BRING THE KIDS HOME: TRANSITION AGE YOUTH AND YOUNG ADULTS
RECOMMENDATIONS FROM ALASKAN STAKEHOLDERS

INTRODUCTION & BACKGROUND

Alaskans have a long-standing concern with outcomes for youth with disabilities as they transition to adulthood. In 2000, the Alaska Mental Health Board convened a "Transition Services Task Force" which resulted in a number of recommendations. The Transition Services Task Force included youth and parent advocates, state staff, providers, and state planning boards. Since that time, some of the Task Force recommendations have been addressed.

In 2004, the Governor's Council on Disabilities and Special Education convened a meeting of over 70 stakeholders to develop a five-year strategic action plan for transition of youth with disabilities. Some of these recommendations have also been addressed.

More recently, Alaskan stakeholders involved with *Bring the Kids Home* (BTKH) became concerned about negative outcomes for youth with behavioral health challenges as they become young adults. Some of these youth had been in mental health residential treatment; others had been in foster care or juvenile justice settings, or in outpatient behavioral health services. Stakeholders saw youth becoming homeless, falling between services, and struggling to meet their basic needs. Transition age young people became a target population for BTKH: this resulted in service increases but not in the systemic changes required to help youth with behavioral health problems become successful adults.

Youth with behavioral health disorders are at high risk for poor outcomes as they transition to adulthood, and the services in Alaska are not meeting their needs

ALASKA SPECIFIC INFORMATION

The 2006 Behavioral Health Prevalence Estimates in Alaska: Serious Behavioral Health disorders by Household also provides insight into demographics. This WICHE report estimates there were 60,980 youth aged 12 – 17 (70% in Anchorage and South Central regions) and 27,735 youth aged 18-20 (71% in Anchorage and South Central regions) in Alaska in 2006. The study estimates that 41,059 of these youth were in low income households. It provides a prevalence estimate for adolescents with severe emotional disturbances of 7,339 (rate of 8.1%) and an estimate of 10.948 adults with a serious mental illness (rate of 6.5%). These estimates may be considered conservative because of the disproportionately high rate of suicide, drug deaths, substance use and mental disorders in Alaska.

The Alaska Health Care Data Book reports that the FY06 suicide rate for Alaskan youth aged 15 to 24 was **10+ points higher** than the next age group.

Youth aged 18 to 24 had the most self-reported days of poor mental health, the highest rate of binge drinking, heavy drinking, and drinking during pregnancy, the lowest access to health care, the latest start to prenatal care and the highest frequency of inadequate prenatal care.

Covenant House Alaska reports that of 627 homeless/runaway youth who completed a FY09 intake assessment, 80% were mental health beneficiaries (501 youth). 34% of the youth in the Covenant House Crisis Center reported a history of residential mental health treatment (65 youth).

The Department of Education and Early Development tracks post-high school outcomes for youth with an individualized education plan. For FY07-08 30.9% of these youth were not competitively employed or enrolled in post secondary school (or both). *NEED MORE/BETTER DATA???*

NATIONAL RESEARCH ON TRANSITION AGE YOUTH

From the 2005 policy brief by the "Network on Transitions to Adulthood" [1]

This policy brief noted that despite a high rate of continuing mental health disorders, service utilization drops off significantly as youth move into adulthood – particularly for those who received residential care. The brief identified system disconnects (turf battles, overlapping system goals, financing, insurance eligibility, etc) and the need different types of intervention and services than are available for younger children or mature adults. The brief reiterates the poor outcomes for TA youth around school completion, unplanned pregnancies, drug and alcohol abuse, unemployment and criminal activities.

[1] See 2005 Policy Brief at: http://www.transad.pop.upenn.edu/downloads/mental%20health%20formatted.pdf

From the ***Transition to Independence*** Operations Manual

"The transition period for youth and young adults struggling with emotional/behavioral difficulties is fraught with unique barriers that put this particular population at ***significantly greater risk for school failure, involvement with correctional authorities and/or dependency on social services".***

"These youth have the highest rate of dropout from secondary school among all disability groups (Marder & D'Amico, 1992). They also experience the poorest post-secondary outcomes in employment and independent living and have higher rates of arrests and incarceration (Davis & Vander Stoep, 1996; Marder & D'Amico, 1992; Vander Stoep, et al., 2000; Vander Stoep, Davis, & Collins, 2000; Armstrong, Dedrick & Greenbaum 2003; Wagner, Blackorby, Cameto, & Newman 1997; Vander Stoep, Bersford, Weiss, Mcknight, Cauce, & Cohen 2000; Frank, Sitlington & Carson 1995)."

"The resulting poor outcomes for these youth and young adults are extremely costly on three fronts: the individual and his/her family; security and comfort of the community; and local, state, and federal governmental entities"

INITIAL PLANNING

The Bring the Kids Home (BTKH) work group held a planning meeting in July of 2009. Alaskan stakeholders shared information on system needs.

