its beginning the program has valued opportunities for referral and alignment of services. The program manager describes the collaboration as evidence of the "tremendous spirit of partnership in the community." The scope and level of partnerships illustrate not just "spirit" but commitment to a process of joint goal setting and aligned strategies to achieve those goals, illustrated by the adherence to both the program and community mission statements. Options is administered by the county mental health agency and yet, if asked, youth will say that Options is about connections to the community and career development, and will likely not mention

mental illness, despite the eligibility requirement of a mental disorder diagnosis and the fact that on a daily basis youth are exposed and talk to the on-site certified mental health counselor. This is tribute to the program's ability to de-stigmatize mental health treatment.

Options staff are also proactive in sorting out misinformation. Based on examinations of state policies and regulations in efforts to assess the origin of service gaps between the child and adult mental health systems, the Options staff discovered that in Washington State, mental health centers are licensed by service areas, not by the age of clients. Consequently it was not necessary for a child to transfer to an adult mental health provider at the age of 18 unless it was clinically indicated. Prior to this discovery, everyone had assumed that at age 18 the transition to adult services was required. As long as a youth remained eligible for Medicaid it was irrelevant whether the mental health provider was an adult or child provider. This was a bureaucratic issue which had been changed years ago when licensing became based on services rather than on the age of the population served. Another example is when staff researched supported employment and discovered that if they were working with a 14- or 16-year old who was getting a job, even a part-time job, Medicaid could be billed under supported employment services as long as there was an employment goal in the treatment plan. Previously it had been assumed that Medicaid would only pay for supported employment services if the client was 18 years of age or older.

B. Program's Greatest Challenges

Housing is a challenge from the moment youth enter the program. The lack of appropriate transitional housing in the community is a persistent gap that staff and youth struggle to overcome. Obtaining personal identification cards can also be very difficult. Youth often do not have a Social Security card, a birth certificate, school

> The lack of appropriate transitional housing in the community is a persistent gap that staff and youth struggle to overcome.

identification, or even an address to receive mail. This requires undertaking a long process of establishing identity, beginning at the office of vital statistics. Drug and alcohol abuse is another challenge commonly reported by staff members. Youth with drug and alcohol issues, according to staff, do not readily acknowledge that they may be particularly vulnerable due to a co-existing mental health diagnosis, nor do they acknowledge that drugs and alcohol interfere with their daily lives. Staff members report that discerning between age-appropriate behavior and problem behavior is difficult.

Flexible funding is also a challenge, as so much of the program relies heavily on customized services that are not necessarily covered by Medicaid and other existing funding streams. For example, a homeless youth that has secured a job interview needs clean clothes. A line item for flexible funding in the budget is critical if staff are to truly meet supported employment needs such as this.

C. Influence on Larger Service Delivery System

Options staff are committed to the process of collaboration with community stakeholders and related service providers, and actively use every opportunity with the community to advocate for appropriate and effective services for transition-age youth.

D. Overall Learning

Options targets youth that have experienced high levels of institutional service during their lives and who have many challenges to overcome as they move into adulthood. The combination of support in managing their mental health symptoms and developing skills of adult living, combined with strong employment support, appears to be successful in stabilizing their living situation, improving employment outcomes and reducing involvement with the criminal justice system. "These kids are

stigmatized and systematized. They have heard "we are here to help" all their lives. They will test you to the nth degree, and frankly they have a right to."

E. Benefits to Young Adults and Families

Youth interviewed during the site visit all emphasized the highly customized nature of service, the fact that staff really listened to youth needs, and the importance of having a safe place to be while setting life goals.

One youth client summarized her two-year experience with the program as "a better life, and the faith that it can be the best life that I want." In the beginning, the supports she received included help with basic needs, including getting a state identification card and opening a bank account, developing independent living skills, the opportunity to live on her own for the first time (at the Options-owned triplex), time management skills, anger management counseling, and help finishing high school. Today, the program continues to support her: she has enrolled in college, has held a job for the past 12 months, lives on her own, and is raising her young daughter.

Family members were not interviewed because program staff were unable to find individual family members available to participate, leading some staff to assert that although the program attempts to involve family and values their involvement when available, Options is fundamentally for youth. A 19-year old client corroborated this:

"Yes, my mother could have been involved, but I did not want her to be. That's part of the transition; this place allows us to develop our own thoughts. No need for my mom to be involved, but she could be because we have a close relationship. But there is no organized or formal way and I would not want one. It's invasive. Options must be youth-run, and parents will run it otherwise. This is not a program for them. My mom was sour for six months when she found out that I did not want her involved, but I've learned to deal with her in an 'adult relationship' which is part of the program, and she's come around. The program is very laid back and cool, and if parents were involved, it would change."

APPENDIX E

Our Town Integrated Service Agency

COMMUNITY HEALTH NETWORK/GALLAHUE MENTAL HEALTH CENTER
AND MENTAL HEALTH AMERICA OF GREATER INDIANAPOLIS
INDIANAPOLIS, INDIANA

I. BACKGROUND

A. Site Visit

On June 21-22, 2007, the Institute for Educational Leadership's National Collaborative on Workforce and Disability for Youth (NCWD/Youth) conducted a site visit at the Our Town Integrated Service Agency. The visit was part of a study sponsored by the U.S. Department of Labor's Office of Disability Employment (ODEP) to identify promising practices and develop new knowledge on effective practices for helping youth with mental health needs transition to postsecondary education and/or employment. The site visit included interviews with the project director, members of Our Town's Advisory Committee, and service providers (including providers of case management, mental health, substance abuse, and employment/education services). The visit also included two group discussions, one with "members," i.e., the youth receiving services, and one with parents/family members.

B. Program History

In 2000, Mental Health America (previously the National Mental Health Association), selected the Marion County Mental Health Association as one of three pilot sites nationally to develop and launch a replication of The Village Integrated Services Agency (ISA). In 2003, after three years of collaborative planning with their partners and key

stakeholders, and in partnership with Community Health Network's Gallahue Mental Health Services, Our Town ISA was launched in Indianapolis.

Our Town ISA is Indiana's first adaptation of the successful Village ISA model in California. Developed by the National Mental Health Association of Greater Los Angeles County, The Village ISA model is a recovery-based, community integration model that has been shown to be successful in helping individuals with severe mental illness reduce hospitalization and incarceration rates, increase competitive employment, and improve housing and financial status. It utilizes a psycho-social, educational model of recovery based on the evidence-based Assertive Community Treatment (ACT) team developed in the early 1980s, with The Village referring to its intervention as ACT Plus. Our Town has adapted this model to respond to the needs of transition-age youth with serious mental health conditions who were falling through the gaps between the child and adult mental health systems.

In Indiana, the ACT model has been codified in state law in order to ensure specific standards are met for per diem reimbursement from Medicaid and the Our Town treatment team became certified as a specialty Assertive Community Treatment team serving transition-age youth in 2006.

1. Target Population — Our Town's target population is young adults, ages 18 -25, who have a serious mental illness and are at risk for being

hospitalized, for becoming homeless, or for getting into the criminal justice system. The program currently serves 40 members and has served over 100 young adults during the past four years.

In order to sustain the program, Our Town became a certified ACT specialty team in 2006 and this has somewhat restricted eligibility for the program. In Indiana, eligibility for ACT requires that individuals have a severe mental illness and have had either two or more hospitalizations within the last year, two or more arrests within the last year, or have been released by the state psychiatric hospital within the last year. The state did make two accommodations for the transition-age population, counting residential treatment as hospitalization and adding a "combination" eligibility criterion (one hospitalization plus certain other risk factors).

Data collected during the first three years of Our Town's operation reveals that most of the clients served were white (51.3 percent) or African-American (43.6 percent), with a close to 50/50 split by gender. At the time of admission, more than half had not finished high school (53.8 percent) and the vast majority of clients were unemployed (82.1 percent). In the year prior to admission, 33 percent had been in jail; 46 percent had been arrested, convicted of a criminal offense or cited by police; 35.9 percent had been hospitalized for mental illness or substance abuse; and 15.8 percent had been homeless.

2. Program Mission — Our Town's mission is to support young adults with psychiatric disabilities in building upon their interests and abilities to live, work, and thrive in the community. One respondent stated that the mission is to take young people when they are at "the crossroads" and help them manage their illnesses, their symptoms, and help them to see that they can still pursue their goals as other adolescents do. The mission is to help them maintain their sense of hope and not see their illness as a total dead end. At least one respondent stated that the goal is to have every interaction be a therapeutic interaction. Interventions are worked into the things that members are doing on a daily basis ("self actualization"), trying to help people get

there without formally structured therapy sessions. While the staff is certainly capable of conducting traditional therapy, they have not found it to be very helpful.

3. Defining Features — Our Town's guiding principles include the following:

- Focusing on abilities and interests, rather than on illnesses or disabilities, and designing services based on each individual's personal goals;

- Promoting employment as a powerful means of building self-esteem, independence, and healthy inter-dependence;

- Encouraging risk-taking by members while providing high support;

- Promoting self-determination by supporting and encouraging members to make their own choices;

- Allowing natural consequences to become opportunities for growth and learning, rather than perceived "failures";

- Integrating members into community environments in all aspects of life, including work, social, and residence;

- Providing single point accountability that encourages staff to follow, support, and advocate for members in whatever setting is necessary to meet their life goals;

- Offering these services to individuals for an indefinite duration of time regardless of the severity of illnesses or behaviors;

- Evaluating program success based on quality-of-life outcomes;

- Emphasizing the similarities, rather than the differences, between mental health consumers and the general population; and,

- Hope.

4. Funding — Our Town was designed as a three-year, grant-funded pilot program, during which time the Advisory Committee worked to develop a long-term sustainability plan. The program received

considerable support from the Indianapolis philanthropic community to launch and maintain the program for the first three years of its existence, with corporate and private foundation grant dollars from Eli Lilly and Company, the Efroymson Fund, Hoover Family Foundation, the Indianapolis Foundation, Mary E. Ober Foundation, Nina Mason Pullman Charitable Trust, and Eastern Star Church. At present, the Marion County Drug-Free Communities fund is a source of grant funding and a new proposal to the Indianapolis Foundation is pending. Since becoming a certified ACT team in 2006, Our Town has been able to draw down a capitation rate of $70 per diem for each client from Medicaid. This covers the daily team meeting that all staff attend and the extensive outreach that is necessary to keep this population engaged. In addition, Our Town bills Medicaid for clinical services, case management, and rehabilitation services (which include services related to activities of daily living).

