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The Transition to Independence Process Experience in New York City

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The Center for Rehabilitation and Recovery of the Coalition of Behavioral Health Agencies guides and promotes systemic change toward the integration of rehabilitation and recovery-enhancing services within New York City's mental health sector. The Center provides consultation to community mental health providers through expert training, technical assistance, information dissemination, and special projects.

The Coalition of Behavioral Health Agencies, Inc. is the umbrella advocacy organization of New York's behavioral health community, representing over 100 non-profit, community-based, behavioral health agencies that serve more than 350,000 clients in the five boroughs of New York City and its environs. Founded in 1972, the Coalition is supported by membership along with foundation and government funding for special purpose advocacy and assistance projects.

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Background and Context of TIP Implementation

In existence now for three years, the Transition to Independence Process (hereafter referred to as TIP) Community of Learning represents an unusual collaborative effort in New York City that could inspire programs in their work with young adults. Here we tell the story of how this TIP Community was created, how it continues to flourish, and how the TIP model promoted positive change in the culture of a select group of agencies.¹ We also present the responses to a detailed questionnaire regarding TIP philosophy and practices that was administered to staff implementing the model.

But before we tell that story, it is important to understand that the implementation of the TIP model in New York City took place within a larger context, i.e. the Youth Initiative Project at the Coalition for Behavioral Health Agencies'² Center for Rehabilitation and Recovery (hereafter referred to as the Center), under the direction, until the end of 2008, of Alysia Pascaris, with Amy Smiley managing the Project. To a great extent, the success of TIP implementation depended on the vision of the Project and its complementary efforts.

The Youth Initiative Project (recently renamed the Project on Young Adults in Transition to emphasize the movement forward to adulthood) was created to address the needs of transition-age people, approximately 14-29 years old, contending with serious emotional difficulties (SED). During this time of life, one often experiences the momentous developmental shift from adolescence to adulthood whose challenges are daunting, even under the best of circumstances. The Project has been committed to supporting young adults in their search for self-expression and understanding their struggles on levels both concrete and emotional. The Project works with community mental health and related systems to find approaches that will empower these young adults to become valued participating members of society.

Since the late 1990s, and more emphatically during the recent decade, the term *disconnection* has been used to identify the ways in which young adults have become marginalized from mainstream communities, especially in the areas of education and employment. At the inception of this project, the Community Service Society reported that one in six teenagers in New York City (approximately 170,000) was neither in school nor employed. Their 2005 study *Out of School, Out of Work...Out of Luck?* associates this disconnection with emotional disturbance, and goes on to assert that 75% of students with SED are likely to drop out of high school.³ In 2008, Public/Private Ventures' *Disconnected Young People in New York City* also correlates disconnection with disability (both learning and emotional), indicating that NYC's special education students are extremely unlikely to leave school with a diploma, at the rate of approximately 80% or 12,000 to 15,000 students per year.⁴

At present, the 2009 Schuyler Center's *Back on Track: Re-Connecting New York's Disconnected Youth to Education and Employment* found approximately 199,000 transition-age young adults out of school, coupled with dismal 2008-2009 unemployment rates, i.e. 16-19 year olds at 20% and 20-24 year olds at 11%.⁵

These figures do not speak to the dire conditions of black and Hispanic minorities, who arguably suffer to an even greater extent due to racial bias in the hiring process: 38% of black teenagers are without a job.⁶ The most current statistics from the U.S. Department of Labor are much higher, indicating that 53.4 percent of young adults between the ages of 16 and 24 are actually without work (!).⁷ One of the TIP sites recently reported drastic cuts in funding that would directly impact on their core paid internship program. Experiencing the value of one's work through salary increases self-esteem and autonomy; it arguably represents a crucial path to full-time employment and with it the responsibilities of adulthood. Moreover, such reciprocity between work and pay helps young adults take pride in their ability to meet their financial needs, and consequently, to decrease dependency.

The hardships of disconnected young adults in NYC are a microcosm of the problem on a national scale. In 2003, The President's Freedom Commission on Mental Health Report indicated that this age group represents between 1 and 3 million in the USA. Those who are being served, either in state mental health or special education systems, have difficulty achieving the crucial tasks of young adulthood.⁸ More recently, the June 2008 United States Government Accountability Office's *Young Adults with Serious Mental Illness* puts the estimate of 18-26 year olds with serious mental illness at the rate of 6.5 percent or 2.4 million, and cites lower educational levels for those young adults. As the report points out, this rate is in fact much higher since the study does *not* include people who are homeless, in residential treatment, or incarcerated, i.e. those who are arguably the most severed from their family, friends, and communities.⁹ According to Brian Lombroski, President of the Community Alliance for the Ethical Treatment of Youth (CAFETY), in New York State alone, there are approximately 10,000 youth in congregate care at any given time.¹⁰