Stakeholder Participants:

- *Youth, young adults and families*
- *Youth and family organizations*
- *Mental health & substance abuse providers*
- *Other social service providers*
- *Tribal representatives*
- *Legislative staff*
- *Education and school district staff*
- *State planning boards*
- *The Alaska Mental Health Trust Authority*
- *Staff from several State divisions.*

Technical assistance was provided by Dr. Hewitt Clark from the National Network on Youth Transition at the University of South Florida. Stakeholders developed definitions for the target population of concern for BTKH:

DEFINITIONS

Who are Transition Age Young People?

I. People aged 14 to 24.

II. Young people experiencing mental health, substance abuse, developmental or other disabilities and/or involved with agencies such as Children's Protective Services, Juvenile Justice or Public Assistance and/or young people who are runaway, homeless or otherwise at risk of transition difficulties.

What does an effective Transition System look like?
From the Transition to Independence Process (more information below)

A transition system prepares and supports young people in their movement into employment, educational opportunities, and independent community living by bringing together the young people, their family, friends, natural supports, and service systems in a comprehensive, individualized process that:

- Teaches community-relevant skills,
- Promotes exposure to community life experiences,
- Transcends the age barriers typical of child versus adult services,
- Focuses on community life functioning,
- Respects young people's self-determination.

Dr. Clark also introduced the ***Transition to Independence Process*** **(TIP)**. TIP was developed at the University of South Florida to organize systems and services to assist young people with emotional and/or behavioral difficulties in making a successful transition to adulthood. The TIP system includes fidelity and outcome measures and there is a strong evidence base supporting it. *For more information see: http://tip.fmhi.usf.edu/*

VALIDATING THE *TIP System* IN ALASKA

In November of 2009, Facing Foster Care in Alaska, Alaska Youth and Family Network and the Alaska Mental Health Board hosted a 1½ day meeting of 14 young people from across the State. Participants had experience in systems and services including foster care, therapeutic foster care, juvenile justice, youth court, residential and outpatient mental health and substance abuse treatment. Some of these youth had experienced homelessness. Some of the young people are employed providing peer navigation to help other youth connect with necessary services and supports.

Five adults also participated, both to provide support and to share their perspectives as parents or foster parents on the needs of young people in Alaska.

These young people identified needs and strategies to assist youth to become successful adults. In this document, the concerns of participants are compared to the ***Transition to Independence Process.***

TRANSITION TO INDEPENDENCE PROCESS

TRANSITION DOMAINS[1]

Community Life Functioning

Daily Living
- Self care
- Maintenance of living space and personal possessions
- Money management
- Cooking and nutrition
- Maintenance and security of personal and financial documents
- Safety skills (e.g., avoid dangerous situations, prevent victimization)
-

Leisure Activities
- Entertaining one's self
- Activities with others
- Creating indoor and outdoor activities of interest and fun
- Places of entertainment and fun
- Safe and healthy activities (e.g., Cyberspace safety precautions, safe routes for walking, biking, and driving at different times of the day, choice of friends)

Community Participation
- Transportation resources and skills
- Knowledge of community resources
- Citizenship responsibilities, knowledge of basic rights and responsibilities
- Community social support (e.g., peer groups, community organizations)
- Access to legal services
- Cultural and spiritual resources

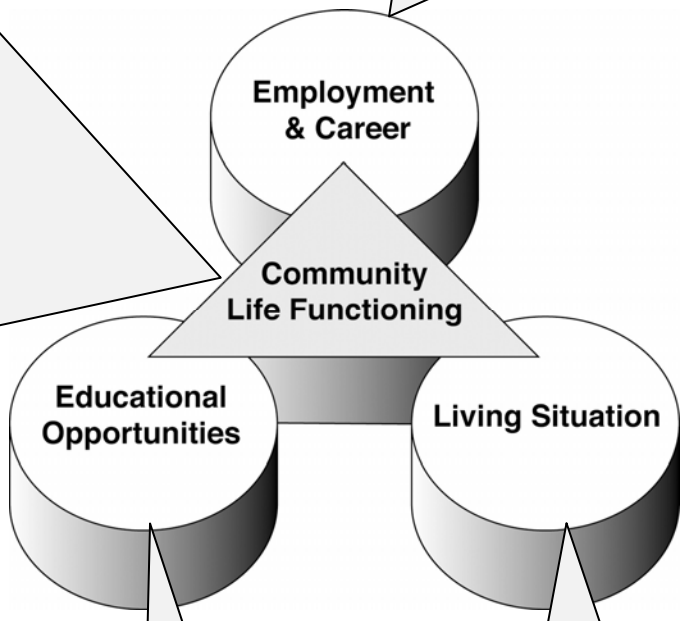
Health
- Health care and fitness (e.g., physical activity, stress management)
- Emotional/behavioral self-management (e.g., anger-control, acceptance of negative feedback, self monitoring, self-evaluation and self-control skills)
- Self-management of substance use
- Self-management of medications and knowledge of side effects
- Knowledge of sexual functioning and birth control (e.g., prevention of sexually-transmitted diseases and unwanted pregnancies)
- Ability to access medical and dental services

