

CHAPTER I

OVERVIEW

“Everyone has an invisible sign hanging from their neck saying, ‘Make me feel important.’ never forget this message when working with people.”

— MARY KAY ASH

CHAPTER I

TRANSITION AGE YOUTH SUBCOMMITTEE RESOURCE GUIDE

OVERVIEW

The Transition Age Youth (TAY)¹ Resource Guide was designed to provide county managers, direct services staff, contracted providers, and others with information about:

- the issues facing TAY and their families in the mental health system;
- promising practices with TAY and their families;
- the types of services currently available or in need of development;
- case studies of successful TAY programs;
- information about potential resources to develop or enhance TAY services;
- recommendations for the minimum requirements for a TAY system of care to address the issues related to TAY psychological development, practice, program implementation, and policy.

To begin the overview of the TAY Resource Guide, we present the important perspectives about mental health services for transition age youth from a parent and youth. Then the developmental issues of TAY are discussed, setting the stage for the population targeted by this Guide. A history of the Children’s System of Care (CSOC)/Adult System of Care (ASOC) Subcommittee on Transition Age Youth (CSOC/ASOC TAY Subcommittee)² is presented along with excerpts from the CSOC and ASOC framework that are especially relevant to developing a TAY System of Care. Finally a brief overview of the Guide’s chapters is presented.

FAMILY AND YOUTH PERSPECTIVE

Parent Perspective

As a parent with a teenager in the mental health system it was important to me that my teenager learn skills designed to transition her to adulthood. Instead, she was taught skills to help her transition to the adult system of care. These services taught her how to attend individual and group therapy consistently, how to “get along” in a group home and how to cooperate with a point system. In other words, transition services were designed to teach her how to be a good mental health client.

Youth Perspective

’Though receiving mental health services, I wanted to be like other teenagers. I wanted to go to high school, attend school dances, music concerts, go to the mall and “hang out” with my friends. I wanted to get a part time job and learn how to drive a car. Instead, I went on group outings in the van with the other mental health kids where we learned how to be members of a supervised group in the community. I went to a small non-public school where the coursework was significantly below my grade level, making it difficult to learn anything at all. I did, however,

¹ There are many terms describing our young adult population: youth, emerging adults, young adults, etc. The Subcommittee chose to use TAY since we are primarily interested in transition issues, as discussed below in this chapter. Also, the term is currently in wide use throughout county and state agencies.

² The CSOC and ASOC committees were established by the Governing Board of the California Mental Health Directors’ Association (CMHDA).

learn to manipulate the rules and regulations of group homes and in-patient facilities. Without the common understanding and equal “buy-in” of all partners, youth, parents and providers, transition age services cannot succeed.

DEVELOPMENTAL ISSUES

Challenges of the Developmental Stages of Adolescence and Young Adulthood

The normal developmental tasks of transition age youth are greatly complicated by mental health challenges and cultural factors. To create good policies, design effective programs, and provide meaningful services valued by young people it is critical to consider the impact of these factors.

Developmental Stages of Transition Age Youth

According to Erik Erikson, the job of an adolescent is to try out different identities, and to integrate the various roles into a coherent self-image. Next, young adults will learn to establish and maintain intimate relationships with a partner, family, and significant others. In addition, the young person may have unresolved issues from an earlier stage such as trust, autonomy, conscience, and a sense of competence. Abraham Maslow talks about the hierarchy of needs: when an individual has food, clothing, shelter and safety, they seek love, belonging, esteem of self and others, and an understanding of life purpose. A young person must accomplish these difficult tasks while managing the pressures of peers, adult expectations, and societal demands. At the same time they are preparing to become economically self sufficient, to live independently, to create a satisfying social life, to develop ideological views, and to establish a meaningful place in the larger community.

The developmental tasks mentioned above are challenging for every young person. Emotional difficulties exacerbate the challenges. Young people may need additional adult support at the time they appropriately resist adult support as they strive to establish themselves as autonomous individuals, and look for advice and support from their peers.