In 2006, the Project on Young Adults in Transition set up a two-year work group to focus on how mental health and other related systems could better support this group in their painful passage to adulthood. As the studies cited here point out, insufficient education and employment impede on the extent to which young adults exist as integral members of their communities. In addition, there are other areas of experience, whose absence creates or exacerbates their state of disconnection. To make a comprehensive assessment of all these areas, clinical, policy and other mental health staff, young adults in mental health programs, academics, representatives from NYC or state government, and experts from the Department of Education, criminal justice, and child welfare met on a monthly-basis to try to wrap their minds around the problems at hand. The workgroup invited experts on housing, aging out of foster care, young adult involvement with the criminal justice system, the gap between the child and adult mental health systems, along with education and employment. At the end of 2007, the work group drafted an in-depth analysis, accompanied by 19 specific recommendations to enhance the well-being of young adults of this age: *A Chance for Change. Supporting Youth in Transition in New York City*.¹¹

Following up on two of the report's recommendations regarding education and staff competency, the Project initiated an on-going monthly seminar series related to work with transition-age young adults that would provide mental health staff with an enhanced knowledge base, specific interventions, and experiential learning of techniques in areas including domestic violence, adolescent and young adult development, conducting an assessment, strategies for an effective case-based review, working with youth with a history of trauma, and civic engagement.

Further, the Center organized a major conference at New York University in 2008 *Reading between the Lines. Literacy and Mental Health in NYC*. This meeting brought together educators and mental health staff to promote collaboration and cross-fertilization of these fields, given the effect of trauma on academic performance and the low graduation rates of youth with serious emotional disturbance. The recommendations that came out of the conference can be viewed at the Coalition's website.¹²

Finally, our work on this age group, which bridges two separate systems (child and adult), helped us understand the dire need for a resource directory that would span these two systems. It was felt that such a resource would empower young adults to network and locate services autonomously. The website would also serve as a useful guide for New York City providers working with young adults as they attempt to navigate the different housing, employment, education, health, and social domains of their lives. In June 2009, the Center launched its web-based resource directory *Where it's at*, www.whereitsatnyc.org. Almost one thousand resources are free, accessible through Medicaid, or at very low-cost.

Transition to Independence

While all of these initiatives were important, they would not be complete without attention to the actual work on the ground with teenagers and young adults. For at the core of this Project was the guiding principle of bringing young people out of the silence of their pain and isolation, hearing about their hopes and dreams, listening to their stories, and transforming the culture of agency-life and beyond to increase the possibilities of young adult participation in decisions that affect them directly. One approach seemed to embrace this very principle: the *Transition to Independence Process* system, authored by Hewitt B. "Rusty" Clark, at the Department of Child & Family Studies at the Louis de la Parte Florida Mental Health Institute at the University of South Florida.

Importantly, TIP is infused with the principles of recovery on which the Center's work is predicated. By recovery, we mean the implicit belief that a person with mental or emotional difficulties can heal and lead a rich and meaningful life, and that such a life is driven by an individual's own dreams and aspirations. As language so often reveals intention, Dr. Clark consistently emphasized *partnering* with youth; encouraging young people to *voice their needs*; *self-reliance*; *daring them to dream*, creating opportunities for *youth representation*; and *promoting youth voice*. Such emphasis on youth voice is consistent with a rights-based approach, which the Center also strongly advocates. As defined by the International Convention of the Rights of the Child, Article 12, the Right to Participation, stipulates the treatment of young people as participants in decision-making processes at all levels of society.

Participation of young people cannot exist without the staff person's recognizing the client's right to self-determination, one of the ethical responsibilities of social workers, according to the NASW's *Code of Ethics*: "Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals."¹³ All too often, young adults have been on the receiving end of services; it has been heartening to see how their self-confidence grows with the opportunity to take on leadership roles among their peers and provide for others in the community.

Getting TIP Implementation off the Ground

Introducing TIP to the NYC mental health community spearheaded the inception of the Coalition's Youth Project in July of 2006. The Center invited executive managers and program directors to attend Dr. Clark's two-day introduction to TIP Principles and Guidelines and its defining core competency areas. Among its many features, TIP provides:

- a comprehensive framework, comprising an organizing philosophy
- specific components that promote engagement and ongoing work with young adults
- recommendations around the role and responsibilities of a transition facilitator as well as case load
- integrating TIP within the culture of an agency
- strategies for engaging young adults in their communities
- create a support network for a young person; and
- a case review approach that is designed to enhance staff competency

The extent to which TIP can work within a program, an agency, and a local community is the challenge of actual implementation. While it is certainly the case that many of the participants embraced many of the values of TIP and had moreover integrated them into their programs (using a strengths approach, creating a strong network of support for youth; encouraging community involvement, etc.), the power of the model seemed to emerge from the *framework of transition* as a whole and its related practices.

This framework helped providers conceptualize their work with young adults as one of gradual bridge-building between young adults and their peers, their family, their agencies, their communities—both local and beyond—and, developmentally speaking, to facilitate a meaningful journey as they reach adulthood. TIP conceptualizes the framework of transition within the realm of five domains: Educational Opportunities, Employment & Career, Community Life Functioning, Personal Effectiveness and Wellbeing, and Living Situation. With the support of staff, family, and other mentors, young adults would choose the domain(s) most important to them at a given moment define goals for themselves and, with growing mastery, increase their sense of self-worth and stability.