Self-Determination
- Generate alternative options and make decisions
- Set goals and develop plans for achieving such
- Evaluate one's progress in achieving goals
- Accept one's strengths and limitations
- Advocate for one's rights and positions

Communication
- Express one's ideas and feelings through speaking and listening
- Reading and writing skills for learning, fun, and communication
- Knowledge of information sources (e.g., use of library, authorities, Internet communications, and other resources)
- Study and learning skills for gaining and applying new information
- Cyberspace safety (e.g., revealing personal information, meeting contacts in person, use of credit cards on-line)

Interpersonal Relationships
- Relationship development and maintenance of friendships
- Balance of independence and interdependency with family members
- Dating skills and development/maintenance of intimate relationships
- Conflict resolution skills
- Maintenance of relationships with mentors and informal key players.

Employment & Career
- Competitive employment site
- Work experience opportunities (e.g., paid placement at competitive worksite with co-worker mentor)
- Supported employment (e.g., paid placement at competitive worksite with formal support, like a job coach)
- Transitional employment opportunities (e.g., paid placement at a worksite that is formally set up for serving individuals with emotional/behavioral difficulties)



Educational Opportunities
- Bachelor's degree or beyond
- Associate's degree
- Vocational or technical certification
- High school completion or GED certificate
- Work place educational programs (e.g., unpaid practicum with minimal, but necessary individualized supports)

Living Situation
- Independent residence (e.g., living in an apartment with a roommate)
- Residing with natural, adoptive, or foster family
- Other family situation (e.g., girlfriend's family, extended family)
- Semi-independent living (e.g., non-live-in service coordinator assists)
- Supported living (e.g., supervised apartment)
- Group home or boarding home
- Restrictive setting (e.g., crisis unit, residential TX center, detention center)

1. From TIP Operations Manual: http://tip.fmhi.usf.edu/files/TIPOperationsManual-October04.pdf

CONCERNS OF ALASKAN YOUNG PEOPLE

TRANSITION DOMAIN:

EMPLOYMENT

TIP tools & staff:

- *TIP tools include a Descriptive Outline of a Transition-Aged Young Person: a tool to describe youth's goals, strengths and challenges and any barriers.*
- *TIP staff include Transition Facilitators who work with the youth to identify obstacles to transition goals and to develop strategies to overcome barriers.*
- *A Community TIP Steering Committee that assists in identifying barriers in the TIP system and advises on possible solutions.*

TIP provides:

- *Transition Facilitator who assists youth with tasks, or assists youth to connect with other resources for help.*
- *Training of co-worker mentors to provide worksite support with young people*
- *Transition facilitator or employment specialist providing worksite training with the young person regarding job tasks and/or emotional/behavioral self-management*

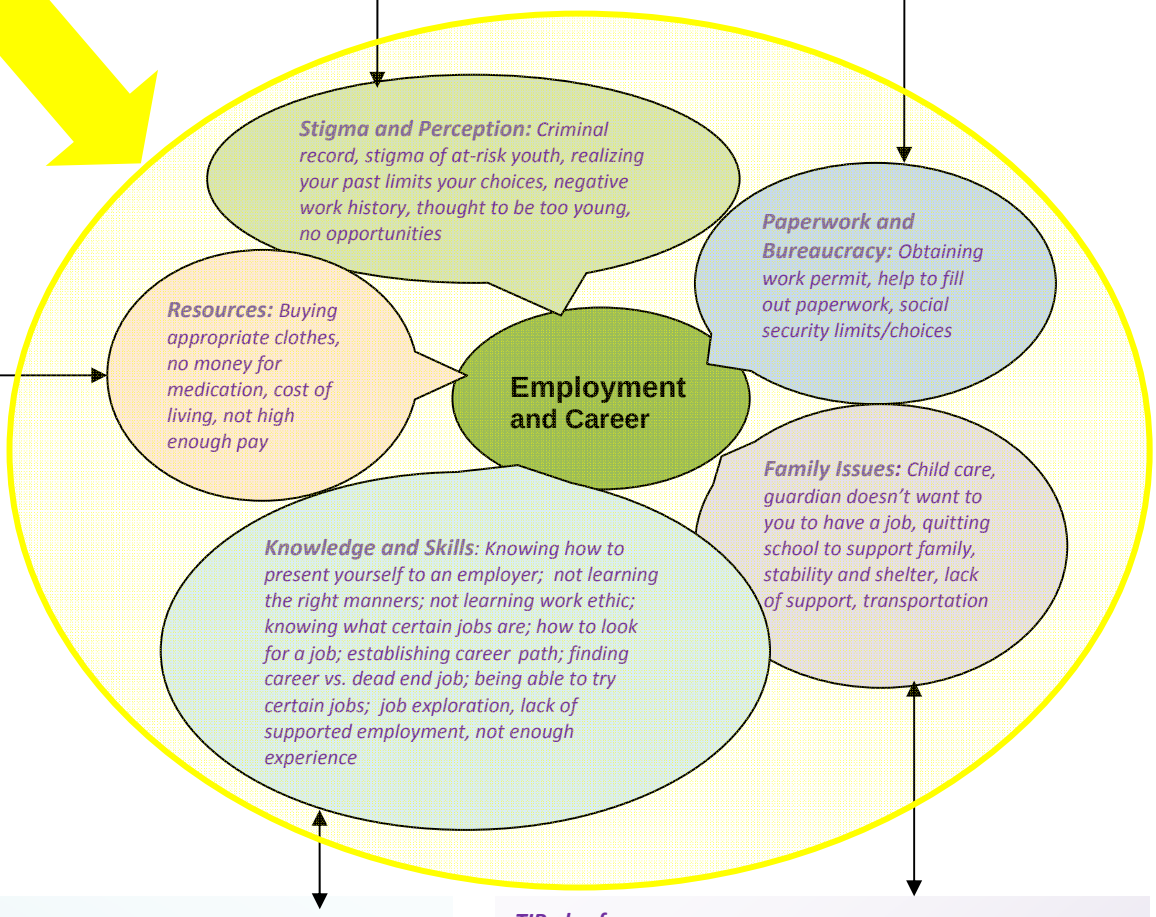
TIP requires:

Access to flexible funding.

Transition Facilitators who:

- *Coordinate development of a Person Centered Plan which identifies the youth's goals and the resources and supports needed.*
- *Work with the youth to engage necessary partners.*
- *Coordinates resources to meet the needs in the youth's plan.*
- *Helps youth identify barriers to implementing the plan.*

A Community TIP Steering Committee that assists in finding resources to support TIP system goals including access to internships, job training, employment and educational opportunities.



TIP develops:

- *Work experience opportunities (e.g., paid placement at competitive worksite with co-worker mentor)*
- *Supported employment (e.g., paid placement at competitive worksite with formal support, like a job coach)*
- *Transitional employment opportunities (e.g., paid placement at a worksite that is formally set up for serving individuals with emotional/behavioral difficulties)*
- *School/program-based practica (credits/wages), or school/program based employment, or summer employment*
- *Competitive employment sites*
- *Remote guidance with young people regarding work activities*
- *Consultation with employers and supervisors*
- *Training of co-worker mentors to provide worksite support with young people*
- *Transition facilitator or employment specialist providing worksite training with the young person regarding job tasks and/or emotional/behavioral self-management*
- *Job development: employer networks, job analysis, job carving*

TIP also focuses on:

The Community Life domain encompasses the individual's personal-effectiveness and community-living skills and resources that are relevant to success in each of the other domains, as well as for personal and community functioning.

The TIP Transition Facilitator works with young person to develop a transition domain plan with goals for employment, education, living situation and community life.

Some tools TIP system uses:

- *Tapping into resources of youth's key players & natural supports (aunt, friend, co-worker, etc)*
- *Peer support groups*
- *Vocational support groups*
- *Mentors*
- *Strength discovery and resource development process*
- *Monitoring progress in domain of living situation and community life functioning.*

CONCERNS OF ALASKAN YOUNG PEOPLE

TRANSITION DOMAIN: EDUCATION

TIP tools & staff:

TIP tools include a Descriptive Outline of a Transition-Aged Young Person: a tool to describe youth's goals, strengths and challenges and any barriers.

TIP staff include Transition Facilitators who work with the youth to identify obstacles to transition goals and to develop strategies to overcome barriers.

TIP develops:

TIP promotes the concept of self-determination: helping young people learn to: 1) set goals to improve one's quality of life, 2) formulate alternative strategies, 3) choose among the strategies, 4) implement the selected strategies, and 5) evaluate progress

TIP uses multiple strategies to assess young people's knowledge and skills related to all transition domains, including educational opportunities.