II. PROGRAM DESCRIPTION: SYSTEM LEVEL

A. Guiding Structure

Early on, as planning for Our Town began, Mental Health America of Greater Indianapolis (MHAGI) developed an Advisory Committee for the program. This committee has engaged in strategic planning, advocacy with the State Division of Mental Health and Addiction, funding development, and general problem solving. MHAGI's Board provided support and leadership and was willing to take the risk to start a program for which there wasn't full funding. Our Town's Advisory Board includes representation from the substance abuse, housing, and mental health systems; families; state vocational rehabilitation; and SECT (Supported Employment, Consultation, and Training).They came together to launch the program and continue to meet monthly to provide guidance.

At the time of the site visit, Our Town was undergoing significant structural changes. MHAGI had announced that it would have to step out from financially supporting the program and that

Community Health Network/Gallahue Mental Health Services would become the financially responsible entity. This abrupt transfer was necessitated by the fact that Indiana State ACT standards require that after one year of certification, the ACT team has to add an additional two staff, taking the team from six to eight direct service staff. The standard is based on serving 80 clients and Our Town was only serving 40 young adult members. At the time of the site visit, MHAGI had not been able to negotiate a modification of the standard. It was agreed, however, that the Our Town Advisory Committee would continue in its role even as the program moved to the auspices of Gallahue Mental Health. Our Town's project director meets monthly with the MHAGI Executive Director and the Gallahue CEO, although this was about to change under the new structure.

In addition to partnership agreements between Mental Health America and Gallahue Mental Health Services, Our Town has a written Agreement with Partners in Housing and United Way, which sets aside 10 of the 22 apartment units located at Mozingo Place (right above the Our Town office) for young adults with serious mental illness, including Our Town members. Partners in Housing and MHAGI secured a five-year Shelter-Plus-Care grant from the U.S. Department of Housing and Urban Development to provide rental assistance. In addition, Our Town had also entered into an agreement with the Bonner Community Center for 10 apartments currently under construction, also funded with Shelter-Plus-Care funds.

B. Staffing

For the past three years, Our Town's staffing includes one team leader/clinical supervisor who oversees the day to day activities of the service coordinators, two full-time service coordinators, one full-time employment/education specialist, a psychiatrist (0.4 FTE), one full-time psychiatric nurse, and one full-time substance abuse specialist. In addition, the program has included a full-time project director, one full-time office manager, and a half-time administrative assistant.

At the time of the site visit, in order to meet the Indiana staffing standards for ACT teams, the Our Town ACT team for transition-age young adults was in the process of merging with another adult ACT team that Gallahue already had operating under its adult services unit. Respondents indicated that Our Town would be able to maintain its separate location, but the implications of the merger were not yet fully apparent. The separate location was considered to be critical in helping young people to feel comfortable and thus stay engaged.

Respondents believed that they would have to begin working with older adults with severe mental illness and that staff from the adult ACT team would have to work with transition-age young adults. The feeling was that this would be a real loss for the program since staff had been selected specifically for their interest in working with transition-age youth. Since the time of the site visit, additional submitted information reveals that two staff members from the adult team volunteered to move to the young adult team in order to meet the staffing numbers required by Indiana legislation. Both teams are now supervised by Gallahue's Director of Adult Services, and the Our Town team leader/clinical supervisor and project director positions have been eliminated.

As reported above, Our Town's service population is almost 50 percent African-American. The program has three African-American staff, but only one provides clinical services. It was reported that the employment/education specialist speaks Spanish. Respondents indicated that the program has conducted a great deal of outreach to the African-American community, both in terms of trying to recruit staff and in educating the community about Our Town's services. Our Town has partnered with the Indiana Minority Health Coalition and received funding from the Eli Lilly Company for cultural competence training. They have also worked with a local pastor who helped the program reach out to other churches and they have posted vacancy announcements in church newsletters, resulting in a local minority-owned paper doing a story on Our Town. Despite these efforts, though, minority staff recruitment has not been as successful as Our Town had hoped.

Respondents stated that when hiring, Our Town looks for someone who is very flexible (e.g., can stay late, come in early, and be on call one night per week), able to work with young adults, able to roll with the punches, and willing to juggle things that come up. Staff act as mentors/role models and, since many of the staff are young adults themselves, it is important that they understand the importance of boundaries. Our Town seeks individuals who have a lot of energy and are able to have fun with young adults. The staff need to be "expert generalists." The core requirement is knowledge of mental health and they must be willing to quickly learn housing resources, employment resources, financial management skills, and all of those aspects of living independently (e.g., planning healthy meals, riding the bus, and talking to landlords). Our Town makes it clear to potential staff that they must be willing to work with the family. In the event that the young adult doesn't want to sign a release of information to allow a staff member to talk with the family, staff try to step back and say "I wonder if you thought about it this way." Staff can still listen to the parents or see if the client is willing to try a release for just one week.

Employment is one of Our Town's cornerstones. All staff, not just the employment specialist, have to be prepared to work with young adult members around employment goals. Staff also must have, or be willing to develop, administrative skills. Paperwork is the "necessary evil" – the ACT Model has standards of productivity that specify how many contacts a care coordinator is expected to have with clients per week, even in terms of how many minutes per week.

> **Employment is one of Our Town's cornerstones. All staff, not just the employment specialist, have to be prepared to work with young adult members around employment goals.**

C. Information Management

All clinical records are in the Gallahue system. Clinical staff develop the individualized treatment plan in a one-on-one meeting with the young adult (the "member"), and the young adult can choose to have a family member present. The initial plan is developed at intake and modified as necessary. The plan establishes goals depending on the member's personal priorities and interests, and can include employment/education, independent living, social/recreation, and symptom management. The chart must indicate medical necessities and charts are open to all clinical staff. Joint staff meetings are held at Gallahue once per month and the project director attends staff meetings at MHAGI. Our Town does not have subcontracts with service providers because the ACT team is expected to provide all of the services to the clients, to the extent possible.

D. Training

Our Town, through the ACT Model, provides training on evidence-based practices in the areas of managing mental illness symptoms and integrated dual diagnosis treatment. Respondents also stated that SECT (Supported Employment, Consultation, and Training) provides training on various topics, including the effect of work on disability benefits and supported employment training. Our Town staff also participate in trainings offered by the Community Health Network, including evidence-based practices, aggression management, crisis prevention/intervention, suicide assessment, increasing productivity, and time management. In addition, Our Town has provided training to Gallahue Mental Health Services and Community Health Network on recovery principles, strength based approaches, and individualized service planning.

III. PROGRAM DESCRIPTION: SERVICE DELIVERY LEVEL

A. Primary Components of the Program

Our Town is an innovative case-management program designed to provide early and intensive psychiatric and psychosocial intervention to transition-age young adults. Our Town takes a holistic approach and support services are designed to improve young adults' overall quality of life and help them live more independently in the community. Supports are provided in the following areas:

- *Employment:* Our town helps members find jobs and provides pre-employment and on-the-job supports to help members achieve their long-term employment goals;

- *Education:* Our Town supports members as they pursue and achieve their educational goals, including completing high school, obtaining a GED, and pursuing a college or technical degree;

- *Housing:* Members receive support in obtaining and maintaining housing based on their needs, including group living environments, "special-needs" care, and independent living;

- *Mental Health and Substance Abuse Treatment:* Members of Our Town have access to clinical services and support to meet their psychiatric and substance abuse treatment needs;

- *Community Involvement:* Our Town assists and encourages members to participate in social activities in the community; and,

- *Money Management:* Our Town educates members in managing their own finances.

Each member is assigned a "Personal Service Coordinator" who coordinates all of the Our Town services. According to Our Town publications, "Working toward goals requires some level of risk-taking. Our Town encourages members to take risks while offering unconditional support along the way. Successes are celebrated and perceived 'failures' become opportunities for growth and learning. Common goals of members include finding affordable housing, finding and keeping a job, making new friends, and resuming their education. Services include everything from helping the member negotiate with a landlord to planning healthy meals, completing job applications or opening a bank account."

A lot of young adults who enroll in Our Town don't believe they are ill. Therefore, Our Town staff work therapeutic strategies into everyday activities, such as trips to the grocery store and discussions about why a member didn't get a certain job. In general, Our Town does not provide services for family members. It was reported that early on they had a support group just for Our Town family members, but it was not well attended. They now refer family members to the National Alliance on Mental Illness (NAMI) Family-to-Family Program.

B. School-Based Preparatory Experiences and Career Preparation

One of the biggest challenges Our Town staff reported was getting the youth to figure out what they want to do and what they can do. This is a challenge for any young adult and adding mental illness on top of this makes it more complex.

Approximately half of the young adults enrolling in Our Town have not graduated from high school. Most of them have dropped out of school and Our Town assists them in pursuing a GED whenever possible. In addition, Our Town works with IVY Tech Community College, with staff having visited IVY Tech and representatives from IVY Tech coming to Our Town to talk to the members about enrollment.

Our Town also works with the state vocational rehabilitation (VR) agency and the employment specialist facilitates referrals. At the time of the site visit, a pilot project had just been instituted whereby a VR counselor comes to the Gallahue Club House once per week to speed up the backlog of referrals. It has shortened the timeframe that it takes to get into VR considerably. Our Town views VR as a funding source and an important data source. It was reported that dollars come with the achievement of four steps (Assessment — $1,200; Development of a vocational plan and a five-day placement — $2,400; Achievement of a 30-day placement — $2,400; and Completion of a 60 day placement — $4,800). If a client completes the entire 60-day placement, a total of $10,800 is paid to Gallahue as the fiscal entity.

Our Town does not currently have a formal relationship with local One-Stop Career Centers. Respondents were aware that there is a One-Stop located at the Bonner Community Center and have occasionally referred to it, and they were familiar with the Work One Employment Center. They viewed it as a giant database where a member could obtain an ID number, log in, and access job opportunities statewide by category. Our Town indicated that Work One will submit the members' applications electronically and they reported having a few clients obtain a job this way. Respondents were not aware of Disability Program Navigators.