This framework gave providers both a vision and a sense of containment for their work. The young adults who actually benefited from implementation of the model voiced their feelings of pride in their youth-run leadership councils, newspapers, or newly created peer education positions. One young man from a TIP site stated that he “went from being a boy to becoming a man.” However, it was not, and does not continue to be so easy. For one, such an approach to working with young adults requires resources, such as small staff/client ratio and trained staff that remain at a program for at least a few years.

Indeed, considerable staff turnover impeded our implementation as did staff competency in working with young adults who experienced, in many cases, multiple or severe trauma. Moreover, the TIP model demands of staff up and down the hierarchy to take a hard look at the general culture and actual services of their program, every step of the way:

- From the moment a person answers the phone at a program
- To the welcome a young person and his/her family receive when they set foot in an agency
- To the way they are engaged during the initial assessment
- To the way goals are identified
- To the degree of participation of young adults in program activities and in the community
- To the kind of network of support that a facilitator helps create for a young adult
- To the type of exposure a program offers young adults to educational, vocational, artistic, and social opportunities
- To the way success is recognized and celebrated along the way
- To the planning for discharge from a program, is it from day one? Or is it tackled a few months prior to exiting the program
- To the understanding, and efforts made to address the emotional and concrete challenges to discharge
- To sustaining the link between clients, peers and staff beyond discharge

All of these facets encode a message. Is it one of hope? Does it open doors for discovery? Does it value the person as an individual? Do the program, and more broadly, the agency promote a culture and practice of transition?¹⁴

Of course, no program is without its challenges, no agency without its constraints. An unusual strength of the TIP system lies in its understanding of what might impede on the success of its integration and duly addressing such impediments, e.g. by stressing the importance of staff competency, barrier-busting agency-wide resistance to change, and examining the core problems that underlie the very real challenges of successfully implementing this model. Of course, no one model is without its limitations.

While TIP offered NYC sites a framework and approach, it remains a master plan, a template for working with young adults. Adapting TIP to the complex environment of NYC was, and remains, the challenge, due to: i) the complexity of the system resulting from its scope and scale; ii) the gap between child and adults services and the difficulty of transitioning between systems; iii) the lack of collaboration between agencies, with the majority striving to work independently; iv) the underfunding of programs, which impacts on staff retention; iv) the impact of billing on program activity; v) the overlapping of government agencies and their reporting requirements; vi) accessing disability services, etc. Moreover, programs are in dire need of housing opportunities for their young adults, many of whom are forced to live in shelters, couch surf, or live on the streets. Additionally, programs experience the challenge of navigating complex criminal justice and child welfare systems.

At the time that the Coalition began working with TIP (in 2006), there seemed to be a second limitation to the system, i.e. the fact that it did not directly speak to clinical concerns and mental health needs of young adults. Specifically, sites were desperate for approaches that would help them address severe trauma that impacts on the lives of so many young adults whom they work with. More recently, however, TIP has identified clinical interventions that can be useful, i.e. SPARCS DBT, Motivational Interviewing, Behavior Analysis Functional Assessment & Treatment, Substance Abuse Treatment, Aggression Replacement Therapy (ART), Wellness Recovery Action Plan (WRAP). At the time that our sites worked with TIP experts, these specific interventions were not discussed.

Finally, it has been our observation that young adults greatly benefit from educational modules that prepare them, as concretely as possible, for the demands of work. To meet this need, and to complement the TIP system, the Center engaged the expertise of WAVE (Work Achievement Values Education)¹⁵ to present seminars to staff and young adults to enhance their job readiness and employment programs. One of the TIP sites was actually named *Bronx WAVE*. Another, the YES program, has consulted with WAVE since its very inception.

The TIP experience in NYC was made possible by funding from the Cummings Foundation and the New York State Office of Mental Health, which enabled designated TIP sites to receive a number of services,¹⁶ free of charge: education and training of all participating staff in the TIP model and bi-annual on-site technical assistance. In addition, the Project organized quarterly forums for The TIP Community of Learning—made up of the agencies chosen to implement TIP—for all the sites to come together over a one or two-day period to share their successes, challenges, and resources, and to expand their knowledge base. This was a crucial, if not the most vital feature of the entire TIP experience. Staff members were accompanied by young adults *who talked about the things that really mattered to them* and inspired the TIP Community to encourage leadership in their young adults and engage them in the civic arena of their neighborhoods.

Drawing on a peer educator model, one site (the YES program) developed specific curricula, which they taught to other young people, either in local schools or community mental health agencies, i.e. one on smoking, the other on inter-relational violence, which they called S.T.E.P.: Straight Talk for Emotional Health Program.

In the fall of 2006, from a pool of letters of interest, the Center selected the 6 sites to benefit from this initiative, the first of the three being newly created adolescent skills centers.

With one in each borough of NYC, adolescent skill centers were designed for young people struggling with mental health challenges. These young adults, ages 16-21, up to age 23 in certain centers (thus spanning the divide between the child and adult systems), could raise their competency in the areas of education, vocation, and social functioning.

