



## **Theory and Research Underpinnings Supporting the Transition to Independence Process (TIP) Model**

### ***National Network on Youth Transition for Behavioral Health (NNYT)***

The goal of a service delivery system for transition-age youth and young adults (14-29 years old) with emotional behavioral difficulties (EBD)<sup>1</sup> is to assist them in making a successful transition into adulthood. Successful transition into adulthood for youth include achievement of their potential and progressing on their personal goals in the transition domains of employment, education, living situation, personal effectiveness/wellbeing, and community life functioning. To accomplish this service system goal, personnel at all levels of the system must: (a) engage young people; (b) involve and support their families and other informal key players (e.g., friend, foster parent, aunt); and (c) ensure the delivery of coordinated, developmentally-appropriate, appealing services and supports to young people and their families.

During their transition period, all youth and young adults face decisions about future career and educational goals, new social situations and responsibilities, self-management of behavior and substance use, and maintenance of supportive and intimate relationships. This is a period of "discovery." Young people with EBD are particularly challenged during this transition period, and as a group experience some of the poorest secondary school and postsecondary school outcomes among any disability group (Vander Stoep, Beresford, Weiss, McKnight, Cauce, & Cohen, 2000; Vander Stoep, Weiss, Kuo, Cheney, & Cohen, 2003)

Fragmented services and limited access across different programs (e.g., mental health, education, vocational rehabilitation, juvenile justice, child welfare, housing) and funding mechanisms (e.g., Social Security, state and local appropriations, Medicaid, and federal block grants) further complicate this transition arena for young people with EBD and their families. For the most part,

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<sup>1</sup> These youth under 18 years of age are often labeled serious emotional disturbances (SED) and the young adults 18 years of age and older are often labeled severe mental illness (SMI).

each of these program components has entirely different eligibility requirements, and the child-serving and adult-serving programs operate under different world views. While each program may provide some essential services individually, together these programs are often impossible for young people, parents, and professionals to negotiate due to the complexities and fragmentation within and between programs (Clark & Davis, 2000).

### **Transition to Independence Process (TIP) Model**

The Transition to Independence Process (TIP) model was developed to engage youth and young adults in their own futures planning process, provide them with developmentally-appropriate and appealing services and supports, and involve youth, their families, and other informal key players in a process that prepares and facilitates their movement toward greater self-sufficiency and successful achievement of their goals related to each of the transition domains. The TIP system is driven by seven guidelines or principles that provide the basis for: (a) working with youth and young adults, their families, and their other informal and formal key players; and (b) providing a framework for the program and community system to support these activities. To learn more about the TIP model, please refer to our TIP web site and Chapter 2 of our new ***Transition Handbook*** (Clark & Unruh, 2009).

### **Outcome Research Findings**

The complex challenges of the transition period for young people with EBD and their unique needs pose major hurdles to parents, practitioners, educators, administrators, policy makers, and researchers alike. This situation presents a compelling argument for designing transition systems around a solid framework of best practice strategies. Research findings regarding the best practices currently used by a number of promising transition programs in communities across the nation are supportive of the TIP model and its principles (Bullis & Fredericks, 2002; Bullis, Morgan, Benz, Todis, & Johnson, 2002; the System of Care principles (Manteuffel, Stephens, Sondheimer, & Fisher, 2008); or supported employment strategies (Cook, Solomon, Ferrell, Koziel, & Jonikas, 1997).

The **TIP model** is considered an *evidence-supported practice* based on six outcome studies that have demonstrated improved postsecondary progress and/or outcomes for the youth and young adults who were served using the TIP model, or at least most of the TIP practices. Four of these outcome studies were conducted by our NNYT team (Clark, Karpur, Deschênes, Gamache, & Haber, 2008; Clark, Pschorr, Wells, Curtis, & Tighe, 2004; Haber, Karpur, Deschênes, & Clark, 2008; Karpur, Clark, Caproni, & Sterner, 2005) and the other two outcome studies by other research teams (Hagner, Cheney, & Malloy, 1999; Koroloff, Pullmann, & Gordan, 2008).

To illustrate the types of outcome studies supporting the TIP model, we will briefly describe three of these studies. Many years ago, Hewitt B. "Rusty" Clark worked with colleagues in Washington County, Vermont as they were developing a transition system. Dr. Clark and the Vermont team learned much from each other during those early days. Today, that program is operational in about nine communities in Vermont, and Clark had an opportunity to assist in an evaluation of the initiative, examining the effectiveness of this TIP-type program (Clark, Pschorr, Wells, Curtis, & Tighe, 2004). This study provided an analysis of pre- to discharge progress for young adults (16-21 years old). The findings showed substantial improvements in outcomes for young people with EBD, such as increased percentages of young adults being employed and completing educational goals and decreased involvement in the criminal justice system, "intensive" mental health/substance abuse service use, and public assistance. The evaluators also conducted a cost avoidance analysis that showed substantial savings as a function of the community-based TIP-type program.

More recently, our NNYT research team conducted a study that examined the postsecondary outcomes of TIP program completers in Miami (former students with EBD who had at least 1 year of exposure to TIP) in contrast to the outcomes of other youth and young adults from the same urban school district. (Karpur et al., 2005). Comparison groups were matched on age, gender, and ethnicity, and were composed of: (a) former students with EBD classifications who had not had specialized transition services; and (b) former students with no previous disability classifications.