It was also reported that Eli Lilly has come to Our Town and facilitated three different employment groups, addressing such issues as preparing for a job interview and choosing what to wear. In the past Our Town has negotiated an apprenticeship program with Community Health Network, enabling young adults to work 10 hours per week in different areas of the hospital: maintenance, housekeeping, food service, and nursing. At the time of the site visit, Our Town was trying to reestablish this program. Occasionally Our Town has had members graduate and be accepted into Job Corps.

Our Town also has a scholarship fund established by the past director of MHAGI which offers scholarships for young adults seeking training in areas not covered by VR or not offered in public educational institutions, e.g., training to become a nail technician (manicurist). In addition, Our Town works with employers based on receiving permission from both the client and the employer.

C. Youth Development and Leadership

Our Town offers independent living skills training, individually and in groups, teaching about general health, safe sex, planning healthy meals, and budgeting. The program also works on conflict resolution and self-advocacy. Our Town does a lot of interpersonal work in its groups, including role playing. In addition, members co-present on radio stations, TV stations, and community groups. The State Department of Mental Health and Addictions

has a committee for reducing the stigma attached to mental illness, and Our Town members have participated on the committee, and have written articles for a newsletter and assisted with the state program to reduce stigma.

D. Connecting Activities

While Our Town does not use the term "wrap-around" services, it does incorporate many of the wrap-around principles: strength-based, individualized, and flexible services. Our Town provides intensive case management to all members. The model is essentially a "one-stop" approach, with most services being provided by Our Town, but they also facilitate connections to physical health services and school-based day treatment. Most mental health services, including intensive home-based services, are provided directly by Our Town. The program also teaches members to ride the bus and has a driver who is dedicated to Our Town several hours per week to assist members coming to group.

> Compared to the year prior admission, clients showed improved adult daily living skills, greater financial quality of life, and greater satisfaction with treatment and with their jobs.

Our Town acts as a "representative payee" for those young adults receiving Supplemental Security Income (SSI) disability benefits from the Social Security Administration and helps clients learn to manage money on their own. Our Town also assists members in obtaining personal documentation (e.g., library cards, voter registration, birth certificates, and medical records). The program also provides strong support in the area of housing services.

Our Town participates in an employment network hosted by Eli Lilly that includes community mental health centers, vocational rehabilitation, consumer groups, the National Alliance on Mental Illness (NAMI), insurance companies, and the Chamber of Commerce. This network meets bimonthly to look at what they can do as a community to improve employment outcomes for adults with serious mental health illness and the recommendation to have a VR counselor come to Gallahue Club House on a weekly basis came out of this group.

E. Entry into Services

Members are referred to services by the courts, judges, probation officers, child welfare, child mental health organizations, other community mental health centers, hospitals, and Gallahue's outpatient children services. If the young person being referred is under the age of 18, the Indiana ACT regulations prevent Our Town from serving them. In those cases, the individuals are referred to another Gallahue community program for children and they can be transferred to Our Town when they meet the ACT criteria.

When a referral is made, the Our Town project director usually first conducts "a meet and greet" to make sure the potential members and their families know what Our Town does and doesn't do. If it seems like a good fit, the clinical supervisor/team leader does an intake – sometimes on the same day and, if not, within two or three days. The clinical supervisor uses the Universal Assessment Form (UAF) for intake purposes. The initial treatment plan is developed at intake and the enrolled members identify at least two goals that they want to work on. Any staff member can add to the plan after the first month. The clinical supervisor then introduces new members to those staff who are present and begins the process of connecting the young adults to services. All treatment plans are reviewed every 60 days to assess where they are with their goals and what new goals need to be added. This is done informally with the individual members.

The young adults drive the process. If they have legal involvement, the courts are part of the process. If they come through child welfare and have a case manager there, this person is also involved.

The new member is assigned a primary contact person but can call anyone on the team as needed. Clinical services are shared and various care coordinators on the team specialize in particular areas. For example, one care coordinator focuses on

primarily representative payee work and another tends to focus on legal work. If members miss more than one appointment, that is discussed at the team meetings and any care coordinator on the team can volunteer to make a home visit. The average length of time between referral and first services varies between two days and two weeks. All of the case management is considered to be intensive and the ratio of case managers to members is one to ten.

F. Quality Monitoring

Our Town conducted a formal evaluation covering its first three years of operation through funding from Eli Lilly. Clients were interviewed at the time of intake, six months, and one year. "Overall, the results were quite promising, demonstrating improved client functioning across the range of indicators both compared to the year prior to entry, and over time while in treatment." Compared to the year prior to admission, clients showed improved adult daily living skills, greater financial quality of life, and greater satisfaction with treatment and with their jobs, with Our Town members less likely to be homeless (8.7 percent versus 30.4 percent), more likely to be working (21.7 percent versus 60.8 percent), less likely to be in jail (8.7 percent versus 34.8 percent), less likely to be convicted of the misdemeanor (2.1 percent versus 16.0 percent), and compared to the intake, spent more time independently housed at 12 months.

Members also showed significant improvement in functioning during the course of treatment. Members displayed cumulative improvements in their overall functioning and in ratings of their clinical progress over time. Of particular importance, compared to the first six months of treatment, members were more likely to be independently housed and worked more hours by the end of the 18 months of treatment. Thus, the more treatment they received the better they seemed to be. The evaluating team from the Indiana Consortium for Mental Health Services Research concluded that "[t]here were clear and significant improvements in clients' symptoms, functioning, work, housing, and legal problems: a threefold increase in employment, a threefold decrease in homelessness, and a nearly fourfold decrease in legal problems or jail. The

results appear to be sufficiently positive to merit continued funding and expansion of the Our Town model to other sites statewide. More speculatively, given the high costs of incarceration and the increased income associated with working, the decrease in jail contacts combined with increased employment, [one could] suggest that the intervention may be able to pay for itself through cost offsets in reduced overall societal costs." (Our Town Summary of Accomplishments, April 2007).

In addition to this formal independent evaluation, the Indiana ACT Center gathers information on a monthly basis on how many people are employed, living independently, in some type of education program, or pursuing a high school diploma or GED. The ACT Center data is fed back to Our Town quarterly for quality improvement purposes. Customer service surveys are also given to clients on a monthly basis to fill out. These are returned to Community Health Network, which analyzes satisfaction and reports findings back to Our Town at monthly administrative meetings. There is no formal survey of family members. Respondents reported that changes have been made based on the customer feedback.

IV. RELATIONSHIP TO STATE

In 2006, Indiana applied to the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) a Mental Health Transformation State Incentive Grant, but did not receive it. The state decided to move ahead and implement their transformation proposal anyway and transition-age youth are a part of the transformation plan. Respondents were not sure as to how this plan might impact the activities and work of Our Town.

V. LESSONS LEARNED

A. Most Important Achievements

One of the program's most important achievements is hearing from members that they are feeling hopeful, that they feel respected, and are feeling better about themselves. They know that Our Town will be there to advocate for them when they need

it. Respondents also felt that Our Town has started to influence the culture at Gallahue Mental Health Services.

On a more individual basis, respondents felt that one of the program's most important achievements is young adults getting their first apartments, cooking, starting school, and beginning new jobs. Respondents agreed that Our Town has established important partnerships with different housing agencies and shelters to make sure that members have a place to go. The program has been particularly successful in this area.

B. Program's Greatest Challenges

One of the greatest challenges has been to sustain funding. A number of the state rules and regulations defining the ACT model seem to be arbitrary and result in barriers that don't appear to be logical at the local level. Respondents reported that conforming to Medicaid requirements is a challenge and that the eligibility process is pretty difficult to get through. Respondents reported that adhering to the conformities of the system (which they have to do for funding) and at the same time trying to keep a positive perspective is a challenge. Respondents felt that it is hard to "corral" young people to even fill out a Medicaid application. While Our Town will assist them in this process, Medicaid will then write to the young adults, telling them to come in for evaluations. Frequently the young adult members will forget or neglect to tell Our Town and the whole process has to start again.

In addition, respondents stated that because this population is so underserved, the public has some misunderstandings – with adolescents and young adults, the general perception is that they have behavior problems and not illnesses. At the same time, none of the young people want to be labeled with mental illness.

C. Influence on Larger Service Delivery System

Our Town's efforts and work have resulted in a greater understanding of the needs of the young adult population in a larger service delivery system. Transition-age youth are at least on the radar screen at the state level and have been included in the state transformation plan. In addition, the Bonner Community Center has started a new group for young adults who don't meet the criteria for ACT. The Center recently approached Our Town when a possibility of a new housing project came up, and they are considering designing 10 units of permanent housing studio apartments with more shared space to facilitate social interaction opportunities for this population.

D. Overall Learning

On the positive side, respondents agreed that Our Town works on a philosophy different from the general practice in mental health service delivery. Our Town is here to give back to young adults the opportunity to make choices and to have hope, which is a very different goal from just trying to "maintain clients." This philosophy of discovery/recovery is beginning to penetrate Gallahue Mental Health Services, which is now also adopting a philosophy of recovery.

On the negative side, Our Town provides an example of how well-intended state regulations (if not very carefully crafted) can have unintended consequences. Their proactive planning for sustainability, e.g., becoming certified as a specialty ACT team, ultimately resulted in the loss of much of the program's flexibility. It remains to be seen whether the program will be able to maintain the autonomy felt to be so important in reaching out to and engaging young adults with psychiatric disabilities.

E. Benefits to Young Adults and Families

Our Town provides young adults with psychiatric disabilities the tools and resources to become more independent and have hope. In addition, Our Town has given families support so that the weight is not all on their shoulders.

APPENDIX F

Transitional Community Treatment Team

NORTH CENTRAL MENTAL HEALTH SERVICES
COLUMBUS, OHIO

I. BACKGROUND

A. Site Visit

On June 19-20, 2007, the Institute for Educational Leadership's National Collaborative on Workforce and Disability for Youth (NCWD/Youth) conducted a site visit with the North Central Mental Health Services Transitional Community Treatment Team in Columbus, Ohio. The visit was part of a study sponsored by the U.S. Department of Labor's Office of Disability Employment (ODEP) to identify promising practices and develop new knowledge on effective practices for helping youth with mental health needs transition to postsecondary education and/or employment. The site visit included interviews with the project director, the CEO of North Central Mental Health Services, and service providers, including providers of case management, mental health, and education/employment services. The visit also included two group discussions, one with the youth/young adults receiving services and one with parents/family members.