Among their comprehensive services, the Centers provide GED preparation and internships or other employment opportunities. The original 6 sites included:

1. Youth Employment Services (YES) at the International Center for the Disabled in Manhattan.
2. SafeTYnet at Staten Island Mental Health Society.
3. Adolescent Education and Employment Program (AEEP) at the Brooklyn Bureau of Community Service.
4. Bonding Links at the Coalition of Hispanic Family Services in Brooklyn, offering an alternative to institutionalization in a community-based program. Treatment is provided in the homes of professional parents where young people, ages 5-18 years, come to live subsequent to hospitalization or residential treatment.
5. Linden House, at the Institute for Community Living, a therapeutic residence for a small number (8) of boys 14-17, diagnosed with SED.
6. Yatzkan at FECS, designed for orthodox Jewish youth, is an Intensive Psychiatric Rehabilitation Treatment (IPRT) program for adolescents with SED, and which is part of the Division of Adolescent Substance Abuse and Behavioral Health.¹⁷

Of the original six, the Yatzkan program was obliged to drop out of the TIP Community due to its closing. In 2008, The Center was able to incorporate three additional sites into the Community, bringing the number of sites to 8.

1. SCO Family of Services: two discreet SCO programs joined the TIP Community, i.e. the "I CAN" Community Residence, serving 8 male and female adolescents (age 13-17.5) with psychiatric diagnosis and mild mental retardation and the "Turning Point" residence for 8 young adults (ages 18-25) with a Serious and Persistent Mental Illness and mild mental retardation, focusing on developing and maintaining independent living skills.
2. The Bridge, which benefitted from TIP training and Technical Assistance to prepare themselves for the launching of a residence for young adults aging out of foster care.
3. Bronx Wave at Riverdale Mental Health Association, a work readiness program for approximately 10 17-24 year olds with emotional, developmental, and/or behavioral challenges.

Variations between Sites

There are significant differences between the remaining sites, which make for a complex experience in TIP implementation. The TIP guideline of "balanc[ing] the transition facilitators' role with that of the young person, their parents, and other informal and formal key players," takes on particular meaning when we consider program setting.

While the majority of the TIP sites are outpatient, three are residential (SCO's two sites and Linden House; Bonding Links, while not a residence, works with professional parents *in the home* where the young person resides). From our experience with the TIP sites, when the clinical or family-based treatment residence becomes the young adult's actual or temporary *home*, this impacts on the nature of attachment between staff and clients. Questions relating to authority, trust, independence, and eventual separation intensify when a person, for a variety of reasons, has already undergone the traumatic experience of uprooting, only to settle, temporarily, among people who are not family, but who take on parallel significance. However, as we know, attachments between facilitator and young adult in outpatient settings are equally complex. In this regard, one of the major goals of TIP, or of any approach for that matter, is to maximize the quality of these attachments, the premise being that to function optimally, a person needs to feel safe and secure. John Bowlby and Mary Main, authors of attachment theory, claimed that in order for a person to explore the world, i.e. transition out into society, he or she needs to have a secure base, a secure attachment, which ultimately creates the drive to explore. Bowlby maintains that the human psyche is inclined towards self-healing, and that patterns of attachment can change, even late in life, if a person can establish such a secure relationship.¹⁸ Within the TIP system, the facilitator presents this relational possibility to the fullest extent in that he or she not only acts as mediator between a young adult and the key players in his or her life, but facilitates transition out into the world.

The concept of mediation is key to transition. The transition facilitator actively helps the young adult mediate the challenges of education, employment, community involvement, and social functioning and is instrumental in partnering with him/her to build a network of relationships and resources that promote achievement and well-being. To this end, it is recommended that the facilitator have a small case load, working with 10-15 young adults so that he or she can accompany the young adult into the field, when needed (i.e. to an internship, a school, etc.). While such a caseload was possible in some of the TIP sites, at others it was inconceivable; one case manager worked with *50 young adults*. Through the influence of TIP, the program director re-delegated responsibility among her staff to greatly reduce caseload, but it never reached the recommended number necessary for TIP fidelity. Caseload is indeed essential because the model requires significant availability on the part of the transition facilitator whose purpose is to tailor services to individual needs and goals.

TIP provides sites with ample recommendations on how to enhance this facilitating partnership. The NYC TIP sites benefited greatly from the model's ability to help young people articulate their interests and translate them into goals, something that can be quite foreign to a young adult's way of thinking, but which can solidify a sense of identity and enhance self-efficacy. The success of this type of mediation is in large part dependent on the quality of attachment between young adult and facilitator.

In retrospect, the questions of home, of attachment, of mediation and how setting figures in this constellation would make for a fruitful discussion among sites, and should be considered by all those who incorporate the model.

Consistency: Differences in sites relating to setting and programming (if the focus is on building skills as in the adolescent skills centers; or on building family relationships as in Bonding Links or Linden House, etc.) did not distract from the primary function of TIP, which is to build capacity within a program, agency, and community for *leadership in young adults*. The Center recognized that this capacity is absolutely essential for young adults who are isolated or who, for various reasons, do not even know that they have the potential to make a difference in other people's lives. Once again, in tandem with TIP, the Center engaged the expertise of *WAVE*, which has much success in fostering leadership, particularly in young people who have dropped out of school. Each TIP site fostered its own version of leadership, ranging from implementing support groups among peers; creating a youth council that would participate in decision-making forums regarding agency programming; devising educational outreach curricula; partnering with organizations to mentor children. Dr. Clark was adamant that TIP sites should revise their mission statements, or create one if it were lacking, that would bring vision to a program that would promote leadership capacity. Leadership has greatly changed the culture of these programs.