With a further overlay of cultural differences from the mainstream society, transitioning to adulthood can become truly daunting. Cultural differences may manifest themselves in norms, values, and beliefs about sexual identity, race, ethnicity, language, class, and poverty. Culture also shapes the experience of symptoms and their meaning, coping style, and stigma related to emotional difficulties. A young person will strive to negotiate their identity and to develop the capacity for intimacy within the dual context of their family’s culture and the dominant culture. The result is a highly complex, multi-dimensional situation in which each young person operates within a unique bio-psycho-social system.

Implications

Because of the complexity of these factors, all those working at a policy, program, or service level must be aware of the stages of youth development and of cultural issues, and must have an understanding of how they may impact a youth’s needs, preferences, and responses. To develop effective services, youth representatives of various cultures of the targeted population must have a voice in developing policy, designing programs and services, and in their evaluation. Youth outreach is of particular importance for this age group, since young people may reject adult-initiated services as they move toward increased autonomy. Services must be individualized and sensitive to individual differences of developmental stages and culture, as well as mental health issues. Evaluation must include assessment of equity in access and outcomes.

While transitions are a normal part of the tasks of emerging adulthood, we are particularly interested in three transitional processes (which are the focus of this Resource Guide):

1. from the children's system of care to adult community life;
2. from the children's system of care to the adult system of care; and
3. from the community to the adult system of care after experiencing new problems or exacerbation of previous problems during late adolescence or young adulthood.

HISTORY OF THE CMHDA CSOC/ASOC TAY SUBCOMMITTEE

In October 2001 there was a meeting between the CMHDA Children's System of Care (CSOC) Committee and the CMHDA Adult System of Care (ASOC) Committee to discuss the many issues that transition age youth encounter. It was decided that a "next step" be the creation of a subcommittee of the two committees to focus primarily on transition age youth. The subcommittee would have co-chairs – one from the Children's side, and one from the Adult side. It was decided by the subcommittee chairs to have a small but representative group of TAY, family members, and those who provide services to this population. The committee would meet primarily via conference calls and would occasionally have in-person meetings where particular issues would be presented and discussed. The committee started meeting on a regular basis in March 2002. It presented information at the 2002 ASOC Partnership Conference, and is planning on providing regular updates at conferences where both CSOC and ASOC Coordinators and Managers are present.

Once the TAY Subcommittee was up and running, the group would set a priority objective: to develop a comprehensive TAY Resource Guide that could assist county mental health staff and others in the development of TAY services within the basic principles established by the CSOC and ASOC, and those established in the latest research and practice models for transition age youth.

THE CSOC AND ASOC FRAMEWORKS

Guidance for the development of this resource document comes from both the Children's (adopted August 15, 2002) and the Adult (adopted September 14, 2000) Frameworks. The frameworks are the result of a process that encompassed the following:

- the mission/vision/concept statement of each framework describes how a system of care will carry out its mission within the context of expressed values;
- the Outcomes describe states or conditions that arise out of a program having achieved its goals; and
- goal statements describe the commitments that program principals will make in order to achieve the desired outcomes.

Each framework illustrates what the CMHDA believes are the basic principles and values that need to be in place in order to address the variety of issues found both for the child and the adult who are faced with mental illness. Additionally, the frameworks outline the involvement of the family and the community, which will be needed to assist the young person towards a life with voice, choice and skills necessary to live with dignity and independence. The Transition Age Youth Subcommittee has drawn on concepts taken directly from the frameworks to point us in the correct direction as we ask the question, "How can a youth facing concerns of mental illness

successfully transition from the community or from Children’s Service to the world of being an independent adult who is focused on his/her recovery and discovery³?”

The Children’s framework states:

“Children and families will be supported through transitions, including changing one program to another, moving to less intensive services, returning from out of home placement to home/community. Youth will be supported from children’s system of care services to adulthood.” In regard to program design, the framework goes on to say, “...Service providers, agency administrators, and policy makers will partner with youth and family members to incorporate their experiences and knowledge into designing the service delivery system...”