B. Program History

North Central Mental Health Services is located in Columbus, Ohio, and provides mental health and substance abuse services to residents throughout Franklin County. The population of Franklin County is approximately 1.07 million residents. Twenty percent of the county's residents are African-American, as compared to only 12 percent

in all of Ohio. According to the U.S. Census Bureau, a quarter of the Franklin County population (25.3 percent) is under the age of 18. It was also noted that Columbus has a large Somali population, roughly 40,000 people, and it is an official resettlement area.

North Central's Transitional Community Treatment Team (TCTT) was established in 1990 and was the first transitional community treatment team for adolescents in the U.S. In the late 1980s, as state psychiatric hospitals were being closed and with funding from the Robert Wood Johnson Foundation, the Franklin County service provision system and North Central began implementing community treatment teams for adults with severe mental illness based on the Assertive Community Treatment (ACT) model. When the children's psychiatric hospital was also closed, studies revealed that these youth were ending up in jails and adult inpatient wards. Thus, momentum grew to establish a new adolescent treatment team in 1990 for young adults ages 16-22. A second team was added a few years later and the age range was expanded to include ages 14 and 15. The teams now serve youth from age 14 – 22. Since 1990, the program has worked with over 600 adolescents with multiple needs who have been involved with multiple systems.

1. Target Population — The target population is youth ages 14-22 with severe emotional disturbances or severe mental illness, who have had previous psychiatric hospitalizations (including

residential treatment), and who have multi-agency involvement (e.g., special education, child welfare, juvenile justice). These are "deep end" youngsters who, in the past, would have been in state psychiatric hospitals.

2. Program Mission — TCTT's mission is to assist adolescents and young adults with mental illness move into adulthood, to assist with recovery and enhance resilience, and to achieve employment, independent living, and stable social relationships. Respondents view the program as a specialized bridge for those most in need of assistance. It is also seen as a small funnel between two larger systems (the child and adult systems). One respondent stated that the mission of TCTT is "to help youth increase their independence as much as they are individually capable of doing so, to help parents and youth understand the disability so that they can understand what they are capable of and not capable of." This is important so that the family can be a support and not a barrier.

3. Defining Features — TCTT is based on an adaptation of the Assertive Community Treatment (ACT) model, an evidence-based intervention developed for adults with severe mental illness transitioning from state psychiatric hospitals to the community. The original ACT model team was comprised of nursing staff and case managers. TCTT originally added a therapist and an education/vocational specialist to the team, and incorporated many more group components (both clinical and in activities of daily living) to the ACT approach. TCTT also hired a younger staff who could communicate well with the target population.

TCTT has been operating with two transitional teams, one focusing on ages 14-22 and the second on ages 16-22. Referrals come from psychiatric facilities, youth mental health providers, child welfare, and the juvenile justice system. At any one time, these two teams serve approximately 100

> (T)he mission of TCTT is "to help youth increase their independence as much as they are individually capable of doing so, to help parents and youth understand the disabilty so that they can understand what are capable of and not capable of."

adolescents/young adults, with approximately 10 at the emancipation stage. In 2007, North Central entered into a new contract with the child welfare system to work with an additional 100 youth who have a mental illness and are emancipating from Franklin County Children's Services (FCCS). This component of TCTT is called the T.R.A.C. Team (transition, resilience, ability, and courage) and it is funded by the local mental health authority (the Franklin County Alcohol, Drug and Mental Health Board, ADAMH) and by FCCS, with Federal funding from the John H. Chafee Foster Care Independence Program, established under the Foster Care Independence Act of 1999.

The defining features of TCTT are as follows:

• A well-coordinated, multidisciplinary approach founded on ACT principles, with teams that include a psychiatrist, nurse, team leader, team counselor (dually trained), case managers, an education/vocational specialist, and wrap-around staff or case aides. Case managers assume specialist responsibilities such as housing, child welfare, benefits, and juvenile justice liaison.

• Younger staff, most in their 20s, who relate well to the adolescent population.

• Trained staff well versed in adolescent development and adolescent treatment strategies.

• A program that is fluid in all aspects of both the youth and adult social service systems, with well-established program linkages and relationships in both systems.

• A philosophy that strikes an effective balance between a youth system orientation (encompassing the person- and family-centered approach) with a young adult approach of adolescent empowerment, responsibility, and developmental autonomy.

- A location in a primarily adult-oriented treatment facility to insure that graduates move seamlessly into appropriate adult services.

- Provision of the majority of services in the community, in natural settings, to promote "normalization."

- Utilization of highly individualized wrap-around supports and budget process selectively to meet the needs of the most at-risk individuals. (Franklin County provides access to wrap-around funds to all TCTT youth through the Franklin County Youth Forum or through Franklin County Children's Services).

- Team meetings three mornings per week to insure tight communication and coordination of care.

- Flexible staff scheduling to meet individual youth needs, with 24-hour-a-day crisis supports.

- Group treatment and life skills instruction to advance the development necessary for illness management and successful emancipation.

- Emancipation of adolescents into safe, affordable housing arrangements.

4. Funding — The original funding for TCTT was through a grant from the Robert Wood Johnson Foundation. As the grant ended, TCTT was sustained through Franklin County's "levee funds" and Medicaid reimbursements. In Ohio, all the mental health funding comes together at the local level. North Central bills the county by unit, billing for each individual service (by minute) using identified Medicaid procedural codes, i.e., fee for service. Billing is largely for medical/psychiatric services and case management services. Ohio's Medicaid plan does have rehabilitation services, which covers services that focus on restoring basic life skills for independent functioning, communication and socialization skills, and family education and services related to the treatment and rehabilitation of other covered individuals. Ohio does not have any Medicaid waivers that cover this specific population.

Under the new contract with the child welfare system, funds under the John H. Chafee Foster Care

Independence Program (CFCIP) are utilized to pay for wrap-around services. This program was created as part of the Foster Care Independence Act of 1999, offering important help to young people in and transitioning out of foster care and expanding the Independent Living Program to provide services to youth who have left foster care after age 18, but have not yet reached age 21. Funds must follow a specific youth and are accessed through Franklin County Children's Services. Each youth has an individualized budget, which is flexible and can be used to buy such things as a phone or computer. North Central is also able to access flexible funds for its other TCTT youth through the Youth Forum, a consortium of Alcohol, Drug and Mental Health (ADAMH) Board youth-serving. The Franklin County ADAMH Board contributed dollars to fund this program.

II. PROGRAM DESCRIPTION: SYSTEM LEVEL

A. Guiding Structure

TCTT is governed by the policies and regulations of North Central Mental Health Services. It does not have a separate governing or advisory body. However, North Central does enter into interagency agreements, contracts, and memoranda of understanding (MOU) on behalf of TCTT. Child Welfare, ADAMH, and North Central have an MOU to support the TRAC team. North Central also has another agreement with the juvenile justice system, Behavioral Health Juvenile Justice (BHJJ), to serve identified youth who have been assessed in the juvenile justice system and referred to North Central for case management. North Central also has an agreement with the Youth Forum to permit access to specialized funds (flex funds) for identified youth. (The BHJJ contract also flows through the Youth Forum.) North Central has an MOU with NETCARE which provides crisis services and referrals to North Central. NETCARE is the psychiatric emergency provider for the County and provides overnight and weekend emergency services for North Central. In addition, North Central partners with the Central Ohio Vocational Alternatives (COVA).

There is a monthly interagency directors' meeting. The transition team is represented by TCTT's clinical director at both the adult meeting and the child/adolescent meeting. COVA also participates in the monthly adult meeting and there is consumer representation at the directors' meetings. The youth meeting is conducted through the Youth Forum and is chaired by the ADAMH clinical director. Youth do not participate in the monthly meetings of the Youth Forum; however, at the time of the site visit, TCTT was in the process of starting a Youth Advisory Committee for its TRAC program. With the implementation of TRAC, they have decided that it is important to have on-going input from youth served in the program. For the past year, North Central, in collaboration with the Franklin County Mental Health America, has had a Young Adult Families In-Touch Group for family members whose youth are in TCTT. That meets every two weeks. North Central plans to conduct consumer satisfaction surveys with both groups to assess what participants liked and didn't like.

> North Central, in collaboration with the Franklin County Mental Health America, has had a Young Adult Families In-Touch Group for family members whose youth are in TCTT.

B. Management and Operations

1. Staffing — Approximately 40 percent of the youth participating in the program are African-American, compared to 20 percent representation in the general county population. Of the 14-15 TCTT program staff, three are minorities. Respondents reported that turnover of case managers is a problem at times. The turnover is a systematic problem that relates to a number of factors, including productivity and documentation requirements resulting from the claims environment that the program operates in. As mentioned earlier, North Central makes a concerted effort to hire younger staff for TCTT and finding staff that have the right skills sets to work with adolescents can be challenging.

Case managers at North Central are required to have college degrees. The majority has psychology training, but it is not required. TCTT starts case

managers out at $11 per hour and adjusts up for added credentials. The transition teams include staff with bachelor degrees in fields related to mental health such as psychology and sociology. Transition teams also include staff with bachelor degrees in non-related fields, such as History, English, Economics, and independently licensed individuals such as counselors, social workers, and psychologists, psychiatric nurses, and psychiatrists. Most of the case managers are hired as "trained others." In addition to providing internal opportunities for on-going staff development, the program also facilitates attendance at external trainings.

TCTT has trained mental health professionals on-site because it operates under the auspices of a mental health center and because the ACT model is a "one-stop" model that attempts to provide all of the services the client may need under one roof. Staff is very strong in adolescent development, mental health conditions, professional ethics, and boundary considerations. When hiring, an effort is made by the program to recruit individuals who have the ability to write, provide interventions, and document medical necessity criteria. Supervisors are very "hands on" and they are expected to read every chart daily and provide training to new employees on how to document effectively in the charts.

While staff members have a working knowledge of employment and disability laws, they also rely on their partner workforce organizations when appropriate. Each day begins with a team meeting chaired by the team leader, where the progress of clients is reviewed and obstacles are addressed. Under the new contract with Child Welfare, a TCTT service coordinator works out of the Child Welfare office, spending part of her day there and part at TCTT. She monitors performance through on-going individualized team meetings.

The CEO for North Central reads all of the case

notes for new staff for the first month and it was reported that the goals established early on are full of employment objectives. For example, the plans tend to focus on work, taking people to get job applications, and assisting with transportation. Respondents stated that employment goals are particularly important for the transition population because in general this group has not experienced long term institutionalization. They have not given up hope, which is often the case with older adults who have spent years in institutions and out of the workforce.