Ongoing Reporting of the TIP Experience

Throughout the years of TIP implementation, the Project elicited qualitative feedback from the TIP sites regarding their progress in integrating the system. Further, each site, through individualized technical assistance, used strategic action planning to further facilitate the incremental integration of the TIP model.¹⁹ Such action planning required sites to thoughtfully reflect on how their practices benefitted young adults, ways in which they could enhance or expand their activities, and set up a time table to ensure implementation of specific programmatic goals. Sites drew up spreadsheets identifying these goals and the corresponding staff that would be responsible for their realization: this was their road map. Sites not only created a significant structure that helped them define and contain their goals, but also imbued them with an increased sense of commitment to the TIP approach. Such action planning enabled the Center to track progress in, as well as impediments to, TIP integration. This kind of thoughtful planning ran parallel to some of the core competencies embedded in the TIP model. For example, sites learned how to teach problem solving skills (i.e. SODAS²⁰) and the use of rationales²¹ to develop the capacity in young adults to exercise good judgment, the very skills that they used in their own strategic planning. A real strength of the TIP model lies in its advocacy for parallel process: there can be no youth voice without staff voice; there can be no learning for young adults if staff is not learning and growing as well.

Qualitative Survey: Description

As mentioned above, after approximately 2.5 years into the TIP experience, the Center drafted a survey based on participant response that would provide a glimpse into the usefulness of the model, from its overarching philosophy to its key strategies around working with young adults.

The 24-question survey was composed of three distinct parts, which requested participants to:

- identify demographic information (name of agency, years employed, position): questions 1-3
- rate a number of components of the TIP model based on perceived helpfulness in their work with young adults: questions 4-19
- respond to open-ended questions related to their perceptions of strengths or barriers to TIP implementation: questions 20-24

The Likert scale gave participants the opportunity to rate their level of agreement with a number of statements related to the utility of TIP system components, ranging from 1 to 5:

1) Strongly Disagree 2) Disagree 3) Not sure 4) Agree 5) Strongly Agree

Authors of the survey strove to include as many of the primary features of the TIP system as possible in their relation to actual implementation. These included:

- General system philosophy and framework Questions 4-6 a-d
Note: question 6 required yes or no responses
- Software component; required yes or no response Question 7
- Young Adult Involvement Questions 8 a-f
- Core Competency: Case-based Review Questions 9-10
- TIP approach to working with young adults Questions 11-13
- TIP transition domains Questions 14-16
- Creating a support network Questions 17-18
- Impediments to implementation Questions 19-20
- Training and technical assistance Questions 21-22
- Open-ended questions related to the degree that the program followed the TIP system as well as its strengths, its limitations, and other comments that participants might have. Questions 23-26

The survey was administered at the closing of the TIP Community of Learning Cross-Site Forum in February 2009. Those who were unable to attend (approximately 10 percent) were given the opportunity to respond at their agency. Response rate was almost complete, with 35 out of 36 model site staff participating. In an attempt to encourage freedom of expression and preservation of anonymity, numbers were randomly assigned to each survey.

Limitations of Evaluation

It should be noted that all staff, regardless of length of employment at their agency, were asked to respond to the survey, which raised specific problems in relation to data analysis. At the time of the survey, staff who worked at a site for under one year had not received formal training in TIP and limited, if any, technical assistance. It is therefore arguable that these new staff members did not possess the same understanding of the model as those who were trained. Further, many staff who were trained in TIP had left the model sites at the time that the survey was administered. Based on these factors, the Center decided to collect results from all staff to ascertain a general perception of TIP utility. The average length of stay at an agency of all survey participants combined is 1-2 years.

Secondly, the survey results represent *perceptions* of the TIP model and its utility. While the Center collected qualitative information on a bi-annual basis, no formal pretest was ever administered. Without data indicating knowledge base and program practice in the TIP competency areas prior to implementation, we cannot ascertain the extent to which TIP actually impacted on program culture. However, survey results can be useful from the perspective of general staff satisfaction of the model and their observations of its application in working with young adults. Finally, while there are some discrepancies in survey responses among sites, we chose to report results of the TIP Community of Learning as a whole. While there are differences in setting, as noted above, and, in some cases, emphasis in program activity (with two of the sites, for example, primarily focusing on employment), and rate of turnover, this project was designed, first and foremost, to promote collaboration within community-based mental health agencies, sorely needed in NYC. The TIP Community of Learning forums were instrumental to implementation, as were visits made between sites, designed for the purposes of cross-fertilization, i.e. young adults would meet peers at other sites and exchanges ideas for recreation and leadership initiatives just as staff would learn about ways to enhance their programs with innovative activities. To the extent that this was geographically possible, the Center fostered a real sense of community among model sites.