The CSOC Framework also addresses transitional age youth:

“Youth ages 14-25 who have been in the children’s system of care are often extremely vulnerable to homelessness, unwanted pregnancy, hospitalization, incarceration, exposure to violence, and exacerbation of mental illness. To improve successful transition to adulthood, it is essential that the children’s system of care partner with other agencies to address needs in all domains including education, vocation, housing, income, life skills training/preparation, health, mental health, and social/recreational opportunities. For youth with serious mental illness, seamless transition to adult services is critical to effective management. Because needs and preferences of youth differ from adults, services must be designed specifically for this population.”

The Adult framework states:

“Transition services into and out of ASOC services should be strong, specific, planned and collaborative.” For the Transition Age Youth: “Specific planning must occur between CSOC and ASOC to develop individual transitions for children who might need to access ASOC Services. CSOC should consider transition plans at an appropriate age depending upon the needs of the child. ASOC should be brought into case planning at age 16; if it appears that the child is likely to require adult services. The first priority for joint planning is to build a bridge for the young person to assume incremental responsibility for managing his or her own independence, as culturally appropriate using education, employment, and other community support services to assure recovery. Integrated CSOC and ASOC services should be available to the young person and his or her family and community, depending on individual needs, during the period 16-25.”

Services during this period may include:

- Collaborative case plans with schools, community colleges, independent living programs, child welfare services, job training agencies, and linkages to community and individual benefit programs;

³ “Discovery” is a client-driven process of identifying strengths through the dreams, goals, aspirations, and desires of TAY.

- Service plans that identify the needs of the young person in the areas of employment, job training, health care, drug and alcohol abuse prevention, healthy relationships, information education, counseling, socialization, housing, and independent living skills;
- Assistance with identifying the means for health insurance and educational linkages;
- Continuation of Wraparound services with a goal toward independence, if it has been found beneficial by the child and family under CSOC;
- Continuation of family or guardian participation in case planning for transition age youth;
- Creating services that address specialized needs of youth who are at high risk of dropping out of mental health services;
- Peer support drop-in and other natural supportive centers;
- Specific outreach to youth who are homeless or at risk for becoming homeless;
- Services for youth who have had juvenile justice system involvement and are therefore at high risk for becoming involved in the adult justice system.

In summary, the TAY Subcommittee has formulated the chapters that follow based upon the principles drawn from an already agreed-upon standard that is known to represent the values of the counties across the State, as well as principles from nationally recognized promising practices. This resource document will not attempt to duplicate what can already be found in the frameworks, but rather, gather information on this topic in an organized and articulate manner.

A NOTE ABOUT THE WRITING STYLE OF CHAPTERS IN THIS GUIDE

Each chapter was researched and drafted by one or two experts, and then reviewed by the Subcommittee. The Subcommittee chose not to control the authors' writing styles except to create uniformity (as much as possible) in the use of technical language, definitions, and policy statements. Each chapter, then, was meant to speak with a voice of its own. Each chapter was also meant to be used independently for specific content areas.

BRIEF OVERVIEW OF THE CHAPTERS WITH STATEMENT OF NEEDS

There are a total of 16 chapters in this resource guide. These topics have been carefully selected to reflect important areas of concern when planning for a successful transition for a youth to an adult status. It is quite challenging for any youth to grow into adulthood, and yet we know the clients we serve are facing special challenges over and above expectations the world may hold. This Resource Guide assumes that the youth is a whole person in a social context, and that the transition should be approached as an ongoing process, with many important players.

Chapter I: Overview – gives a fairly comprehensive overview of what the subcommittee is attempting to do in producing the resource guide. The chapter includes an introduction from the family viewpoint; a presentation of developmental issues that one might consider in discussing the TAY population; a history of the CMHDA CSOC/ASOC TAY Subcommittee; and excerpts drawn from the CSOC and ASOC Frameworks to support the direction the resource guide is taking. Additionally, there is an overview of all the chapters.

Chapter II: Background: Issues for California's Transition Age Youth and County Services – presents recent statewide data to give a profile of transition age youth currently using services, discusses developmental, legal, and funding issues that affect TAY access to care, and presents the results of a statewide survey of current TAY services to determine the kinds of collaborative programs and strategies that are currently in place and identify current gaps.

