



## Transition to Independence Process (TIP) System

*Lighting the way to independence for youth and young adults*

# Empirical Evidence

The Transition to Independence Process (TIP) Model™ is an evidence-supported practice based on six published studies that demonstrate improvement in real-life outcomes for youth and young adults with emotional/behavioral difficulties (EBD).

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

### The TIP Institute

The goal of a service delivery system for transition-age youth and young adults (14-29 years old) with emotional behavioral difficulties (EBD) 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, non-stigmatizing, 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 development 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 (Clark & Unruh, 2009; 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, 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; Hoffman, Heflinger, Athay, & Davis, 2009; Unruh & Clark, 2009).

## **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 and sustain these activities. To learn more about the TIP Model™, please visit our TIP website ([www.TIPstars.org](http://www.TIPstars.org)).

## **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 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 TIP Institute research 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, the 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 TIP Institute 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 did the matched comparison non-TIP 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 TIP Institute, 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 TIP Institute research team 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**

In addition to the six outcome research studies that have been completed, each of the TIP Model™ guidelines and personnel practice competencies has either empirical support or broad professional consensus. 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 practices is extremely encouraging and continues to expand. The TIP Model™ guidelines and practices have either empirical support or broad professional consensus. 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), different ages (e.g., 14-16 year olds vs. 21-24 year olds), and/or ethnic/racial/cultural backgrounds. We are collaborating with other sites and researchers in our efforts to strengthen the TIP Model™ as an evidence-based practice and establish additional fidelity and outcome findings on the TIP Model™.

## **Endnote**

The youth and young adults with emotional and/or behavioral difficulties (EBD) encompass a range of psychologically based problems that significantly impair functioning over a long period of time. In the United States, the number of adolescents and young adults with these conditions has been estimated to be 6 to 12%, thus an estimate of 2.4 to 5 million young people. Studies of transition-age youth and young adults in education, mental health, or general community settings have shown that these individuals tend to have histories of placements in restrictive settings, have a high prevalence of developmental snares, and often have very poor employment, education, housing, and other functional outcomes. They are also often involved with the criminal court system and are frequently incarcerated in child or adult correctional institutions.

A variety of terms are often used with these youth and young adults. These adolescents or youth under 18 years of age are often labeled as having serious emotional disturbances (SED) and the young adults 18 years of age and older are often labeled as having severe mental illness (SMI). Other terms are young people with severe mental health problems, mental illness disorders, or with serious mental health conditions (SMHC).

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