TCTT has only used youth to provide services to other youth in the program in limited circumstances. There have been occasions when a youth going into an apartment may be paired up socially with someone who has been through the experience, but this is largely on an informal basis. Respondents also indicated that TCTT has occasionally used family members in support roles and has used wrap-around funds to pay for this. North Central also houses a family support group, known as Families in Touch, which is led by a professional.

2. Information Management — Partner agencies do not share unified case records or an integrated management information system. However, many of the youth and young adults are involved with the child welfare and/or education systems and TCTT obtains a release from the youth/young adult to share information. Many of the youth have an Individualized Education Plan (IEP) and in these cases the mental health plan is attached to the IEP as required by state regulation. Respondents felt that the system works well with the education systems if TCTT is able to get involved early enough. One of the reasons the program lowered eligibility to age 14 was so they could reach youth before they've dropped out of school. Older youth may attend Columbus State College, a local community college, which has a strong disability office supporting youth with these challenges. For training, TCTT works with the Center for Vocational Alternatives (COVA), which is largely funded by ADAMH, and with the local vocational rehabilitation office.

3. Training — North Central has an extensive training program for staff, providing mandatory training on Adverse Incidents, Billing & Coding, Client Rights/HIPAA Compliance, Cultural Diversity, Ethics, Client Rights, Person & Family-Centered Service Planning, Sexual Harassment, Verbal De-Escalation, and Safety Procedures. In addition, in 2006-2007 North Central offered trainings in Islam 101 (Working with Persons of Islamic Faith), Serving Transgender Persons, Serving Persons with Appalachian Cultural Backgrounds, Overview of HIV/AIDS, and Community Resources for Gay/Lesbian/Bisexual/Transgender Consumers. The Center also produces a monograph series on such topics as Activities of Daily Living, Anti-Depression Medications, Anxiety and Anti-Anxiety Medications, Meaningful Goals and Objectives, Medical Necessity, Mental Health Court: Purposes and Processes, Somalia & the Somali Diaspora, and Working with Clients Who Have Been Hospitalized.

III. PROGRAM DESCRIPTION: SERVICE DELIVERY LEVEL

A. Primary Components of the Program

Respondents stated that the primary component of TCTT is case management, also referred to as Community Psychiatric Support Treatment (CPST). Each team has its own mental health therapist. The clinical and administrative supervisor runs team meetings, oversees clinical documentation, and conducts training. Transition Team #1 consists of the team leader, a male therapist, and six case managers. At present, Transition Team #2 includes a team leader, a female therapist, and three case managers. North Central was in the process of hiring additional case managers at the time of the site visit. TCTT is one of the community treatment teams within North Central and it is unique in the population it addresses. It is considered a specialty team within the agency; there are two other specialty teams – one for individuals that have dual diagnoses and one for senior citizens.

Other key components of the program include parent education, education of the young

adults/youth about their symptoms and what treatments would be best for them, linkages to private insurance or Medicaid, helping them understand the health care system, advocacy, linking youth with schools to further their education, supporting them where they are (e.g., with vocational training and/or volunteering), and helping them structure their days.

B. School-Based Preparatory and Career Preparation Experiences

Youth typically entering the program are high school dropouts or in special education. For youth who are still eligible to receive a diploma, the goal might be to reconnect them to school, connect them to vocational training, to help them find a job, or to look for a new job. Basically the case manager helps them find the track that is best for them. Youth are encouraged to obtain a GED or equivalent certificate and are connected with appropriate educational resources. Depending on their individual goals, some youth are assisted in applying to Community College at Columbus State University, which provides excellent support for youth with disabilities.

TCTT also helps youth link to career and technical programs sponsored by the educational system or vocational rehabilitation. Frequently young adults are linked to the Franklin County Central Ohio Vocational Alternatives (COVA) for career preparation services and exposure to career options or career pathways. COVA provides vocational assessments, vocational trainings, referrals, onsite computer classes, job coaching, and independent employment options. COVA has well-established relationships with employers who are willing to work with adults with mental illness. They don't have a separate track for young adults but all of the work they do is individualized.

For youth that don't want to go COVA, case managers will walk them through the job search process and provide more informal job coaching, guiding them through the competitive employment process. Case managers frequently facilitate work-based experiences such as job shadowing,

internships, and community service. With permission, they communicate with employers, but this is on an individual basis and is limited. Generally TCTT refers individuals to Ohio's Bureau of Vocational Rehabilitation (BVR) for job matching services, occupational skills training, and supported employment, and BVR generally delivers services to eligible youth through COVA. To date, TCTT's experience has been referrals to BVR and COVA who then assess and support individuals into entry level positions. Not many youth working with TCTT have been set on career paths with advanced education or training, at least at this point. While BVR works with people with all types of disabilities, they have found that young adults with severe mental health conditions are often suspicious and become easily frustrated with the process. The TCTT case manager assists youth in understanding the process. Youth go through a two-week assessment to look at their skills. The case managers try to help the youth see that if they start at one level, they move up.

C. Youth Development and Leadership

TCTT provides intensive independent living skills training, individually and in groups, including travel training, medication management, financial planning, and benefits management. North Central is frequently the representative payee for many of the youth who receive Supplemental Security Income (SSI) disability benefits and/or Social Security disability benefits, but they also train youth on how to become their own payees. At the present time mentoring activities are limited. Case managers do considerable training in conflict resolution, self-advocacy, and empowerment, and provide numerous youth development opportunities for building leadership skills and self-esteem. The program also conducts young adult groups on daily living skills, hygiene, practice for job interviews, and job seeking.

D. Connecting Activities

TCTT is able to access flexible funds for wrap-around services. Part of the transition team is funded by a grant, rather than Medicaid, which gives them more flexibility, e.g., they can boost supports

during transition, pulling in natural supports, individualized supports, and wrap-around staff. TCTT contracts with two organizations for this service, Dungarvin (a national organization of privately owned companies that provide support services to people with developmental disabilities) and Consumer Support Services of Franklin County.

As mentioned above, TCTT has trained staff onsite to assess mental health needs and provide mental health treatment. For transition youth, all of the case management provided is intensive. North Central also has certified staff that can provide substance abuse treatment and young adults with significant substance abuse treatment needs can receive services through the Integrated Dual Disorders Treatment team. TCTT also coordinates with, and refers youth to, school-based day treatment when needed. While mental health services are provided directly, they refer youth/young adults out for general health. TCTT provides transportation when needed, and transportation training in collaboration with the public transportation system. The program assists young adults with obtaining housing services, personal documentation (e.g., library cards, voter registration, and birth certificates), medical records, and child care if needed.

Housing is a major need for this population. TCTT provides significant support to help young adults find housing. They work with the Community Housing Network funded by ADAMH for people with mental illness to find subsidized housing. Many TCTT youth do qualify for public housing. At the time of the site visit, North Central was in negotiation to purchase an apartment complex for transition-age youth, one with 12 units and one with eight units. This would provide supervised apartment living opportunities for young adults with mental illness. Since the visit a contract to purchase (with a signed commitment for funding from Ohio's Department of Mental Health, ADAMH, FCCS and North Central) has been negotiated for the eight unit facility.

> **TCTT define(s) success as the clients' ability to enjoy a better quality of life without discrimination based on mental illness.**

Education and training is a specific component of the young adults' treatment plans. Historically, each TCTT transition team had its own vocational/educational specialist. However, in recent years these two positions were converted to enable the teams to each hire another case manager and reduce case loads. The average case load is 16-17 young adults at any time. As a result of this conversion, the one vocational specialist at North Central has had to become a resource to all the treatment teams.

E. Entry into Services

North Central has four full-time independently licensed intake workers for the entire agency and intake generally occurs with the family coming to North Central. If a young person is in a hospital, an intake worker will go there for the process. After the intake, within 24 hours the intake worker meets with North Central associate director who assigns all new clients to the appropriate service. If the young adult is assigned to TCTT, the clinical director meets with the youth and the family to explain the TCTT services. The average length of time between referral, assessment/intake, and delivery of the first service is within a week.

Once the youth and family have been assigned to a team, a case manager is paired with them and individualized service planning begins. TCTT utilizes a structured individualized service plan that addresses multi-life domains. All enrolled young adults must work on clinical recovery and, if they have a drug or alcohol problem, this must also be addressed in the plan. Other life domain components are addressed in accordance with young adults' priorities, including personal empowerment, social empowerment, community integration, vocational/educational, and general health. Partner agencies generally do not participate in creating the plan but they do participate in implementing the plan, as appropriate.

The young adults are central in designing their plan. If they are 18 years of age or older, family participation is not required but is encouraged. For youth ages 14-17, family participation is required. Parents (or Child Welfare for those who are in their custody) are required to sign the plans and the youth co-sign. The plans are very structured and designed to guide participants through the process. The young adults and case managers have to think about growth and issues in each of the seven areas – they don't necessarily have to have a goal in each area but they must consider it. Each young adult has a case manager and a team leader. Team leaders don't carry case loads but are responsible for the teams as a whole.

F. Quality Monitoring

Respondents stated that successes differ based on the clients. In general, TCTT defines success by the following indicators: (1) less hospitalizations; (2) more people employed; (3) more young adults living independently; (4) more high school or GED attainment; and (5) less intensive service need.

TCTT has had many young adults move from needing intensive case management services to needing less intensive services, such as mental health counseling. Both North Central and TCTT define success as the clients' ability to enjoy a better quality of life without discrimination based on mental illness. The goal of the program is to assist clients to better understand their illness, continually move through a lifelong recovery process, and to assist them in appreciating their uniqueness and work with that in their recovery.

The program looks at the history of each young adult at admission and again at discharge. TCTT also conducts satisfaction surveys on a regular basis, administering them at the time of a person's admission, at three months, at six months, and every year to assess and reassess outcomes. The ADAMH board also calls clients randomly. Outcomes are also monitored through treatment planning and termination summaries which address the number of goals attained and not attained. The termination summaries also look at where the young adults go after they leave TCTT.

