



Keys to independence: PYT gives assistance with finding a home.

*Help with independent living skills and finding a place to live are 2 of the 6 major areas where youth identified a need for assistance.*

# On the **MOVE:**

*Helping Young Adults with Serious Mental Health Needs Transition into Adulthood*

## The Challenge

Moving from adolescence to adulthood — leaving home, going to school or work, buying a house, perhaps starting a family — is a significant transition for anyone. For the more than 3 million young adults diagnosed with serious mental health conditions, the pathway into the adult world is even more challenging.

Youth and young adults who have been diagnosed with a Serious Emotional Disturbance or Serious Mental Illness (SED/SMI) such as major depressive or anxiety disorders, attention deficit disorder, schizophrenia, or conduct disorder face a number of risks and challenges as they struggle to become adults.

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- Over 60 percent of young adults with a serious mental illness are unable to complete high school. These young adults are often unemployed, unable to participate in continuing education, and lacking in skills necessary for establishing and maintaining supportive relationships and independent living.
- Transition-age youth with SED/SMI have higher rates of substance abuse than any other age groups with mental illness.
- Adolescents entering adulthood with SED/SMI are three times more likely to be involved in criminal activity than those without an illness.
- Serious mental health conditions in adolescence generally continue into adulthood. Young adulthood is also a high-risk period for developing new disorders.

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Many serious mental health conditions that are diagnosed during childhood or adolescence persist into adulthood, yet eligibility for health care and services to treat these conditions may not follow adolescents into adulthood.

When young people with SED/SMI reach their 18th or 21st birthdays, they face arbitrary disruptions in their care. Because of their age, they often lose eligibility for continuing care in the child mental health system that has served them, ending ongoing caseworker and therapeutic relationships. Only a fraction of these young people meet the typically narrower eligibility criteria for accessing adult mental health services.

*Suddenly the 18-year-old must find another mental health provider, or worse — be left without access to care.*

Medicaid is a major source of financing for mental health services, especially for those in the child welfare system or those with serious mental illness. Child eligibility for Medicaid ends at age 18 or 21. In order to receive Medicaid-funded services, young adults must meet stricter adult Medicaid eligibility criteria.

## 18 A Birthday that Can Disrupt Care

Confusing differences in eligibility rules and a shortage of developmentally appropriate services pose huge obstacles for young people with SED/SMI and their families.

### Matching Services to the Needs of Young Adults

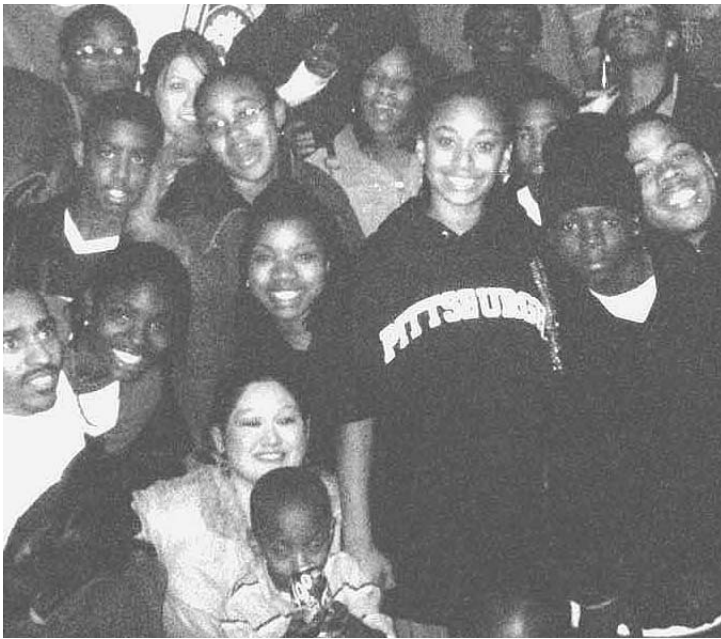
In addition to continuity of care, young adults need services that are developmentally appropriate and specific to the distinct needs of a young person just entering adulthood. Too often, mental health and other services are not designed with the needs, interests or goals of

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## Principles of Developmentally Appropriate Practice: Transition to Independence Process (TIP) Model