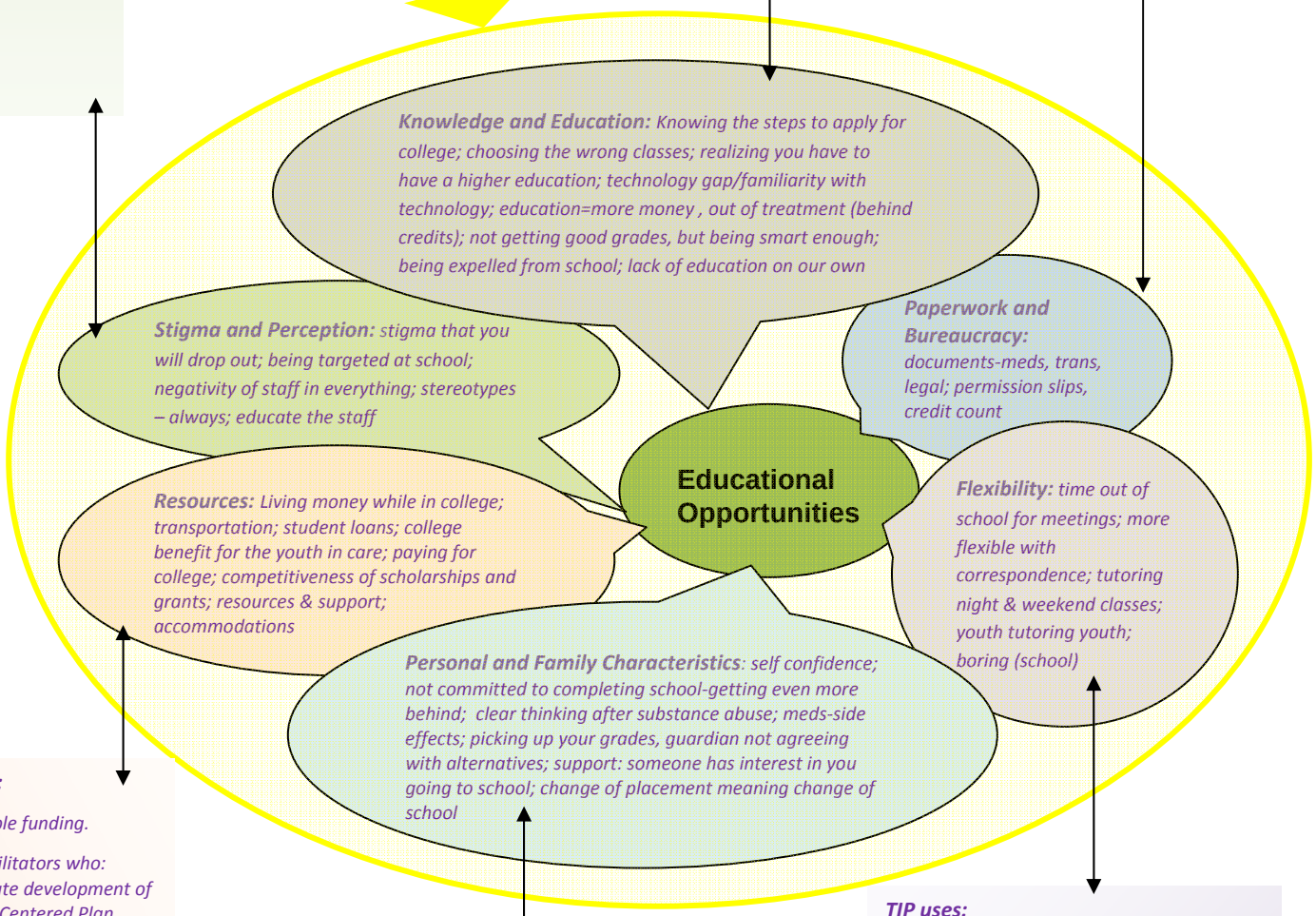
TIP teaches meaningful skills based on these assessments. TIP uses teaching strategies that are community-relevant. This results in better abilities, motivation and generalization of new skills and can improve graduation rates.

TIP uses:

Transition Facilitator (TF) who assists youth to connect with resources for help.

TF also provides training and mentoring to youth to complete necessary steps.

Training of co-worker mentors to provide worksite support with young people



TIP develops:

Access to flexible funding.

Transition Facilitators who:

- *Coordinate development of a Person Centered Plan which identifies the youth's goals and the resources and supports needed.*
- *Work with the youth to engage necessary partners.*
- *Coordinates resources to meet the needs in the youth's plan.*

A Community TIP Steering Committee that assists in finding resources to support TIP system goals including access to internships, job training, employment and educational opportunities.

TIP uses:

Mentoring, teaching of skills, contingency contracting, counseling, and problem solving to maximize the likelihood that youth will succeed.

A transition domain plan with goals for Employment, Education, Living Situation and Community Life. The Community Life domain encompasses the individual's personal-effectiveness and community-living skills and resources that are relevant to success in each of the other domains, as well as for personal and community functioning.

Other tools TIP system uses:

- *Tapping into resources of youth's key players & natural supports (aunt, friend, co-worker, etc)*
- *Peer support groups*
- *Vocational support groups*

TIP uses:

Individualized transition plans which are designed by the youth and the youth's selected participants.

TIP uses a Person Centered Planning Model which builds on the available resources and generates plans which are flexible and can be modified to meet the youth's interests, needs, strengths and shifting goals.

The Transition Facilitator works flexible hours so as to meet the youth's needs.

Flexible funding is available in a TIP system to address needs that cannot be covered through other resources.

CONCERNS OF ALASKAN YOUNG PEOPLE

TRANSITION DOMAIN:

LIVING SITUATION

TIP System:

Addresses safety with regards to roommate and living situation.

Teaches self advocacy skills.

Supports young people in whatever setting is appropriate including;

- *Independent residence*
- *With natural, adoptive, or foster family*
- *Other family situation (e.g., girlfriend's family, extended family)*
- *Semi-independent living*
- *Supported living*
- *Group home or boarding home*
- *Restrictive setting*

Uses Transition Facilitators, peer mentors, peer counselors and peer support groups to provide social supports and as roommate or

TIP develops:

Multiple strategies to assess young people's knowledge and skills related to all transition domains, including community resources, rights and responsibilities,

Meaningful skills based on these assessments.