IV. RELATIONSHIP TO STATE

Ohio has a new state initiative on transition services for young adults with mental health needs. The Ohio Department of Mental Health is spearheading this effort and it will be putting out a white paper identifying gaps in the system, especially in the adult system, and describing promising practices. TCTT will be integral to identifying best practices and is expected to be drafted to do some of the training. TCTT is the oldest and the largest transition program in Ohio, and also one of the largest programs nationally.

V. LESSONS LEARNED

A. Most Important Achievements

Respondents stated that TCTT's most important achievements are all of the young adults who have successfully moved to adulthood and been diverted from a chronic course of illness. In a recent meeting, Franklin County Children's Services (FCCS) stated that the program has been extremely successful so far, both financially and clinically: "The youth are being well served, gaining skills towards independence and at great savings." The first 20 youth in the TRAC program were costing an average of $450 per day to house in their various residential placements before referral (i.e., $270,000 per month or $3,240,000 per year). TCTT is budgeted for $450,000 to serve 40 youth in the same period. There are some other costs that FCCS would incur for these youth, and TCTT bills Medicaid for some of their services through North Central Mental Health Center. Nonetheless, the savings in base placement costs are extremely impressive. TCTT has touched hundreds of young people's lives and the case managers have had a very positive impact on people. "TCTT works with very ill youth and the fact that they are still here is a great achievement." The program has helped these young people to become independent.

Respondents also felt that being part of a community mental health center was a definite strength of the program. While acknowledging that being physically located in the Center is initially a

challenge to engaging adolescents and young adults, they believed that in the end the physical proximity is an advantage because these youth, who will likely need adult services later on (even if less intensive), will not have to go through another transition.

B. Program's Greatest Challenges

Respondents indicated that one of TCTT's greatest challenges when it first began was negotiating all the hurdles between the youth and adult systems. Another challenge is simply that this is a very difficult population to engage and keep involved in treatment. Respondents also said that providing community-based treatment in a Medicaid driven environment is extremely difficult. The ACT model was developed in a grant environment and transitioning to a Medicaid "fee for service" model has been very difficult. Since Ohio doesn't have any Medicaid waivers that cover this population, it operates in a Medicaid claims environment. All of the external and extensive documentation requirements placed on case managers are a challenge, including the requirement that everything be deemed medically necessary in order to be reimbursed. Respondents also reported that finding safe and affordable housing for these young adults continues to be a major challenge. It has also been difficult to access drug and alcohol treatment for youth under age 18 who are not eligible for Medicaid.

C. Influence on Larger Service Delivery System

Because TCTT was the first program of its kind, it has provided consultations locally, nationally, and in Canada. It has raised sensitivity to the special needs of the young adult population in all the adult mental health programs. In addition, the child welfare system has become much more responsive to the needs of this part of the population as well - particularly since the TRAC team was established.

Child Welfare has even contributed funds to the proposed apartments for young adults with mental illness.

D. Overall Learning

TCTT has shown that treating adolescents and young adults with mental illness can be done successfully and that there is a great need for this type of program to expand. TCTT is moving in this direction through its plans to open a drug/alcohol program for minors and supported housing resources for the transition population. North Central has come to appreciate the collaboration that exists between TCTT and Children's Services. This collaboration has resulted in strong relationships, which can only help when local levees have to be voted on.

> TCTT has shown that treating adolescents and young adults with mental illness can be done successfully and that there is a great need for this kind of program to expand.

E. Benefits to Young Adults and Families

Young adults and their families now have a team they can rely on for comprehensive services. In many ways, TCTT has taken the burden off of parents who don't know what the next steps should be to facilitate their children's integration into the community. They know they have someone to call. TCTT is also a great support for the young adults, knowing that they have someone to help guide them through the various systems. TCTT's advocacy has been critical in helping participating youth/young adults access Medicaid, Supplemental Security Income disability benefits, and transitioning to adulthood in general.

APPENDIX G

YouthSource

King County Work Training Program & King County Department of Community Human Services, contracted by Workforce Development Council of Seattle-King County
Renton, Washington

I. BACKGROUND

A. Site Visit

On August 21, 2007, the Institute for Educational Leadership's National Collaborative on Workforce and Disability for Youth (NCWD/Youth) conducted a site visit at YouthSource in Renton, Washington. The visit was part of a study sponsored by the U.S. Department of Labor's Office of Disability Employment Policy (ODEP) to identify promising practices and develop new knowledge regarding effective practices for helping youth with mental health needs transition to postsecondary education and/or employment. The YouthSource site visit was abbreviated to a half day because the program is smaller in scope compared with other sites in this study (partly due to almost 20 percent cuts in Workforce Investment Act funding over the past year) and family members and youth were unavailable for interviews. YouthSource runs their programs based on the school year calendar and the site visit was conducted over the summer break.

YouthSource represents one piece of a partnership between the Seattle King County Workforce Development Council (WDC) and the King County Department of Community and Human Services (DCHS). It is a unique model in that it acts as a One-Stop Career Center solely dedicated to youth ages 16 to 21. The WDC contracts with DCHS to manage nine youth learning centers throughout King County. Two of the learning centers are

particularly unique in that they each house a mental health therapist, as part of a partnership with the Ruth Dykeman Children's Center: (1) YouthSource, which targets out-of-school youth; and (2) NewStart, which targets in-school but at-risk youth, and is housed in a local high school. This case study focuses solely on YouthSource.

The site visit included interviews with the YouthSource program manager, the DCHS Workforce Investment Act youth manager, the on-site mental health/substance abuse therapist, and a planner from the Seattle-King County Workforce Development Council. Telephone interviews with the same individuals supplemented the information gathered at the on-site interview. This case study will provide some background on the program prior to the funding cuts but will emphasize the program's current structure.

B. Program History

In King County, the concept of a learning and career development center that serves youth has existed since 1996 (under the Job Training Partnership Act, the precursor to the 1998 Workforce Investment Act/WIA). By 2000, with the statewide adoption of WIA, YouthSource became part of Washington State's "one-stop career centers," called WorkSource Centers in Washington. YouthSource is co-located within WorkSource Renton, a One-Stop Career Center for adults, but it is separately directed and staffed for the benefit of

youth through a contract managing a network of nine out-of-school learning centers from the Seattle/King County Workforce Development Council. YouthSource is one of the nine learning centers and is unique in that it houses a mental health professional.

The impetus for the program's becoming a vehicle for serving at-risk or disconnected youth was staff suspecting undiagnosed learning disabilities in many of their clients. With support from the State, the program created and implemented a screening tool for learning disabilities, and provided needed accommodations based on individual results and needs. The success and experience of this endeavor led staff to suspect that some of their young clients with mental health needs had co-occurring learning disabilities. In 2003, using a two-year grant from the U.S. Department of Labor's Office of Disability Employment Policy, the program explored this trend and implemented solutions to identify and transition youth with mental health needs into work and independence. The grant also provided opportunities for administrators and staff to articulate the different needs of in-school and out-of-school youth, leading to two separate programs that still remain today: YouthSource, which targets out-of-school youth; and NewStart, a partnership program with the Highline School District to provide immediate intervention services to in-school youth at-risk of dropping out or who have recently dropped out.

It is important to note that YouthSource is available to all youth, not just youth with mental health needs. YouthSource adheres to a non-disclosure policy and staff report that most youth have never received an official diagnosis of emotional disturbance or chemical dependency. Staff members suspect high rates of drug and alcohol abuse, and some mental health conditions, but are unsure of actual incident rates. Demographic data indicates that over 90 percent of the participants are high school drop-outs, over 90 percent are low-income, and at least one-third are ex-offenders.

> **YouthSource is available to all youth, not just youth with mental health needs...staff report that most youth have never received an official diagnosis of emotional disturbance or chemical dependency.**

Over the course of the two-year grant, the Seattle Youth with Disabilities Demonstration Project, YouthSource supported two transition coordinators and six case managers, all certified social workers, and provided regular trainings for staff on disability, mental health awareness, and service practices. Additionally, the program supported three on-site mental health and substance abuse therapists, provided by the Ruth Dykeman Children's Center. The program selected and implemented the Child and Adolescent Needs and Strengths-Mental Health screening tool (CANS-MH), the Casey Life Skills Assessment, and intensive psychological and diagnostic testing on an as-needed basis. This testing was expensive but, according to staff, a highly valuable resource for youth who were living with serious and undiagnosed emotional disturbances.

The ODEP grant ended in 2005. However, based on the program's success and the growing recognition of the value of co-located mental health and substance abuse counseling with youth career preparation services, the program continued with support from the Seattle-King County WDC and county general revenue funds. Access to diagnostic testing services, however, was eliminated due to the high costs involved.

Because of cuts in Washington's WIA Title I-B youth funding (10 percent cut in July 2006, unexpected additional cuts of 2 percent in February 2007, and 6 percent cut in July 2007) the program has undergone significant and, according to staff, painful consolidation. The program today supports just three case managers (for almost 600 clients annually) and one on-site mental health/substance abuse therapist. To a limited degree, the program

accommodated the 2006 cuts by shifting some services into the county general revenue funding stream, a more flexible funding source than WIA. WIA is highly restrictive as to how much administrative cost can be covered, including some staffing costs, so the program pays for the on-site therapist using county funds. The three remaining case managers are mostly funded through WIA because they are considered "direct service" staff and therefore are allowable costs.

The 2007 WIA cuts, along with increased statewide restrictions on cost reimbursement for drug and alcohol counseling, have pushed the program to further cut costs by adopting a "hybrid model" of funding for serving youth in need of mental health and chemical dependency services. Previously, the county reimbursed 100 percent of these services, which allowed a certain degree of flexibility by the mental health therapist to serve more youth with a range of needs. Today, 50 percent of these services are cost reimbursable by county funds and 50 percent must be invoiced under a fee-for-service structure. The fee-for-service structure requires that youth meet certain eligibility criteria for drug and alcohol counseling, which not all youth neatly fit. This affects the program in three ways:
(1) Less money overall is available to the program because not all youth meet the eligibility criteria for fee-for-service invoicing; (2) Youth do not necessarily get what they need, again because they do not necessarily fit eligibility requirements; and (3) The on-site counselor spends valuable time trying to understand relevant rules and regulations and filing necessary paperwork in order to be reimbursed for eligible clients, and time finding alternative ways to meet the needs of youth who are not eligible.