Survey Results

Responses to the survey were overwhelmingly positive, with 14 out of the 19 questions receiving, at a minimum, a score of 4.0. In this presentation of the data, we identify the overall average and include the percentage of participants who rated the items 4 (agree) or 5 (strongly agree). We therefore exclude from the percentages responses of 3 (not sure), 2 (disagree), or 1 (strongly disagree), as well as No Response or Not Applicable answers. We produce here the survey in its entirety within the rubrics of TIP components noted above, the averages, ratings, and pertinent discussion:

General System Philosophy and Framework

- The TIP system helped our program to think of our young people in terms of their transition. Average: 4.44 with 94% rating 4 or above. This high rating was particularly important to the Center because it represents a shift in paradigm, or at least a new way of thinking about support services for young adults specifically in relation to their transition to adulthood.

- In discussion with our young people, we actively refer to the Transition Domains, i.e. Educational Opportunities, Employment & Career, Living Situation, Community Life Functioning. Average: 4.46 with 94% rating 4 or above. Some of the model sites included the Transition Domains in their intake process, as a useful tool for creating priorities and defining goals.
- Have TIP principles, framework, and/or approach been incorporated in your documentation tools since TIP implementation? YES (equivalent to rating of 1) or NO (equivalent to rating of 2)

Intake/assessment	Average: 1.26
Progress notes	Average: 1.16
Treatment plans	Average: 1.06
Discharge plans	Average: 1.12

Software Component

Do you feel that TIP-specific computer software would help you assess individual and program outcomes, i.e. progress, goals, and other achievements? Check YES (equivalent to rating of 1) or NO (equivalent to rating of 2) Average: 1, with 100% in agreement. It was clear from this response that there was a real need for this software, and that the lack of it presented limitations to TIP implementation, especially in terms of progress tracking and other outcome evaluation needs.

Young Adult Involvement

According to the responses in the open-ended section of the survey, young adult involvement was clearly the most prominent feature of TIP implementation in the NYC experience, and, of all the core values and practices inherent in the model, was the most successful. The survey broke down youth involvement through the following set of questions: Youth involvement in our program has increased since we implemented the TIP approach In terms of participation:

- Leadership council/leadership-related activities. Average: 4.03 with 68% rating 4 or above.
- Agency steering or other committees. Average: 3.4 with 42% rating 4 or above.
- Recreational activities. Average: 4.03 with 74% rating four or above.
- Support and other groups. Average: 4.09 with 77% rating 4 or above.
- Hiring or enhancement of peer counselor/advocate. Average: 3.62 with 51% rating 4 or above.
- Community activities external to program. Average: 4 with 71% rating 4 or above.

These responses seem to indicate that young adult involvement was frequent in relation to activities that promoted self-determination and ownership, i.e. leadership, recreational activities, support groups. Where involvement implied organizational change, either in terms of inclusion of clients in steering or other committees or in the hiring of a peer advocate, participation rates were lower.

Core competency: Case-Based Review

Dr. Clark emphasized on many occasions that these review sessions were one of the most important features of the TIP system, with the recommendation that in-depth reviews of 2 or 3 young adults be conducted at least twice a month. As explained, these review sessions are educational, affording staff--as a team--the opportunity to refine their approach to working with young adults so that it reflects TIP values and philosophy. Secondly, the review process takes as a given the fact that staff naturally get stuck with clients in certain areas and that a team brainstorming session can help a counselor rethink work with a particular client. The responses to the two questions were quite promising in terms of this crucial competency area:

- We follow the general guidelines of the TIP Case-based Review when staff meets to discuss a client. Average: 3.96 with 74% rating 4 or above.
- How many times per month do you conduct case-based review sessions? Average response: 2.97 times per month, this clearly follows, and even exceeds, TIP protocol.

TIP Approach to Working with Young Adults

This facet of TIP implementation scored very high in terms of average, with the most significant percentage of participants rating four or above. This suggests that the project was successful in helping agencies develop, or in some cases, adopt a new way of working with young adults.

- TIP principles encouraged us to tailor services to fit the needs of each individual. Average: 4.39 with 97% rating 4 or above.
- The TIP philosophy encouraged us to use a strengths-based approach with our young people. Average: 4.16 with 100% rating 4 or above.
- TIP has enhanced work with our young people around setting goals and attaining them step by step. Average: 4.31 or 91% rating 4 or above.

TIP Transition Domains

These three questions addressed prominent domains that are integral to transition. Forging relationships with community partners was a challenge for some of the sites, either due to geographical isolation or lack of resources to develop such partnerships.

All of the sites, without exception, give tremendous importance to education and employment, and enhancing work in these domains came naturally to them.

- Since TIP implementation, we have established and/or improved collaboration with community partners. Average: 3.54 with 45% rating 4 or above.
- TIP has encouraged us to work in a more focused manner with our young people on vocation/employment. Average: 4.11 with 85% rating 4 or above.

Creating a Support Network

TIP helped providers conceptualize young adulthood in terms of a supported independence model by advocating for the creation or enhancement of a network of support for each young adult in a program. Such a network would not only facilitate connection to a community of people, but also enable a young adult to graduate out of a program without feeling like "he was falling off a cliff". The Center was therefore pleased to note that work in this area received high scores.