The findings demonstrated statistically better outcomes across postsecondary indicators of education/vocational training and incarceration for the former TIP program group in contrast to those of the comparison group with EBD. There was not a statistically significant difference between these two groups on the percentage of young adults employed. One interpretation of these findings is that the TIP program group may have a higher likelihood of achieving future employment that provides a livable wage and career due to the higher percentage of young adults who continued into postsecondary education. On most of the postsecondary outcome indicators, the TIP program group percentages were more closely approaching the levels of the comparison group of young adults with no disabilities classifications than the matched comparison group with the EBD classification.

The Partnerships for Youth Transition (PYT) initiative has provided an opportunity for the establishment of five demonstration community sites, focused on examining ways to improve the outcomes of transition-age youth and young adults with EBD (Clark, Deschênes, Sieler, Green, White, & Sondheimer, 2008). In 2002, the Substance Abuse and Mental Health Services Administration (SAMHSA), of the U.S. Department of Health and Human Services, and the U.S. Department of Education, Office of Special Education and Rehabilitative Services (DOE/OSERS) awarded about \$2.5 million annually for four years to fund five

cooperative agreements to develop the PYT initiative. The cooperative agreement programs were created to allow competitively selected communities/counties to develop, implement, stabilize, and document models of comprehensive transition systems to improve outcomes for youth and young with EBD. In order to influence policy at the national level, SAMHSA leadership involved several national partners for this initiative. Some of these partners included the U.S. Department of Education, the Jim Casey Youth Opportunities Initiative, the National Network on Youth Transition for Behavioral Health (NNYT), and the Annie. E. Casey Foundation. Representatives from these and other organizations became a part of the community of learning that emerged from the PYT initiative. To achieve the goal of developing transition systems for youth and youth adults, each of the PYT sites in Washington, Pennsylvania, Maine, Minnesota, and Utah undertook efforts to provide community-based transition services and supports for youth with EBD and their families, in a manner consistent with the community culture and state and local policy. A TIP model fidelity assessment found three of the community sites adopted the TIP model fully, with the other two largely incorporating most of the TIP guidelines and practices. Although the federal funding for these sites ended in September 2006, as of two years later, four of the five communities (i.e., WA, PA, MN, UT) have sustained all, or at least a substantial portion, of their transition services and supports for serving youth and young adults with EBD and their families.

The NNYT team has conducted a cross-site analysis of the PYT projects. The preliminary findings from a group of 192 young people involved with services for at least one year are encouraging (Clark, Karpur, Deschênes, and Gamache, 2007). Initial findings revealed that an increasing proportion of the transition-age youth improved over time in six major outcome areas. The 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 use. These improvement trends were statistically significant across the year of enrollment in the PYT programs. Although involvement in the criminal justice system showed a slight decrease from the initial assessment, this trend over subsequent assessments was not statistically significant.

### **Summary**

The TIP model is considered to be an evidence-supported practice that has been shown to be effective in improving the outcomes of youth and young adults with EBD. Our program development and research efforts have been guided by the voice and perspectives of young people, parents, and practitioners in the field, as well as by science. Four empirical outcome studies conducted by our research team at NNYT and two other outcome studies conducted by other researchers demonstrate improvement in real-life outcomes for these young people with EBD (e.g., Clark, Pschorr, Wells, Curtis, & Tighe, 2004; Haber, Karpur, Deschênes, &

Clark, 2008; Hagner, Cheney, & Malloy, 1999; Koroloff, Pullmann, & Gordan, 2008). In addition to these six outcome research studies that have been completed, each of the TIP model guidelines and personnel practice competencies has empirical support. We continue to strengthen the TIP model through research on its programmatic and practice components (e.g., Clark, Crosland, Geller, Cripe, Kenney, Neff, & Dunlap, 2008; Westerlund, Granucci, Gamache, & Clark, 2006).

The theoretical and research base supporting the TIP model, its guidelines, and associated personnel practice competencies is extremely encouraging and continues to expand. Nevertheless, we realize that additional research is needed to more fully understand the effectiveness of the TIP model with young people having different diagnoses (Haber, Karpur, Deschênes, & Clark, 2008). We are collaborating with other sites and researchers in our efforts to strengthen the TIP model practices and establish additional fidelity and outcome findings on the TIP model.

## **For More Information**

If you are interested in learning more about the TIP model or related research, please visit our websites and feel free to contact us. Our team provides guidance and technical assistance on program development and implementation and systems and policy issues to personal at agencies, communities, states and federal/national entities. It is our goal to assist in advancing the field's ability to improve the outcomes for transition-age youth and young adults with EBD.

## **NNYT: Purveyor of the TIP Model**

The *National Network on Youth Transition for Behavioral Health (NNYT)* serves as the Purveyor of the TIP model to assist agencies, communities, counties, and states with the implementation of the TIP system in their communities. We are developing a network of certified TIP Model Consultants in different geographic areas of the country to increase our capacity to work effectively with communities and agency collaborative in the implementation of the TIP model.

## **Web sites:**

- Transition to Independence Process (TIP) web site: <http://tip.fmhi.usf.edu>
- National Network on Youth Transition for Behavioral Health (NNYT) web site: <http://nnyt.fmhi.usf.edu>

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