1. Engage young people in a relationship with a caring, responsible adult to plan for their own future.
2. Tailor services and supports to be accessible, coordinated, developmentally appropriate and to build on strengths.
3. Respect young people's developmentally appropriate search for independence and social responsibility by acknowledging personal choice and their need to find their own way.
4. Ensure a safety net of support, including family, to reduce risks.
5. Strengthen young people's competencies to assist them in achieving greater self-sufficiency and confidence.
6. Help the young person maintain a focus on outcomes, and encourage programs and systems to do the same.
7. Involve young people, parents and other community partners in the TIP system at all stages and levels.

For a complete description of the TIP model, see the TIP System Development and Operations Manual  
<http://tip.fmhi.usf.edu/>



PYT participants celebrate their success.



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young adults in mind. One cannot expect a 20-year-old to feel comfortable or gain much from participating in a support group of 50-year-olds.

In addition to continued access to appropriate mental health services, many young people need transition supports and assistance in finding employment, housing, job training and education.

At the same time, policies and programs must respect a young adult's developmentally appropriate need for greater independence and greater control over goals, services and life decisions. ■

## Services That Fit Their Time of Life

Services that provide for continuity in mental health care and developmentally appropriate supports are critical to enable young people with mental health needs to become productive and resilient adults.

## When asked their priorities for assistance, youth with SED/SMI identified the following areas:

- Finishing school and career training
- Finding a decent job
- Learning independent living skills
- Managing and living within a budget
- Finding an affordable, safe and comfortable home
- Dealing with their family issues

## Seeking Effective Solutions:

# Partnerships for Youth Transition Initiative (PYT)

Transition-related services that provide for continuity in mental health care and developmentally appropriate supports are critical to ensuring the continued well being of youth between the ages of 14 and 25 and to ensuring that young people with mental health needs can become productive and resilient adults.

In September 2002, the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), in partnership with the Department of Education, Office on Special Education Programs, awarded approximately \$2.5 million per year for four years for the **Partnerships for Youth Transition (PYT)** initiative. This initiative funded five sites across the nation to develop and implement transition programs for youth with mental and emotional difficulties as they enter adulthood.

The PYT community sites worked with youth, families, and other community resources to reach young people with serious mental health needs. They aligned services to fit the needs of youth and offered opportunities to engage young people with caring, responsible adults in planning and preparing for their own futures.

The services offered by these PYT sites were youth-guided, supportive of appropriate family involvement, individualized, developmentally appropriate, appealing to the target population and designed to reach the hardest-to-reach young people.

### The five sites were:

- Allegheny County Department of Human Services, Pittsburgh, Pennsylvania
- Clark County Department of Community services and Corrections, Vancouver, Washington
- Maine Department of Health and Human Services, Departments of Vocational Services and Psychiatry, Maine Medical Center, Augusta, Maine
- Utah Department of Human Services, Greater Salt Lake area
- Pact-4 Families Collaborative, Willmar, Minnesota

## Snapshots

Here are just a few examples of how the PYT sites successfully applied some or all of the TIP model principles to create a community transition system that provided developmentally appropriate services with positive supports to foster resiliency and improve young lives.

**In Pennsylvania**, the Allegheny County PYT project operated in two economically disadvantaged

communities, serving young adults 14 to 25 years of age.

Young adults were involved in the planning and implementation of

projects included in the comprehensive System of Care for youth with mental health needs.

They served on review panels and state-level advisory boards and gave presentations at local and national conferences.

The project housed its offices in the local high school to be more available to participants and worked closely with vocational rehabilitation services to help young people identify and achieve their job training and education goals.

As with the other PYT projects, this site relied heavily on transition facilitators to work proactively and intensely with young people, engaging them in a “futures planning” process to help determine their goals and the local services available in their community to help them reach these goals.

In addition to these facilitators, the site established “family specialists” to help parents and other family members understand the transition process and address their own family needs.

The PYT site leadership partnered with secondary schools, church leadership, community colleges and other formal and informal community entities to provide an array of services and supports to assist transition-aged youth.