Despite these drawbacks, the program today still stands as a model for serving at-risk or disconnected youth due to the on-site therapist, the close partnership with the Ruth Dykeman Children's Center, staff awareness of the specific needs of disconnected youth, and the program's reputation among youth as a place to go for guidance. The

program is also a model for local collaboration in serving this population due to an extensive network of partnerships and shared staffing agreements with numerous community services and county agencies. In addition to the Children's Center, partners include Seattle public schools, AmeriCorps, ArtCorps, Job Corps, the YWCA, the King County Superior Court, and the Washington State University Extension office.

1. Target Population — YouthSource targets disadvantaged, disconnected, and at-risk youth ages 16-21. The recent cuts in WIA youth funding forced the program to bar youth ages 16 or younger from eligibility. An exception to the age range is the YouthBuild program, operated within YouthSource but independently funded by HUD, which serves youth age 16 up to age 24. The typical YouthSource client lives in poverty, is disconnected from family, without health insurance, lacking a high school diploma or equivalent, out of school for about two years, and a has a history of involvement with the juvenile justice or corrections systems in some way. At least 10 percent report a disability of some kind. YouthSource serves about 600 youth annually, and actively serves around 40 youth in any given month. Demographic data indicates that about 40 percent are Caucasian, 30 percent are African-American, and the remaining clientele are Asian, Pacific Islander, Latino, Native American, and "other" ethnicities. The clientele is fairly evenly split between males and females and the average age is 17 years.

2. Program Mission — To create a safe and positive community in which youth can enhance their intellectual, emotional, and social well-being and practice leadership, teamwork, and effective community membership.

3. Defining Features — YouthSource, with extensive support from a consortium of youth providers and partners, offers an array of opportunities and programs focusing on education, employment, and leadership. These services include connections to a range of youth programs, links to

> **YouthSource serves about 600 youth annually, and actively serves around 40 youth in any given month.**

community resources for life stabilization, job readiness and placement, and comprehensive case management.

- *Education:* YouthSource offers students who have experienced an incomplete education the opportunity to learn in a nontraditional setting at their own pace. YouthSource has an on-site classroom and computer lab, and utilizes certified teachers and tutors from community partners as needed. Students can work toward attaining their high school diplomas, GEDs, postsecondary degrees or certificates, and basic computer skills. Tutors also provide one-on-one remedial education. Education opportunities are all self-paced and student-centered, "open" entry and exit, and integrated with projects or individual client goals. YouthSource works with school districts on credit recovery as much as possible, and align assessments with the Washington State Essential Academic Learning Requirements, the state's secondary education learning standards.

- *Employment:* YouthSource employment activities occur in tandem with academic work. Job-seeking youth can access the following:

  ~ *Career exploration* with hands-on experiential opportunities and internships, including: (a) YouthSource subsidizes up to 160 hours of an internship with participating employers; and (b) YouthBuild, Digital Bridge, and Opportunity SkyWay (described in Part III, below), which offer paid job training for up to four months at the state minimum wage rate of $7.93 an hour, (the nation's highest minimum wage) and industry certificates upon completion. Prior to enrollment in one of these programs, clients must complete a three-week trial or "challenge" preparing them for the demands of the longer program. If they do not complete the challenge, they are re-directed to alternative YouthSource services until ready to complete the challenge.

  ~ *Job readiness training,* including: (a) introductions to career pathway concepts, goal setting, and individual career pathway planning; and (b) soft skills training (e.g.,

dressing appropriately for work, talking to your boss and customers, managing emotions at work, the importance of showing up on time and staying through a shift, relating to co-workers, and handling stress and conflict).

  ~ *Job search assistance,* including resume writing, interview skills, scans of job vacancies, and job placement services. Because YouthSource operates as a WIA One-Stop Career Center for youth, co-located with an adult One-Stop and funded in part by the Seattle-King County Workforce Development Council, its programs are heavily geared toward being work and career ready. This focus is well-grounded in the philosophy that to be ready, individuals must be exposed to career opportunities, gain both academic and occupational skills, learn soft skills, have access to mentors and role models, learn independent living skills, and be connected to needed support services. This necessitates a set of comprehensive services that can address these multiple needs based on individual readiness to take advantage of services and progress accordingly.

  YouthSource staff are also responsible for intensive employer-engagement strategies. During the time of the site visit, YouthSource was actively partnering with over 130 employers, including REI, King County Public Health, and major Seattle law firms. These partnerships are successful because staff actively pursue customized relationships with each company in order to create mutually beneficial opportunities. YouthSource will pay up to 160 hours of a client's wages and pre-trains clients in work readiness in exchange for employers offering the opportunity, providing on-the-job training, and mentoring to improve soft and occupational skills. Ideally, the internship results in a job placement. At a minimum it provides valuable work experience and the opportunity for clients to explore particular industry and/or career possibilities.

- *Leadership:* YouthSource encourages students to assert themselves positively by taking on

leadership roles in the community. This includes experience and training in justice committee/advocacy work, public speaking presentations, community/service learning, and life skills.

4. Funding — YouthSource is housed and administered by the Work Training Program (WTP) within the Community Services Division of the King County Department of Community and Human Services, which is contracted and partly funded by the Seattle-King County Workforce Development Center to operate a local workforce development consortium network, workforce development services for adults, and workforce development services for youth. For adults, WTP operates WorkSource Renton and services for dislocated workers; for youth, WTP operates nine learning centers, including YouthSource. YouthSource operates on a total annual budget of about $700,000, of which 50 percent is King County general revenue expense funding and 50 percent is Workforce Investment Act youth funding. YouthBuild, operated by YouthSource, is independently funded by HUD, and the Digital Bridge Academy is supported by the YMCA, the Puget Sound Center, and the Gates Foundation. Additionally, in-kind support in the form of shared staff as needed and referrals to external services is provided through the extensive partnerships in the community and county.

II. PROGRAM DESCRIPTION: SYSTEM LEVEL

A. Guiding Structure

As a King County Department of Community and Human Services program, YouthSource is guided by the Department's director; in addition, as the recipient of a contract from the Seattle-King County Workforce Development Council, the YouthSource program works closely with the WDC to meet contract requirements and design program features to meet client needs. The program does not have a distinct advisory board, but does operate a Youth Advisory Board, which meets monthly to facilitate feedback and ownership of the program.

B. Management and Operations

1. Staffing — YouthSource staff include a WIA programs manager, YouthSource program manager, three case managers/social workers, YouthBuild program coordinator, YouthBuild teacher, Digital Bridge coordinator, Digital Bridge teacher, basic skills instructor through a contract with Renton Technical College, on-site mental health/substance abuse therapist through a contract with the Ruth Dykeman Children's Center, and in-kind staff support from teachers and tutors from community partners. The core direct service staff (case managers, program coordinators, and teachers) all have bachelor degrees in a related field (generally psychology, sociology, or social work), and case managers have their masters in social work. All staff are familiar with de-escalation strategies and crisis intervention. Most importantly, staff understand the time it takes to build trust with clients, know when and where to refer clients to best meet their needs, and approach counseling and guidance knowing that either youth have never experienced therapy before, or that they have been in and out of therapy their whole lives. Staff report a higher salary rate than equivalent positions at community organizations, which results in low turnover. Staff state that clients respond positively to this, as a consistent mentor is typically a missing factor in their lives. The one exception is the on-site mental health therapist, who is employed by the Ruth Dykeman Children's Center and who reports earning less than King County staff. This means turnover at the Children's Center is higher, which can affect the staffing partnership with YouthSource.

2. Information Management — All youth in the program complete, with their case manager, an Individual Service Strategy (ISS) to articulate their short- and long-term goals in education, training, employment, and personal development. Case managers conduct initial assessments that screen for employability barriers, housing and living situations, levels of job specific skills, educational history, screening for learning disabilities, legal history and current situation, experience with social services, health status and history, and transportation issues. The assessment includes screening for mental health or substance abuse issues, but these often do not

emerge until clients have participated in the program for some period of time. Case files, including the ISS, are centralized for staff to access. Staff meet every two weeks to discuss program changes, policies, issues, and individual cases as needed. Staff also communicate informally on an as-needed-basis about the needs of clients. In cases where information must be shared with either the on-site therapist, or with external entities (such as juvenile justice or additional mental health services), clients sign a release of information form.

3. Training — YouthSource does not offer regular training to staff, but takes advantage of trainings offered in the community. Recently this included a suicide prevention training offered by the Workforce Development Council, and a cultural competency training offered by the County. The on-site therapist also offers training to staff of YouthSource in classroom and one-on-one sessions on crisis intervention, mental health awareness, motivational interviewing skills, and the concepts of developmentally appropriate service delivery.

> YouthSource will pay up to 160 hours of a client's wages and pre-trains clients in work readiness in exchange for employers offering the opportunity, providing on-the-job training, and mentoring to improve soft and occupational skills.

The on-site therapist provided by the Ruth Dykeman Children's Center is dually certified in substance abuse and mental health counseling. The therapist at YouthSource is a state-certified chemical dependency professional, a licensed mental health counselor, a clinical art therapist, a child mental health specialist, a certified GAIN administrator, certified in seven Challenges for Chemical Dependency and Motivational Interviewing, and has a master's degree in marriage and family therapy.

III. PROGRAM DESCRIPTION: SERVICE DELIVERY LEVEL

A. Primary Components of the Program

Programming at YouthSource is designed to meet the needs of youth who have dropped out of school,

are "at risk" or post risk, looking for education, employment, and leadership opportunities:

- *YouthBuild* — A national program in construction training, leadership, and service learning, YouthBuild trains low-income youth in occupational skills and gives them a role in rebuilding their communities. Students build low-income housing in partnership with Seattle King County Habitat for Humanity and the Central Area Motivation Program (CAMP);

- *Opportunity Skyway and Aviation* — This is a manufacturing track that focuses on manufacturing careers and aerospace training. Located at the King County International Airport, through a partnership with Seattle Public Schools and King County, youth build a small aircraft and explore the field of manufacturing through field trips, speakers, and hands-on project based training;

- *Digital Bridge Academy* — This program focuses youth on training for the technology industry through two tracks: (1) hardware, networking and CISCO A+; and (2) software programming. Youth work towards implementing these skills within community-based agencies as service learning goals. This program is supported through partnerships with the YMCA, Puget Sound Center, the Gates Foundation, and King County;

- *WorkSource Renton* — Co-located with the adult One-Stop Career Center, WorkSource Renton, YouthSource taps the center to provide comprehensive employment services and to link youth with appropriate services in employment and training; and,

- *Job Corps* — Serves 16-24 year olds by providing education, job training, and support services in a residential campus program. A full time Job Corps job developer is located at YouthSource and is the bridge to the WorkSource Renton's Employer Services Team (WEST).

