

Our vision: What we're striving for

A seamless system of care in Clark County that better supports transition-age youth with serious emotional disturbance (SED), and their families, in developing healthy autonomy.

Conditions and causes: Why we need to act

- Policy and funding streams enforce a split between child and adult services, resulting in greatly reduced access and significant service gaps for youth 18+
- Family members and caregivers of youth with SED report poor service accessibility and coordination
- High incidence of substance abuse among transition age youth with SED in Clark County, but limited options for dual diagnosis treatment
- High proportion of youth with SED struggling in school
- Many youth with SED have experienced out-of-home placement, detention, or transitory living situations
- Few housing options available
- High unemployment rate in county lessens potential for employment and financial independence for youth with SED
- We have a sense of urgency about connecting families and youth

Systemic Strengths/Community Capacity: What we have to build on

- Significant experience with use of Individualized and Tailored Care (ITC) and wraparound services
- System of care principles well-established in Clark County, including successful partnering with families and promising efforts to partner with youth, along with commitment to serve youth within normative community settings
- Potential for existing transition policy to allow agencies to plan concurrently
- Increasing interest and infrastructure (e.g., Youth House, Youth Foundation, YWCA efforts) for transition-aged youth
- Long history of community planning and investment in developmental assets
- Limited number of programs for youth who have substance abuse and mental health issues
- Capacity exists in every mandated mental health service area
- Good access to an array of services within children's mental health system
- Good program diversity and capacity across adult mental health system

Our philosophy/theory of change: Why we do what we do

- Each youth has a unique gift—a way to contribute to, and be a valued member of, our community—that can provide a foundation for hope, motivation for positive change, and drive for development
- Youth must be involved in decisions about how services are planned and delivered to best meet their needs
- Family involvement and support are vital in a system for transitioning youth; all youth need family connections in order to thrive
- While not all youth will need services in the adult mental health system, most will need family and community supports
- Young people and their families know best the supports and services that they need, and can express these needs in both individual case and community-level planning
- All youth and their families can benefit from starting early with thinking about employment, education, and independent living
- Infusing special attention toward key transition domains of housing, employment, education, and community life skills will better meet the needs of most youth transitioning out of the children's system
- For youth with the most intense level of need, use of a developmentally appropriate version of Assertive Community Treatment (ACT) will provide a bridge to adult services

Program participants: Who we reach

- Transition-aged youth (ages 14-25) meeting criteria of DSM-IV diagnosis...
- ...who are in, or at imminent risk of, an out of home placement...
- ...most of whom are currently involved with an established wraparound/ITC team (through Catholic Community Services, Connections, or Janus Youth programs) ...and
- who voluntarily consent to participate.
- Family members of participating youth will be involved at their and the youth's discretion.

A multilevel intervention: What we do

- Community level:
- Planning, oversight and overall coordination through the project's Steering Committee, which also serves to identify and address policy and funding barriers and sustainability issues
 - Community/provider education about needs of transition-aged youth through conferences and special events
 - Specialized youth and family support and education, developed in collaboration with the community

Youth and Family level:

- 3 Transition Facilitators, trained in the TIP practice model and in Core Gifts identification and utilization, partner with youth on up to 60 existing wraparound /ITC teams to identify, advocate for, and link together needed supports and services across the key transition domains
- Transition Facilitators will also provide consultation regarding transition domains to child and family teams on request
- 2 Employment Specialists work to develop employment opportunities for participating youth and to provide individualized support at job sites
- In collaboration with Youth House, at least 3 young adults ("Peer Partners") will be trained and supervised as mentors to participating youth
- A developmentally-appropriate Transition Assertive Community Treatment (TACT) team will serve 12-15 of the highest-need young adults
- In Year 3, the program will begin to serve a small number of youth without established wraparound teams

Short-term Outcomes: What we expect will happen @24 months

- Community level:
- Functional Steering Committee representing multiple stakeholders meeting regularly
 - Service barriers, gaps, and needed services identified, and strategic plan developed to address them
 - Youth and family members have active voice in planning
 - Community consensus reached, reflected in the strategic plan
 - 3 educational/strategic planning forums held
 - Family information packet and appropriate curriculum identified, developed, delivered and evaluated
 - One or more events focused specifically on youth training and empowerment held

Youth and Family level:

- 3 Transition Facilitators hired, trained, working with 15-20 youth per Facilitator
- Plans and activities for project youth build on their Core Gifts and address relevant transition domains
- Wraparound team members report:
 - o Transition Facilitators are active participants in the wraparound process
 - o improved awareness/understanding of/ability to plan for transition issues
 - o greater knowledge of transition-specific services
 - o assistance received regularly regarding accessing needed services
- Youth and family report:
 - o improved awareness/understanding of transition services
 - o youth and family transition goals are being accomplished
 - o satisfaction with services
 - o optimal participation in service planning and delivery
- Child and family teams who have received consultation will report improved understanding of transition issues
- Employment Specialists hired, trained, working with youth who have identified employment needs
- Peer Partners trained and active
- TACT team fully developed, serving 4-6 participating young adults

Long-term Outcomes: What we expect will happen @ 4 years

- Community level:
- Community continues to plan for and support transitioning youth
 - Interagency policy issues fully addressed
 - Community capacity for supporting transition-aged youth with SED and their families conclusively increased
 - Community benefits from increased ability of participating youth and families to share gifts and talents

Youth and Family level:

- Youth involved in normative adult activities (e.g., employment, continuing education, contributing to the community)
- Youth experience reasonable quality of life (satisfactory housing, adequate income, positive relationships with friends and family/strengthened natural supports, healthy recreation)
- Youth mental health needs are met (adult services and supports, medication if needed)
- Youth remain in community as they move into adulthood (not in jail or hospital)
- Youth feel empowered, confident, and able to advocate for themselves and others
- Families' level of participation and empowerment increase