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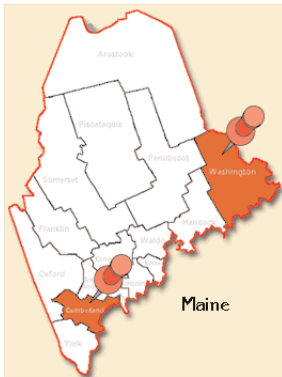


**In Washington**, the Clark County PYT site engaged young people and parents during the first year of planning to help identify their needs and the best structure for a transition program to serve them. The site leadership found this input to be transformative in

ensuring the practices were youth-friendly and effective.

The PYT site found some early gains by examining state policies and regulations for funding transition-related services. While there were many real barriers to young people continuing their mental health treatments, this review exposed some that were based primarily on myth or misperceptions. The effort yielded funding benefits. For example, young adults who were previously in child welfare were automatically qualified for Medicaid funding for adult mental health services.

**In Maine**, PYT staff engaged youth who were hospitalized for the first time. Interventions (and outcomes measured) centered on domains critical to making a successful transition into

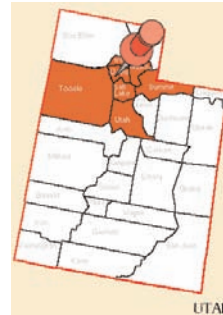


adulthood: completing secondary education, entering into postsecondary education, finding and retaining employment and stable housing, and family psycho-education. Because this disability group has the highest high school dropout rate, the PYT staff worked

intensively with school staff to make re-entry a smooth process, wherein the student felt supported and welcomed.

Maine's PYT project also identified key policy changes to be pursued by the Governor's Children's Cabinet to improve policies and programs for transition-aged youth. Among the recommendations is the creation of a mental health services category for adolescents and young adults ages 14 to 25.

**In Utah**, young people were engaged in all phases of the project operation. The State Youth Action Council reviewed policies, procedures,



and service design and organized annual events to bring program participants together for leadership development. Young people identified the lack of affordable housing as a key barrier to independence. Youth worked with corporate leaders to establish new

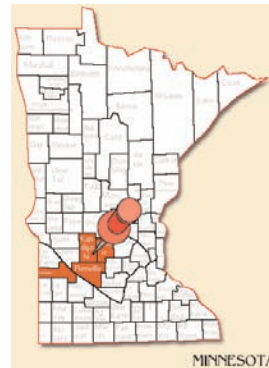
housing units in an apartment complex with subsidized rents and support services, including a communal kitchen and meals.

Utah also extended the eligibility age for Medicaid to age 21 for those young people in the state's custody at age 18.

The project used ongoing evaluations to track young people's progress and help case managers identify and access tools to teach the needed skills.

The Utah project also established a mechanism for allocating flexible funds for non-categorical services in order to address critical needs for which no traditional funding was available.

**In Minnesota**, the PYT program identified transportation as a significant challenge for youth in rural areas.

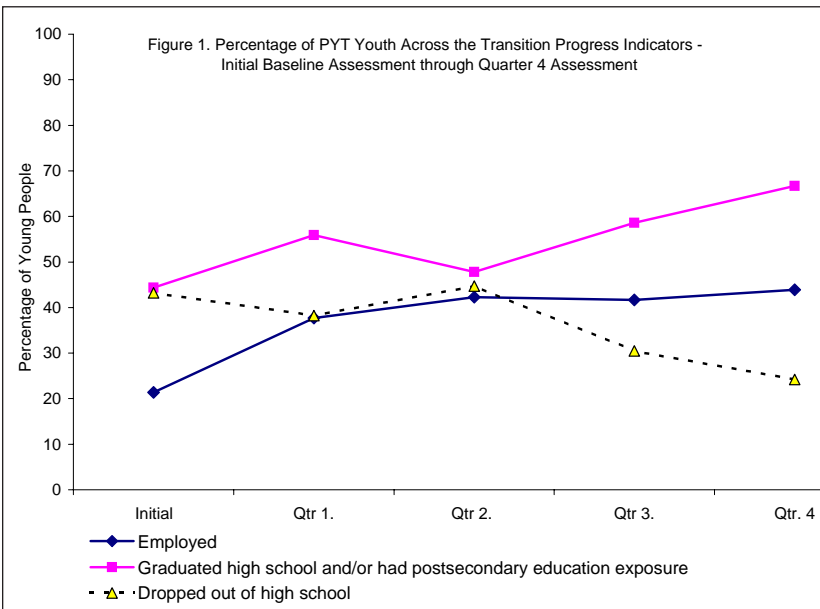


Arranging for transition facilitators to transport youth to job shadowing experiences, health appointments, and interviews carried the additional benefit of "windshield time," providing time for the facilitator and youth to work together to