B. School-Based Preparatory Experiences

In addition to conducting courses and tutoring in their on-site classroom, YouthSource partners with the following entities in order to provide clients with a variety of pathways to advance academically:

- *Seattle Public Schools* provide a full-time Special Education teacher and vocational and educational support services;

- *Renton Technical College* provides one full-time basic skills instructor to help students increase their reading, writing, and math skills to attain their GED certificate and enter community college. They also provide on-site GED testing;

- *Literacy*AmeriCorps* provides three full-time tutors to the YouthSource classroom and offers community building and service learning activities; and,

- *ArtCorps,* a non-profit arts education program in Seattle and King County, recruits and places experienced "teaching artists" in a variety of after-school programs, working with young people in grades K-12 and with out-of-school youth such as those at YouthSource.

C. Youth Development and Leadership

YouthSource staff engage in youth development and leadership mentoring activities on a daily basis through regular interaction with clients. The on-site therapist leads weekly classes and groups, including a "Girls Group" and smoking cessation, well-being, and motivational sessions. She teaches one-on-one sessions that are specifically related to mental health, including living skills and stress management. As with all components of YouthSource, a key piece of successfully meeting clients "where they're at" involves relationships with community partners, including Washington State University Extension. WSU Extension engages people, organizations, and communities to advance knowledge, economic well-being, and quality of life by fostering inquiry, learning, and the application of research. At YouthSource, this includes classes in nutrition, youth development, community service, and on-site cooking classes.

D. Connecting Activities

When youth enter the program, case managers assess their immediate needs, including housing, transportation (gas or bus tickets), food, personal identification, childcare, and health/mental health care. These are considered important basic connections to supports that will help clients focus and choose next steps in education, training, and employment.

Staff cite housing as the most significant and chronic challenge for clients. Most are living with dysfunctional family members, temporarily staying with friends, living in their cars, or homeless. King County offers an array of transitional housing, with most of it located in the city of Seattle. Poverty is concentrated in South King County, south of Seattle, where YouthSource is located. Most clients, therefore, are from or located in that area (the cities of Renton, Auburn, Kent, and surrounding areas). Other transitional housing is restricted to individuals meeting HUD's definition of homeless (excluding individuals temporarily staying with friends or family), to young women with dependents, or to individuals enrolled in a Sober Living program.

As is the case with much of the YouthSource services, two formalized partnerships strengthen the program's ability to effectively connect youth with experience in the juvenile justice system to needed transitional supports: (1) a partnership and communication with Superior Court probation officers, where YouthSource case managers work with young people to successfully complete court obligations through education, training, and community service and become ready to enter the workplace unfettered by legal issues; and (2) alternatives to Secure Detention, where YouthSource offers a Day and Evening Report Center (3:00 p.m. to 6:00 p.m.) in partnership with Alternatives to Secure Detention, and Seattle Public Schools to provide a positive and effective alternative to lock-up intervention.

E. Entry into Services

Most clients arrive at YouthSource through referrals from courts, schools, community-based organizations, or word of mouth. YouthSource actively markets their services to youth and families in King County, and staff report that a high number of clients are there because a friend told them about the available services.

Enrollment begins with the case manager completing a detailed assessment form with each client and the Individual Service Strategy (ISS), described in Part II above. The intake process also includes an assessment of immediate needs, such as housing, childcare, food, personal identification, transportation vouchers, and recognition of any current or potential mental health crises. These are addressed by staff as soon as possible in order for clients to successfully begin participation in other services offered by YouthSource. Participation in programs and services depends on the goals established in the ISS, as do follow-up referrals. For example, a young person may be immediately referred to the on-site therapist for additional mental health assessment or referred to job-ready training, basic remediation courses, job search and placement services, or any other combination of services provided on-site or by community partners. Case managers are responsible for referrals, connections, and follow-through with clients for services, progress, and updated ISS plans.

When a relationship is established between a client and the on-site therapist, additional assessments may be conducted to more fully identify mental health conditions or challenges. The Ruth Dykeman Children's Center staff utilize the Global Appraisal of Individual Needs (GAIN) assessment tool that is 83 pages and includes very detailed, structured interview questions designed to "tease out" behavioral, mental, emotional, and chemical dependency symptoms. It requires verbatim interviewing and can take as long as three hours. King County has chosen it as the assessment tool for county-funded youth mental health/chemical dependency agencies to use exclusively with youth. In addition, every youth who passes through King

County Juvenile Detention has to be assessed with the GAIN. Having a GAIN-certified contracted staff on-site is an asset because it eliminates geographical and financial barriers that youth struggle with when they try to access services outside of YouthSource. The therapist will also use a variety of other tools as needed, including motivational interviewing, one-on-one counseling, referrals to community substance abuse and mental health services, group therapy, and crisis intervention.

F. Quality Monitoring

YouthSource reports positive outcomes for at least 80 percent of clients: about 50 percent exit with work experience, about 70 percent leave employed, and about 70 percent leave with a credential or certificate of some sort.

YouthSource is responsible for tracking and reporting WIA youth outcomes and achievement of program goals, including enrollments, low-income versus non low-income, basic skills goals, work readiness goals, GED attainment, work experience goals, unsubsidized employment upon exit, number of exits with a credential, and postsecondary or advanced training. In 2006, the program exceeded all of their goals in these areas.

IV. RELATIONSHIP TO STATE

The program does not have a direct relationship to the state, but follows funding and related requirements of Federal and state Workforce Investment Act programs, passed through King County. The State of Washington has made some efforts over the past three years to improve outcomes for youth and young adults with disabilities, including mental illness. As part of a National Governors Association Policy Academy to Improve Outcomes for Young Adults with Disabilities, the state's Workforce Investment Board (the Washington Education and Workforce Training Coordinating Board) coordinated efforts at the policy level to align goals and strategies across the workforce system, the vocational rehabilitation services, employment services, K-12 education, and the Washington State tribes. The Policy Academy acknowledged that many innovative and effective

programs to serve this population existed at the local level, but that all had yet to be replicated or taken to scale across the state. State leaders also acknowledged that state agencies had yet to figure out exactly how to best support local regions in their implementation of these services beyond current infrastructures and policies.

V. LESSONS LEARNED

A. Most Important Achievements

The emphasis on employment as a fundamentally important outcome for clients is a critical achievement of the program, including the belief that in order to achieve long-term, sustained employment an individual must be supported along the way, and in multiple ways.

YouthSource staff readily champion the importance of incentives for young people, beyond long-term goals and the self-fulfillment garnered from achieving them. YouthSource provides monetary rewards for achievement of certain goals, including the attainment of a high school diploma or GED certificate, completion of a program or class, and a clean drug test. The rewards are minimal (usually $50.00 per achievement) but recognize the need to motivate in tangible ways and acknowledge a basic fact that this population needs cash. Pizza parties and food incentives are also a regularly used tool for engagement.

According to staff, being youth-friendly and youth-owned is another important achievement of YouthSource. The youth are responsible for decorating the interior of the program site, for staffing the front desk, and designing the program's drug and alcohol policies. Staff report that clients never feel they are talking to a therapist when they meet with the on-site therapist. Staff also discussed the importance of building trust and relationships either before or during the "real" work with

YouthSource reports positive outcomes for at least 80% of clients: 50% exit with work experience, about 70% leave employed, and about 70% leave with a credential or certificate of some sort.

individuals to gain skills, work experience, career goals, and employment, in addition to managing their condition or chemical dependency.

Another key, and unique, achievement is the extensive collaboration with community and county entities in order to effectively provide the full range of services needed by the client population. This includes the engagement of over 130 employers in placing, mentoring, and hiring clients in their companies. The achievement is particularly notable considering the small staff at YouthSource who, in addition to their jobs as program coordinators or case managers, are responsible for partnership-building and employer engagement.

B. Program's Greatest Challenges

The lack of transitional housing is the primary challenge for clients and staff attempting to assist clients to achieve independent living. Their lack of income, criminal or other negative records, and stigmas about this age group by the general public are persistent challenges for youth clients.

During the ODEP grant, the program enjoyed the on-site presence of a diagnostician and access to full psychological testing services. This is sorely missed by staff who believe some clients will miss opportunities for identifying potentially serious conditions and, therefore, miss opportunities to learn skills to effectively manage their situations.

Insufficient, unstable, and non-flexible funding is a chronic challenge for the program and the delivery of services. Staff repeatedly identified the pressure to find new ways to maintain their capacity with more restrictive and/or smaller total amounts of funding. This concern was very tangibly realized shortly after the site visit, when the on-site therapist provided by the Ruth Dykeman Children's Center was told that her position had been restricted and that less of her

time would be available to YouthSource: "This was a surprise to me. I am considering writing some grants because these youth need help. They are so young and have grown adult chronic disorders related to stress, criminality, substance abuse, physical abuse, sexual abuse, parental neglect, early pregnancy, trauma, relational skills, self-care, and I could go on. I earn less than my equivalent at the County, despite in general having more education and training, but I have stayed for 5.5 years because of my commitment to being a culturally competent therapist for youth. And youth are dying around us, so I will work a long as I can."

C. Influence on Larger Service Delivery System

The YouthSource program illustrates the observation by state leaders that good things are happening at the local level. However, it also demonstrates a need for state and local areas to better connect on best practices to serve youth with disabilities. Staff at YouthSource and the Seattle-King County Workforce Development Council assert that despite excellent outcomes and promising practices, and despite a stated interest by state-level leaders in improving services and outcomes for this population, local programs such as YouthSource must continually rethink their funding structures to make ends meet as their funding streams are cut further each year. According to them, this indicates a missing link with the state and a missed opportunity to influence the larger service delivery system and state policies.

D. Overall Learning

The important lessons to be drawn from YouthSource are the emphasis on employment and social supports, the treatment of disconnected youth in ways that normalize their lives as much as possible, and the power of strong local partnerships.

E. Benefits to Young Adults and Families

The site visit did not incorporate interviews with family members or youth. Therefore, the benefits to clients and their families are based solely on interviews with the on-site therapist and the director. As this case study illustrates, the program clients generally enjoy positive outcomes.

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