- TIP has encouraged us to take on the role of coach and/or mentor, or to connect our clients with a coach and/or mentor. Average: 4.29 with 91% rating 4 or above.
- TIP has encouraged us to expand our work with families/caregivers or others who play an important role in the life of our clients. Average: 4.48 with 88% rating 4 or above.

Impediments to Implementation

- Staff turnover has made TIP implementation difficult at times. Average: 3.54 with 60% rating 4 or above.
- Funding/financial problems have made TIP implementation difficult at times. Average: 3.29 with 40% scoring 4 or above.

These scores seem to indicate that participants were somewhat divided over their assessment of the impact of staff turnover and financial difficulties on TIP implementation. Indeed, it is hard to make such an assessment as barriers to implementation exist for multiple and interdependent reasons.

Such divided responses seemed to express that more in-depth analysis should be done to ascertain the nature and extent to impediments to implementation. However, open-ended responses related to limitations to the TIP system and its implementation indicated that uneven staff education and training, conflict among staff, and high turnover rate proved to be significant barriers to successful programming.

Training and Technical Assistance

Responses to these questions were very important to the Center since it put considerable resources into making the TIP experience a successful one. All in all, it would appear that the quality of such training and technical assistance, facilitated by TIP experts from the University of South Florida and the Center, was more than adequate.

- TIP Core Competency training (overview, strengths-discovery, case-based review, SODAS, rationales) provided the necessary knowledge and skills to implement the TIP system at my program. Average: 4.26 with 94% rating 4 or above. It is important to note that some of the sites felt that the TIP system did not provide guidance on or address the serious literacy needs of young adults in NYC, and that this was a limitation of the system. TIP Technical Assistance helped us adapt the TIP model to our program needs. Average: 3.93 with 68% rating 4 or above. In removing the one outlier from this response, i.e. one participant who scored below 3, the average response to this question is 4, which is the score that Center was striving for. The score and percentage for this particular question can be understood in a number of ways: i) adapting the TIP template to actual needs presented real challenges to some of the sites; ii) the TIP system might not be able to address some of the life circumstances of young adults, as noted by four of the survey responses, especially when working with teenagers who have suffered multiple and severe trauma; iii) there might be cultural factors that are either not addressed by the TIP model or which might conflict with it, such as teenagers taking on a more self-directed, more self-empowered role when a family culture does not allow for that; and iv) technical assistance could be more comprehensive, and should include other active participants in the network of the young adult, i.e. professional parents in the context of family-based treatment (this was noted in one of the surveys).

Conclusion

The TIP experience in NYC was an impressively positive one, especially in the way that staff and young adults came to understand the crucial role of young adult leadership and self-determination in the context of individual treatment as well as in the culture of an organization, and in the community at large. TIP did present some limitations for our sites, especially in regard to addressing the more serious clinical concerns of young adults and in supporting staff in their work in this area.

The Coalition's Center for Rehabilitation and Recovery provided extensive, multifaceted young adult initiatives beyond the scope of TIP (in the areas of training, research, employment, and education) that increased the knowledge base of the TIP models sites. Such initiatives were integral to the success of implementing the TIP system, and served to educate community of mental health providers and related systems about the crucial needs of young adults with serious emotional difficulties in NYC, both on a programmatic and systems level.

Model Site Participants and Resources

Adolescent Education and
Employment Program (AEEP)
Brooklyn Bureau of Community
Services
2673 Atlantic Avenue
Brooklyn, NY 11207

Bonding Links
Coalition of Hispanic Family Services
315 Wycoff Avenue, 6th Floor
Brooklyn, NY 11237

The Bridge Residential Services
118 East 11th Street
New York, NY 10019

Bronx WAVE
Riverdale Mental Health
5676 Riverdale Avenue
Bronx, NY 10471-2191

I Can Community Residence
SCO Family of Services
220-23 100th Drive
Queens Village, NY 11429

Turning Point SRO
SCO Family of Services
85-70 148th Street
Briarwood, NY 11435

Linden House
Institute for Community Living
198 Linden Boulevard
Brooklyn, NY 11226

Safety Net
Staten Island Mental Health Society
6581 Hylan Boulevard
Staten Island, NY 10309

Youth Employment Services (YES)
International Center for the Disabled
340 East 24th Street
New York, NY 10010-4019

Transition to Independence Process
(TIP) System
Department of Child & Family Studies
Louis de la Parte Florida Mental Health
Institute
University of South Florida
13301 Bruce B. Downs Blvd., MHC
2332
Tampa, Florida 3361203899
<http://tip.fmhi.usf.edu>

¹The author wishes to thank the following colleagues at the Coalition's Center for Rehabilitation and Recovery for their contributions related to drafting survey questions, data analysis, and expertise in mental health and related systems: Alysia Pascaris, former Director, Courtenay Harding, present Director, Marc Kutner, former Director of Special Initiatives, and Eugene Aronowitz, Acting Director during the winter of 2009.