identify goals and create a more individualized transition plan; e.g., earn a GED, enroll in community college, learn to self-manage medications, and/or earn a driver's license. ■

## Showing Results

These findings show that continuity of care and developmentally appropriate services can improve outcomes for young people with SED/SMI. Developmentally appropriate services support their strengths, interests and goals, enhance their social and life skills, and connect them to responsible adults and other important people in their lives.



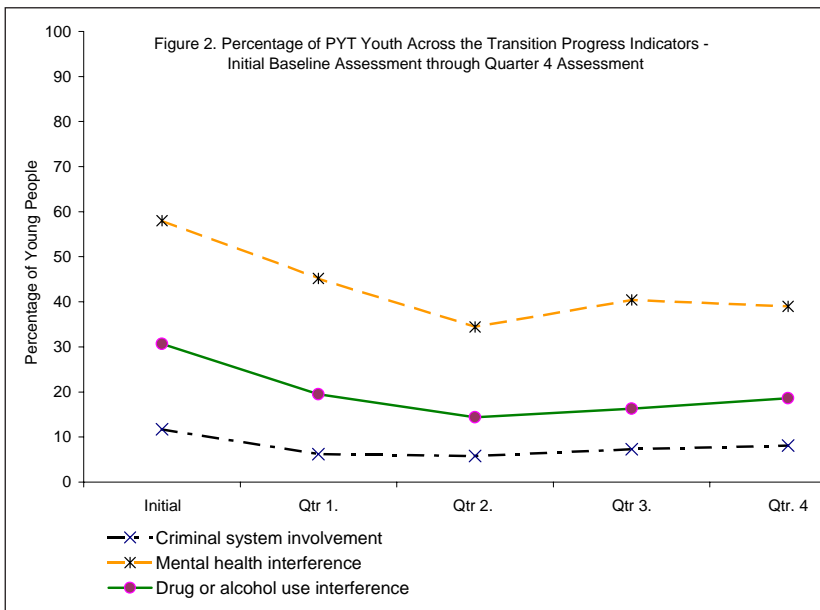
## PYT Makes A Difference

The National Center on Youth Transition team\* is conducting cross-site analyses of the PYT projects. The preliminary findings are very encouraging.

A study of 192 young people who were involved with their sites for at least one year found improved outcomes over time in six major areas.

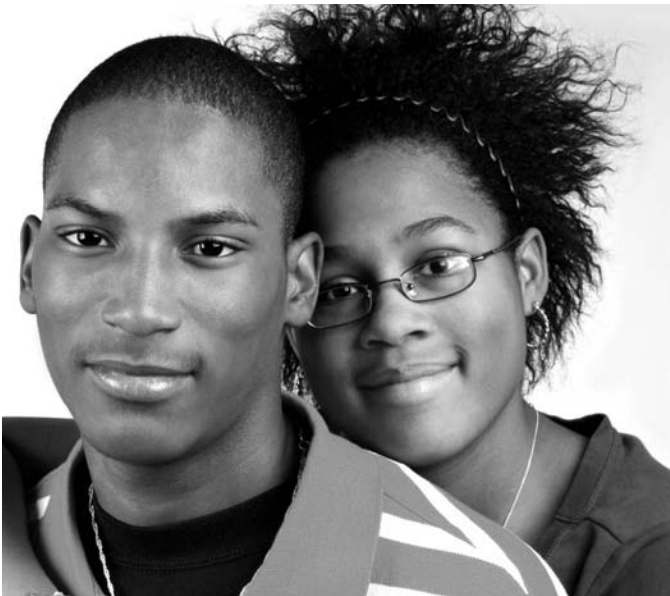
Over time, these young people were more likely to be employed and to be pursuing high school or postsecondary education. They were less likely to have dropped out of high school and less likely to experience interference in their lives from their mental health conditions or from drug or alcohol abuse.