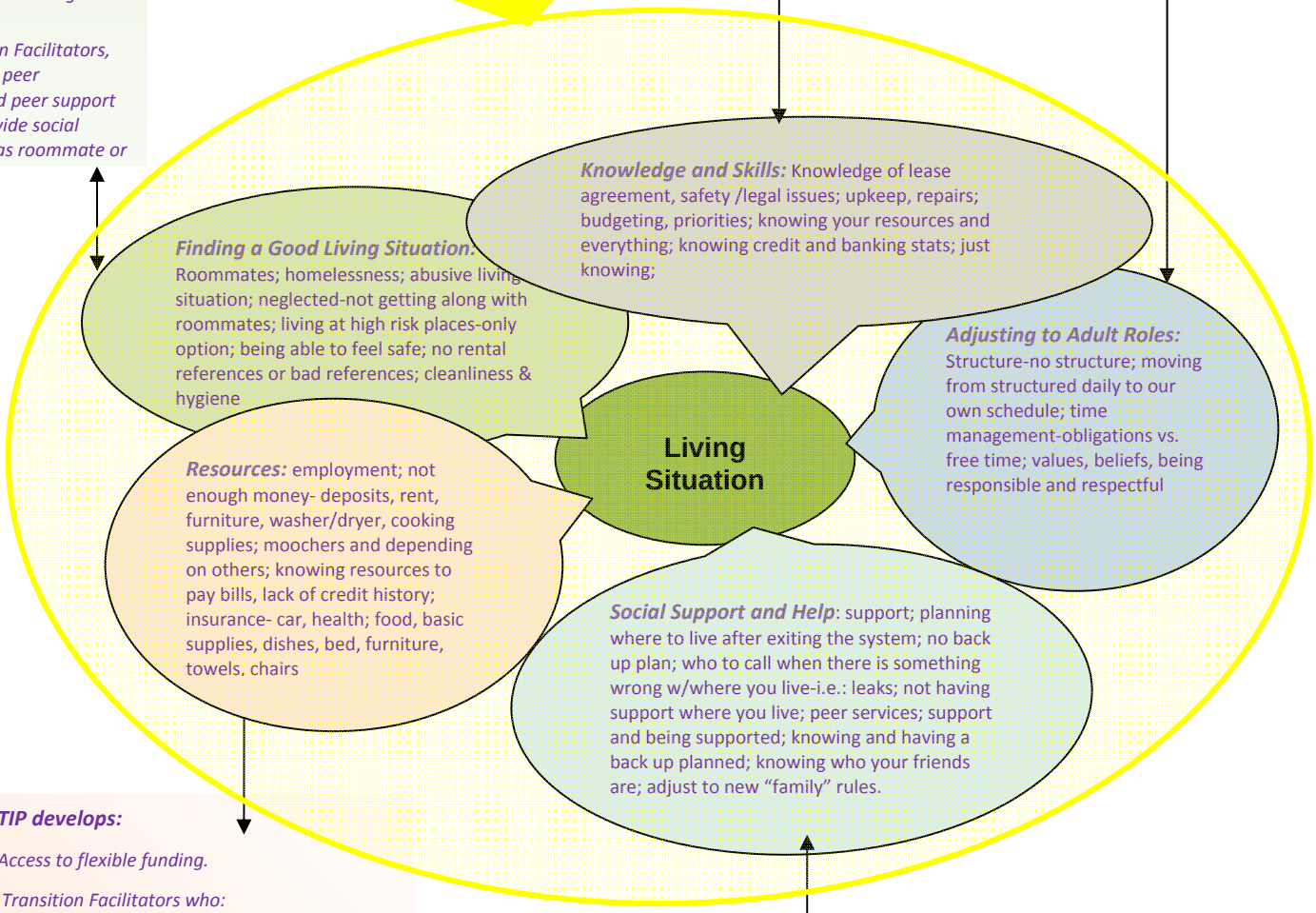
Helps young people address gaps in their "community-life functioning skills: see transition domain "Community Life Functioning".

TIP System:

Is built around values including respect for cultural and familial values and self determination.

Uses problem solving and decision making practices to help young people to develop personal choice and social responsibility.

Includes individualized planning and supports based on the young person's interests, strengths and goals. These include coaching and mentoring to help young people succeed in taking on adult roles.



TIP develops:

Access to flexible funding.

Transition Facilitators who:

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- *Work with the youth to engage necessary partners.*
- *Coordinates resources to meet the needs in the youth's plan.*

A Community TIP Steering Committee that assists in finding resources to support TIP system goals including access to internships, job training, employment and educational opportunities.

TIP develops:

Family, friend and peer supports, mentors and other informal and formal community supports, including Transition Facilitators whose role includes helping youth to identify and develop support systems.

There is a strong focus on developing the Community Life Functioning domain which includes developing a support system for each young person.

CONCERNS OF ALASKAN YOUNG PEOPLE

TRANSITION DOMAIN: COMMUNITY LIFE FUNCTIONING

TIP System:

Places heavy emphasis on the role of the Transition Facilitator to build a network of supports.