²The Coalition of Behavioral Health Agencies, Inc. is the umbrella advocacy organization of New York's behavioral health community, representing over 100 non-profit community-based behavioral health agencies that serve more than 350,000 clients in the New York City area. Within the Coalition, the Center for Rehabilitation and Recovery provides research, training, and technical assistance, disseminates information in relation to a rehabilitation and recovery approach to inform and ultimately transform systems to promote recovery. In addition, the Center spearheads special projects that address particular needs in the mental health community as they arise.

³The study cites disturbingly high rates of incarceration, with 73% of this population facing arrest 3-5 years after they leave school.

⁴Wyckoff, L., Cooney, S.M., Djakovic, D.K., and McClanahan, W.S. (2008). *Disconnected young people in New York City: Crisis and opportunity*. A paper commissioned to Public/Private Ventures by Jobs First NYC.

⁵(June 2009). *Back on track: Re-connecting New York's disconnected youth to education and employment*. Schuyler Center for Analysis and Advocacy. Albany, NY. www.scaany.org.

⁶S. Sood (April 13, 2009). *Unemployment blues: advice you can use*. *Wiretap*.

⁷R. Wilner (September 27, 2009). *The dead-end kids*. *The New York Post*.

⁸Further, in most states, there appears to be little coordination between child and adult mental health services, exacerbating the disconnection that transition-age youth so often experience. Aging out of foster care, for example, has been described as "falling off a cliff". Indeed, only 20% of foster care youth in NYC are reunited with their parents or adopted after leaving the foster care system.

⁹June 2008. *Young adults with serious mental illness*. Some states and federal agencies are taking steps to address their transition challenges. United States Government Accountability Office's report to congressional requesters.

¹⁰Discussion with Brian Lombroski in August 2009. This estimate is based on his "tabulating the bed capacity at all programs throughout the state. There are just under 1,000 youth 'beds' in OMH licensed community residences and RTFs; just under 7,000 beds/seats at educational RTCs throughout the state (i.e. Hillside, Hawthorne-Cedar Knolls, Baker Victory Services); and about 3,000 group home beds. This does not take into account the OCFS beds, or the hospital beds throughout the state. The 10,000 number is probably a conservative estimate, although there would need to be some kind of accounting for the fact that not every bed is filled all the time (though they sure do try)."

¹¹A. Smiley and A. Pascaris (2007). *A chance for change: Supporting youth in transition in NYC*. Coalition of Behavioral Health Agencies, Inc. [Http://www.coalitionny.org/the_center/youth_initiative](http://www.coalitionny.org/the_center/youth_initiative).

¹²[Http://www.coalitionny.org/the_center/youth_initiative](http://www.coalitionny.org/the_center/youth_initiative).

¹³National Association of Social Workers. (Approved 1996, revised 2008). *Code of Ethics of the National Association of Social Workers*. Washington, DC: Author.

¹⁴This begs the question if the structure of the actual mental health system impedes on transition, in light of the dichotomy between the child and adult systems that split through the developmental period of transition-age young adults, with most adolescent programs discharging youth at age 18. See *A chance for change: Supporting youth in transition in NYC*, for a detailed discussion of this question, *loc.cit*.

¹⁵WAVE, a non-profit organization located in Washington, DC, has developed successful curriculum and educational approaches related to stemming, and preventing, the school dropout crisis. See <http://www.waveinc.org/>.

¹⁶From 2006 until 2008, TIP experts Rusty Clark, Mason Haber, and Nicole Deschenes were engaged by the Center to provide training, on-site technical assistance, and facilitation of the TIP forums. Project Manager Amy Smiley actively participated in all of these sessions and, beginning in 2008, took on the responsibility of providing consultation to sites and the perpetuation of the TIP Community of Learning.

¹⁷In 2009, Bronx WAVE was obliged to close its doors and a newly created young adult program joined the TIP Community: the Strides program at the Guidance Center of New Rochelle. Over the past three years, there has thus been significant ebb and flow within the TIP Community of Learning, which reflects the stressful economic landscape of NYC.

¹⁸Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*: London: Routledge, p. 152.

¹⁹See Clark, H.B. (2009). *Enhancing the effectiveness of your program for young people & their families*. Small group process. National Network on Youth Transition for Behavioral Health (NNYT) at <http://nnyt.fmhi.usf.edu/>.

²⁰See Deschenes, N., Clark, H.B., Herrygers, J., Blase, K., and Wagner, R. (version 1 2007, version 2 2009). *SODAS: Social problem solving and decision-making techniques for working with transition-age youth and young adults*. National Network on Youth Transition for Behavioral Health. [Http://tip.fmhi.usf.edu/files/Mod5-SODAS.pdf](http://tip.fmhi.usf.edu/files/Mod5-SODAS.pdf).

²¹See Blase, K., Wagner, R., Herrygers, J., Deschenes, N., and Clark, H.B. (version 1 2007, version 2 2009). *Rationales: Teaching transition-age youth and young adults about the connection between behavior and likely outcomes*. National Network on Youth Transition for Behavioral Health. [Http://tip.fmhi.usf.edu/files/Mod3-Rationales.pdf](http://tip.fmhi.usf.edu/files/Mod3-Rationales.pdf).