These improvement trends were statistically significant across the year of enrollment in the PYT programs. Involvement in the criminal justice system showed a slight decrease from the initial assessment, but this trend was not statistically significant over subsequent assessments.



\*The National Center on Youth Transition is at the University of South Florida.

<http://ncyt.fmhi.usf.edu>



Support and appropriate assistance promote confidence and opportunity for success in work, life, and relationships.

*“Finishing school, finding a job, avoiding drugs — these success stories abound for our young people participating in PYT programs across the country. Making effective services and supports available to young adults can make a difference.”*

Diane L. Sondheimer  
Deputy Chief, Child, Adolescent,  
and Family Branch, SAMHSA Center  
for Mental Health Services

## How well do your community and state serve youth with mental health needs?

### Key Questions to Ask:

**Are we imposing artificial barriers to continuity of care for young people with mental health needs as they turn 18?** Imposing changes in eligibility or access to continuing services based on an arbitrary age limit makes it harder for these young people to make a successful transition to productive adulthood.

**Are we providing services that are developmentally appropriate?**

Do we expect young adults to fit into services geared for older adults? Do we provide room for the trial-and-error decision-making characteristic of late adolescence and early adulthood while ensuring safety and risk-reduction? Or do we expect 18-year-olds to make it on their own with little preparation and no opportunity to return for support or services?

**Are we offering a rich and diverse set of transition supports and services?**

It is impossible for young people and their families to carry out a well-intentioned treatment plan when their community offers few services and programs to meet their needs. Does our community provide individually tailored mental health services for transition-age youth? Do we offer high school completion, employment training and experience, housing, postsecondary education, and other support services for transition-aged young people?

# What's Next?

## Federal and State Policy Recommendations

*States and the federal government must do more to support youth and young adults with mental health needs.*

### At the Federal policy level:

- Extend continuity of care to the ages of 25 or 30. Extend Medicaid coverage for children's eligibility categories to age 25 or 30.
- Support more subsidized housing, job training and apprenticeships, postsecondary scholarships and other transition supports for youth and young adults.
- Fund more formal research on best practices in serving transition-aged youth with serious mental health conditions.
- Require states to report the number of 16- to 30-year-olds served through federal block grant funding for mental health services, including a description of the services specific to this age group and plans for improvement.

### At the state policy level:

- Extend Medicaid coverage for children's eligibility categories to age 22, as now permitted by federal law.
- Allow young people in foster care to remain covered until age 21, and allow those who leave the system before age 21 to access foster care supports when needed between the ages of 18 and 21, as now permitted by federal law.
- Provide developmentally appropriate, age-specific services to help young adults address critical health and living needs.
- Create opportunities for state and local provider staff in child and adult-serving systems to receive training on working with youth and young adults with SED/SMI.



## Resources:

Substance Abuse & Mental Health Services Administration  
U.S. Department of Health and Human Services  
<http://www.samhsa.gov/>  
*Systems of Care: Transforming Children's Mental Health Care in America*  
<http://www.systemsofcare.samhsa.gov/>

The National Center on Youth Transition at the University of South Florida maintains a website with contact information and links to the Partnerships for Youth Transition websites as well as updates on research and programmatic developments.  
<http://ncyt.fmhi.usf.edu/index2.cfm>

Transition to Independence Process website: <http://tip.fmhi.usf.edu/>  
The TIP Guidelines are posted at [http://tip.fmhi.usf.edu/tip.cfm?page\\_ID=5](http://tip.fmhi.usf.edu/tip.cfm?page_ID=5)

*Summary of Center for Mental Health Services: National Experts Panel* September 2005  
<http://www.systemsofcare.samhsa.gov/ResourceDir/PYThome.aspx>

*Moving On: An Analysis of Federal Programs Funding Services to Assist Transition-Age Youth with Serious Mental Health Condition,*  
The Bazelon Center for Mental Health, 2005  
<http://www.bazelon.org/publications/movingon/Analysis.pdf>