Ensures a safety-net of support by engaging a young person's parents, family members, and other informal and formal key players.

Provides and facilitates an array of service and support options within each of the four domains.

Recognizes that young people have differing and changing needs and individualizes the type and intensity of services and supports.

TIP System:

Helps young people develop Community Life Functioning skills for independence and interdependency with family members.

Teaches self-advocacy and relationship skills.

Uses Transition Facilitator and Peer Support groups to model and teach healthy relationship skills.

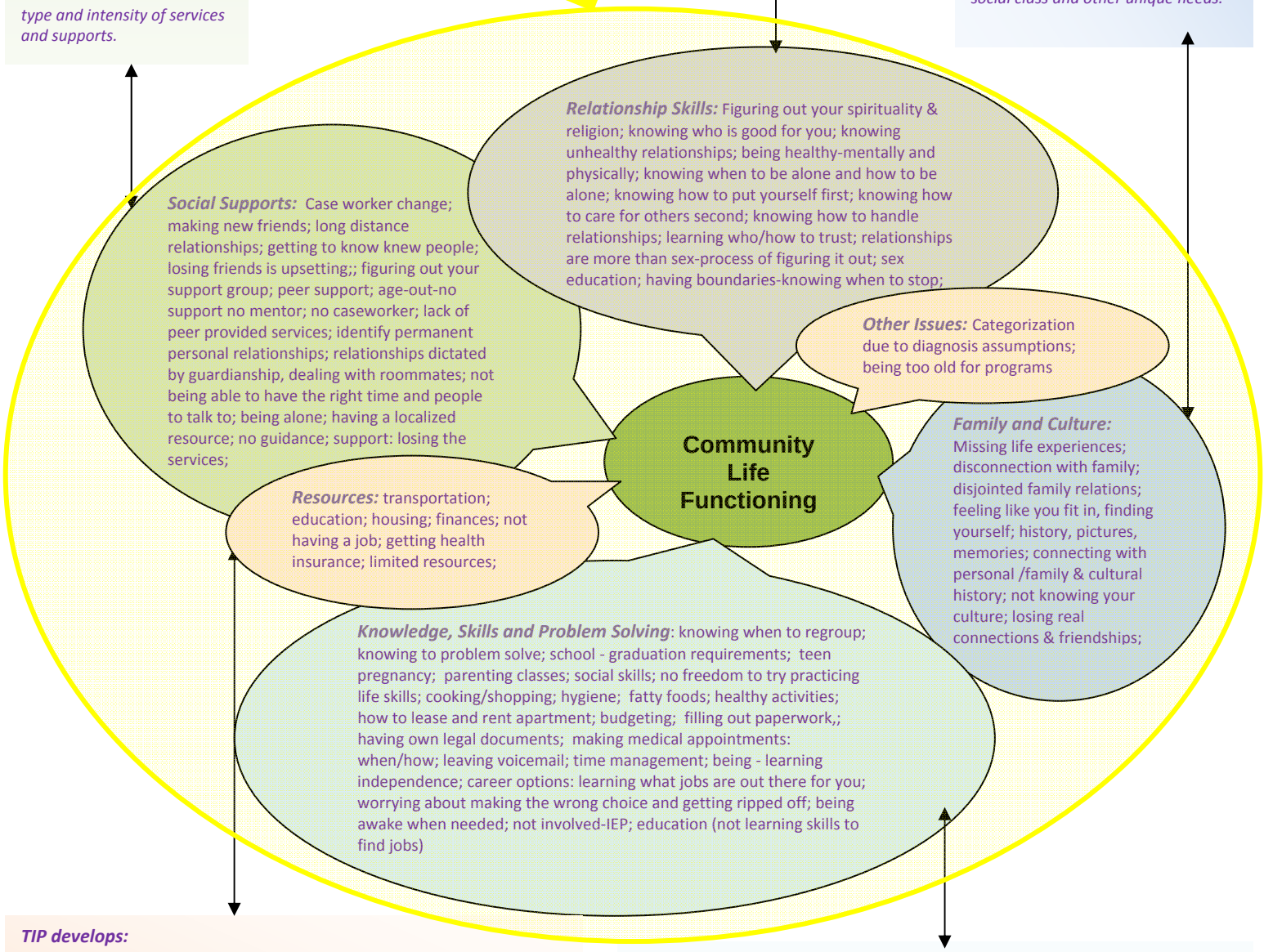
TIP System:

Maximizes the involvement of family members that the young person chooses. Builds on the strengths and potentials of the youth's family. Conducts community needs assessments to determine barriers at the youth and family levels.

Respects cultural and familial values.

Uses futures planning process which is driven by these a number of factors including cultural and familial values.

Requires Transition Facilitators to be culturally competent with regards to gender, ethnicity, sexual orientation, social class and other unique needs.



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A Community TIP Steering Committee that assists in finding resources to support TIP system goals including access to internships, job training, employment and educational opportunities.

TIP teaches:

Skills and competencies in the Community Life Functioning domain which includes the young person's personal effectiveness and community living skills and resources (see page #3 for specific skill areas).