Chapter III: Resiliency/Wellness/Discovery and Transition Age Youth – speaks to the issues of risk factors, resilience and wellness for youth. How do our youth manage to survive and even blossom in spite of adversity? How can we support and promote wellness in transition age youth?

Chapter IV: Cultural Competence – focuses on cultural competency issues in working with TAY and their families. The strengths and natural resources that a client and family bring to the table are most important. The well-researched information presented here informs us that all TAY work should be done within the context of the client’s family and culture.

Chapter V: Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning Youth - provides a four step process for understanding lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ) youth given the unique barriers and challenges they experience as sexual minority, transition-age youth. **Step One** provides a “big picture” view of LGBTQ youth identity; **Step Two** reviews models for providing mental health services for LGBTQ youth and families; **Step Three** recommends sample strategies for establishing one’s professional self and agency as being LGBTQ friendly; and **Step Four** educates the reader to the “language” of being LGBTQ with an in depth glossary of terms.

Chapter VI: Youth Voice – is perhaps most important. This is an opportunity for the youth voice and experience of the family to be heard. We take specific feedback from the youth consumer about how to shape future services. We reveal the outcomes of youth focus groups assembled to talk about the transitional experience.

Chapter VII: Co-occurring Disorders – explores the relationship between mental illness and substance abuse. This chapter has ideas and suggestions about how to approach youth who may need an intervention to address both challenges simultaneously. Best practices are discussed.

Chapter VIII: Early Psychosis and TAY – gives a well-researched presentation on the latest empirical information about youth who experience new psychotic symptoms during the transition age years. There are emerging practices that can guide counties in providing critical early interventions.

Chapter IX: Individualized Assessment – tells how to go about conducting an accurate and useful assessment of the strengths and needs of a youth and his/her family.

Chapter X: Individualized Planning – focuses on the individual student and how to generate a culturally competent plan that may in fact change this teen’s life. Because the plan is client/family driven, it includes elements that make the difference for a youth in obtaining the skills and maintaining his/her health that are needed to be successful in his/her new adult world. This chapter answers the question: What resources should be included in a transitional plan?

Chapter XI: Education – focuses on education for the TAY and how schools can be an important partner to county mental health. Both at the high school and the college level, the collaboration between mental health, the family, and the educational setting is critical. We explore this relationship in some detail.

Chapter XII: Vocational and Employment Development – a topic that young people speak the most about. “How can I earn the money I need? How can I learn the skills that will win me a job that is rewarding?” We focus on the cooperatives that exist between Mental Health and the Department of Rehabilitation. Employment is seen as a necessary treatment modality. The chapter also reviews benefits a TAY may be eligible for.

Chapter XIII: Resource and Fiscal Issues – deals with the all-important money factor. How can a county create a transitional program that is fiscally sound? How can counties access the needed flexible funding to do the job of assisting youth transitioning to adulthood? Read this chapter and hopefully new ideas will emerge, and if not, at least you as a county, know you are already at the cutting edge!

Chapter XIV: Housing – is about the most important concrete need. Without a place to live, the young person has nowhere to transition to. What are counties doing to address this problem? What are the best practices?

Chapter XV: Social Activities – deals with recreation and socialization. While focusing on all the important topics covered by other chapters, sometimes we forget that young people need to have fun! Transition age programs, keeping in mind the whole person, will support the youth in activities that grow relationships, build constructive socialization as well as talents, and help to develop emotional intelligence.

Chapter XVI: Program Design – includes a variety of current practices and promising practices that counties can learn from as they struggle to define what is the best practice for their own community. These presented models are working right now! We hope counties find facts that may be useful as they fine-tune their transitional age programs. Many useful recommendations evolve from this chapter.

Chapter XVII: Recommendations for Implementation – is the final section of our Resource Guide that brings all the information together in a series of recommendations in the areas of TAY developmental issues, policy and practice strategies, organizational and systems change, and policy/fiscal issues. This chapter summarizes our work as a committee and our sincere hope is that these findings will assist counties in planning programs that will be truly effective for the transition age youth of our State.