The Finance Project has developed two publications on financing mental health supports and services for children exposed to trauma:  
*Funding Guide* - <http://www.financeproject.org/publications/FundingGuideCTSRev.pdf>  
*Strategy Brief* - <http://www.financeproject.org/publications/ThinkingBroadlyCTS.pdf>

*States Efforts to Expand Transition Supports for Young Adults Receiving Adult Public Mental Health Services*  
A report on a survey of members of the National Association of State Mental Health Program Directors, prepared for the American Institutes for Research, March 2005  
<http://www.umassmed.edu/uploadedfiles/Final%20Approved%20Adult%20System%20Report1logoremoved.pdf>

*State Policies to Help Youth Transition out of Foster Care*  
<http://www.nga.org/Files/pdf/0701YOUTH.PDF>

*A Difficult Passage: Helping Youth with Mental Health Needs Transition into Adulthood*  
The National Conference of State Legislatures, September 2006  
<http://www.ncsl.org/print/health/forum/youthmentalneeds.pdf>

*Negotiating the Transition-Age Years*  
NAMI Beginnings Summer 2006  
NAMI Child and Adolescent Action Center  
<http://www.nami.org/TextTemplate.cfm?Section=CAAC&Template=/ContentManagement/ContentDisplay.cfm&ContentID=38220&MicrositeID=0>

## Contacts:

Diane L. Sondheimer  
Deputy Chief  
Child, Adolescent, and Family Branch  
Federal Center for Mental Health Services  
1 Choke Cherry Road Room 6-1043  
Rockville, Maryland 20857  
Tel. 240-276-1922  
Email: [diane.sondheimer@samhsa.hhs.gov](mailto:diane.sondheimer@samhsa.hhs.gov)

Hewitt B. "Rusty" Clark, Ph.D.  
Professor and Director  
National Center on Youth Transition for Behavioral Health (NCYT)  
Department of Child and Family Studies, FMHI  
University of South Florida  
13301 Bruce B. Downs Blvd., MHC 2332  
Tampa, Florida 33612-3807  
Tel. 813-974-6409  
Email: [clark@fmhi.usf.edu](mailto:clark@fmhi.usf.edu)

Nicole Deschenes  
Co-Director, National Center on Youth Transition for Behavioral Health (NCYT)  
Department of Child & Family Studies, FMHI  
University of South Florida  
Tel. 813-974-4493  
Email: [deschenes@fmhi.usf.edu](mailto:deschenes@fmhi.usf.edu)

## Partnerships for Youth Transition Site Contacts

Jane H. Lewis  
Program Manager  
Utah Division of Substance Abuse & Mental Health  
120 North 200 West #209  
Salt Lake City, Utah 84103  
Tel. 801-538-3912; Fax: 801-538-9892  
Email: [jhlewis@utah.gov](mailto:jhlewis@utah.gov)

DeDe Sieler  
Clark County Department of Community Services  
P.O. Box 5000  
Vancouver, Washington 98668-5000  
Tel. 360.397.2130; Fax 360-397-6028  
Email: [dede.sielier@clark.wa.gov](mailto:dede.sielier@clark.wa.gov)

Christine Ann McKenzie  
Dept of Vocational Services, Maine Medical Center  
22 Bramhall Street  
Portland, Maine, 04102  
Tel. 207-871-6048  
Email: [mckench@mmc.org](mailto:mckench@mmc.org)

Amy Haugen, B.S., M.H.P.  
PRIDE-4  
Woodland Centers  
P.O. Box 787  
1125 6th St SE  
Willmar, MN 56201  
Tel. 320-235-4613 ext. 682  
Email: [wcprog2@woodlandcenters.com](mailto:wcprog2@woodlandcenters.com)

Gwen White  
Project Director  
Wood Street Commons  
304 Wood Street  
Pittsburgh, Pennsylvania 15222  
Tel. 412-350-4944; Fax 412-350-3458  
Email: [gwhite@dhs.county.allegheny.pa.us](mailto:gwhite@dhs.county.allegheny.pa.us)