Structured problem solving strategies to help young people become more independent at handling challenges.

TIP provides personnel training manuals to teach Transition Facilitators HOW to teach problem solving, decision making, and life skills to transition aged youth and young adults.

Recommendations for Development of the Alaskan System of Care for Youth and Young Adults of Transition-Age

Recommendation One: Endorse the BTKH Charter Document as a basis to guide long-term system development, using the "Transition To Independence Process" (TIP) to guide system development activities. This will require:

1. Identifying strategies to established the charter document as guidance to develop systems for transition age youth. For example, integrating TIP principles into,:
    a. DBH and OCS grant solicitations.
    b. DVR and DEED planning processes.
2. Linking system outcomes with DHSS dashboard indicators so that progress can be monitored and linked back to larger DHSS goals.
3. Linking the Charter document to other planning documents such as the Comprehensive Integrated MH Plan for Alaska.
4. Linking the Charter documents to on-going projects and models such as the Vocational Rehabilitation "discovery process" to develop an "Alaskanized" TIP process.
5. Ensuring that this project compliments efforts to establish mentoring for youth transitioning out of the foster care system.

Recommendation Two: Support BTKH FY11, FY12 and FY13 funding increments for transition age youth. These increments will develop TIP services for transition age youth and then to expand, sustain and improve the model statewide. This will include funding to sustain and expand the following activities:

1. Implement on-going Training and Technical Assistance in the TIP system for all providers serving transition age youth.
2. Develop a peer to peer navigation and mentoring system (consistent with TIP system) in at least one community: use youth representatives to educate and link youth to the services they need (DVR, Housing, SSI, Health, Education, etc).

    A. Establish strong outcomes evaluation component.

    B. Establish mechanisms for on-going information gathering from youth in OOS care as to transition needs.

Recommendation Three: Complete relevant recommendations from the AMHB Transition Task Force (2000), using the TIP system as a framework:

1. Update Cooperative Agreement between the Department of Health and Social Services (DHSS) and the Department of Education and Early Development (EED).
    a. Support Education and Early Development compliance with IDEA 1997 transition services. IDEA 1997 mandates that transition service planning in a student's Individual Education Plan begins no later than age 14.
    b. Consider the possibility of a common definition of severe emotional disturbance (SED) and emotional disturbance (ED) for DHSS and DEED.
    c. Coordinate and collaborate between DBH and all other divisions within the Department of Health and Social Services and the Special Education Department of the Department of Education and Early Development to develop a cross-division or department training curriculum.
2. Determine the division responsible for the administrative and fiscal oversight of policies, procedures and services for children experiencing FAS/FAE and their families.
3. Establish a cross division residential task force, which includes young adult consumers and parents, who will review and make recommendations for safe and dependable residential alternatives for young adults.
4. Clarify and review confidentiality procedures between divisions within the DHSS.

5. DBH submit MHTAAR request to fund an intensive transition case management pilot.
6. DBH develop a formal alliance with the University of Alaska training programs to ensure that students are adequately trained in treatment modalities for individualized care.
7. DBH should require that grantee's staff be qualified to implement clinical services. Standards of clinical care should be exercised and monitored.
8. DBH draft special conditions of grant award that require child and adult serving agencies coordinate services as soon as a young adult is identified as possibly needing adult services.

Recommendation Four: Complete relevant recommendations from the GCDSE Five-Year Action Plan (2004) using the TIP system as a framework:

1. School-Based Preparatory Experiences:
    a. Provide Best Practices on transitions specifically designed for rural, urban or remote settings.
    b. Coordinate transition specific trainings (e.g. person-centered planning, career exploration, assistive technology, benefits planning, etc)
2. Career Preparation and Work-Based Learning Experiences:
    a. Expand opportunities for youth with disabilities to job shadow people in their communities.
    b. Increase awareness of underutilized resources through outreach and training.
3. Youth Development and Leadership:
    a. Ensure youth understand their rights and responsibilities as adults with disabilities.
    b. Provide opportunities to youth to exercise leadership skills.
    c. Develop strategies to link youth to mentors.
4. Family Involvement and Transition Services:
    a. Strengthen linkages among the educational, vocational rehabilitation and workforce development systems.
    b. Provide information to youth with disabilities, family members, service providers, state agency staff, and school staff about transition services that encourage work as an expectation.

Recommendation Five: Identify and implement legislative and regulatory changes necessary to support provision of transitional services to youth and young adults. Specific issues that have been identified include:

a. Developing a statutory and regulatory framework for residential services for transition age youth and young adults.
b. Identifying strategies to extend Medicaid past age 21 when necessary for youth with disabilities.

Recommendation Six: Establish a work group to examine current funding mechanisms for transition services and to identify and address gaps that make transition services non-sustainable. This will require:

a. Integrated funding streams.
b. Housing support.
c. Individualized funding streams for unique needs.

Recommendation Six: If the opportunity arises again, apply to take a team to participate in a National Policy Academy in order to gain feedback, mentoring and planning assistance to support system development efforts.