

**Partnerships for Youth Transition (PYT):
Overview of Community Initiatives and Preliminary Findings on Transition
to Adulthood for Youth and Young Adults with Mental Health Challenges**

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During the transition to adulthood period (ages 14-25), all youth and young adults face decisions about future career and educational goals, new social situations and responsibilities, self-management of behavior and alcohol/drug use, and maintenance of supportive friendships and intimate relationships. Young people with serious emotional disturbances and severe mental illness (SED/SMI) are particularly challenged during this transition period, experiencing some of the poorest secondary school and postsecondary school outcomes among any disability group. Studies have shown that students with SED/SMI drop out of school at a rate that is about three times higher than their peers without disabilities. Also, that one to four years after exiting secondary school through graduation or dropout, they experience about one-third poorer outcomes in securing jobs, about two-thirds poorer outcomes in living on their own, about two-thirds poorer outcomes in accessing postsecondary education, and have

about three times higher rates of arrests and incarcerations than youth without disabilities.

To complicate the transition period further, services and funding are fragmented across different programs (e.g., mental health, education, vocational rehabilitation, juvenile justice, child welfare, housing), and funding mechanisms (e.g., Medicaid, social security, state and local appropriations, and federal block grants). For the most part, each of these program components has entirely different eligibility requirements. This becomes even more problematic because the child-serving and adult-serving programs often have different operating philosophies, funding streams, eligibility requirements, and different concepts of the etiology of mental illness. In addition, the needs of the young person change (e.g. school to vocational, living with family to independent living) and the focus of services must change as well during this transition period.

The federal policy response to this legislative and policy vacuum related to youth transition included funding of the Partnerships for Youth Transition (PYT) initiative by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Department of Education, Office of Special Education and Rehabilitative Services (DOE/OSERS). Five PYT community sites were funded in 2002 for the purpose of planning, developing, implementing, and documenting models of comprehensive community-based programs to assist in improving the outcomes for youth and young adults with SED/SMI as they enter the period of emerging adulthood.

The participating PYT sites have each undertaken an effort to serve this population of transition-age youth with SED/SMI using intervention strategies that focus on changes in the planning and delivery of services and supports for these young people and their families. Ideally, the strategies will shape organizational policies, regulations, and funding mechanisms; drive the development of services; and shape practice for transition-age youth and young adults with SED/SMI.

PYT Site Overview

The Partnerships for Youth Transition (PYT) initiative involved five community sites in Washington, Utah, Pennsylvania, Maine, and Minnesota -- and was designed to provide a 1-year period of planning followed by 3 years of implementation to examine the extent to which the progress and outcomes for youth and young adults with SED/SMI could be improved. During the initiative, SAMHSA and the NCYT worked with each of the PYT sites to develop, implement, refine, and document models of comprehensive transition programs to support these young people, and their families, as these young people enter the period of emerging adulthood. The purpose of this summary is to provide the reader with an understanding of the PYT initiative and present some preliminary findings indicating improved functioning for these youth and young adults.

Services Provided

The goal of a service delivery system for transition-age youth and young adults (14-25 years old) with SED/SMI is to assist these young people with making a successful transition into adulthood, with all of them achieving, within

their potential, their personal goals in the transition domains of employment, education, living situation, personal adjustment, and community life functioning. The array of services offered by the PYT community initiatives were driven in large part by the seven principles of the Transition to Independence Process (TIP) model and involved partnering with the youth and young adults to ensure that the process was an engaging one. This engagement enables young people to participate in planning and setting goals; accepting services and supports tailored to assist them in achieving their individualized goals; and building a stronger social support network of family, friends, and other important people in their lives. (For more information regarding the PYT initiative and TIP model, please refer to the NCYT website <http://ncyt.fmhi.usf.edu> and the TIP website <http://tip.fmhi.usf.edu>)

Preliminary Findings from a PYT Cross-Site Analysis

The National Center on Youth Transition (NCYT) is conducting cross-site analyses of the impact of the transition systems at the five PYT sites. The preliminary analysis presented here examined the progress indicators for 193 young people who were enrolled for at least one year in a PYT program.

To better understand the young people being served, Table 1 provides some of the key demographic and historical exposure variables of this group. It can be observed that most of the study population consisted of Caucasian young adults (84%) as most of the PYT sites were situated in the geographic areas of the country with less ethnic diversity in their communities. Nearly 54% of the young people indicated that they had a prior history of psychiatric hospitalization

Table 1. Percentage distributions of key demographic and historical exposure variables for the study population (N = 193)

Characteristics	Percentage
Gender	
Male	48.2
Female	51.8
Ethnicity	
White	83.8
African American	6.9
American Indian	1.3
Asian	0.6
Other	7.5
Historical Exposure	
Psychiatric hospitalization	54.0
Psychiatric residential Treatment	18.5
Substance abuse hospitalization	6.1
Substance abuse residential treatment	7.0
Incarceration	10.0
Homeless	16.7

in the form of a short-term “crisis type” of treatment encounters, where 19% indicated that they had a prior history of being in long-term psychiatric residential treatment settings. About 7% of youth had substance use crisis or residential treatment history. Seventeen percent indicated previous history of homelessness.

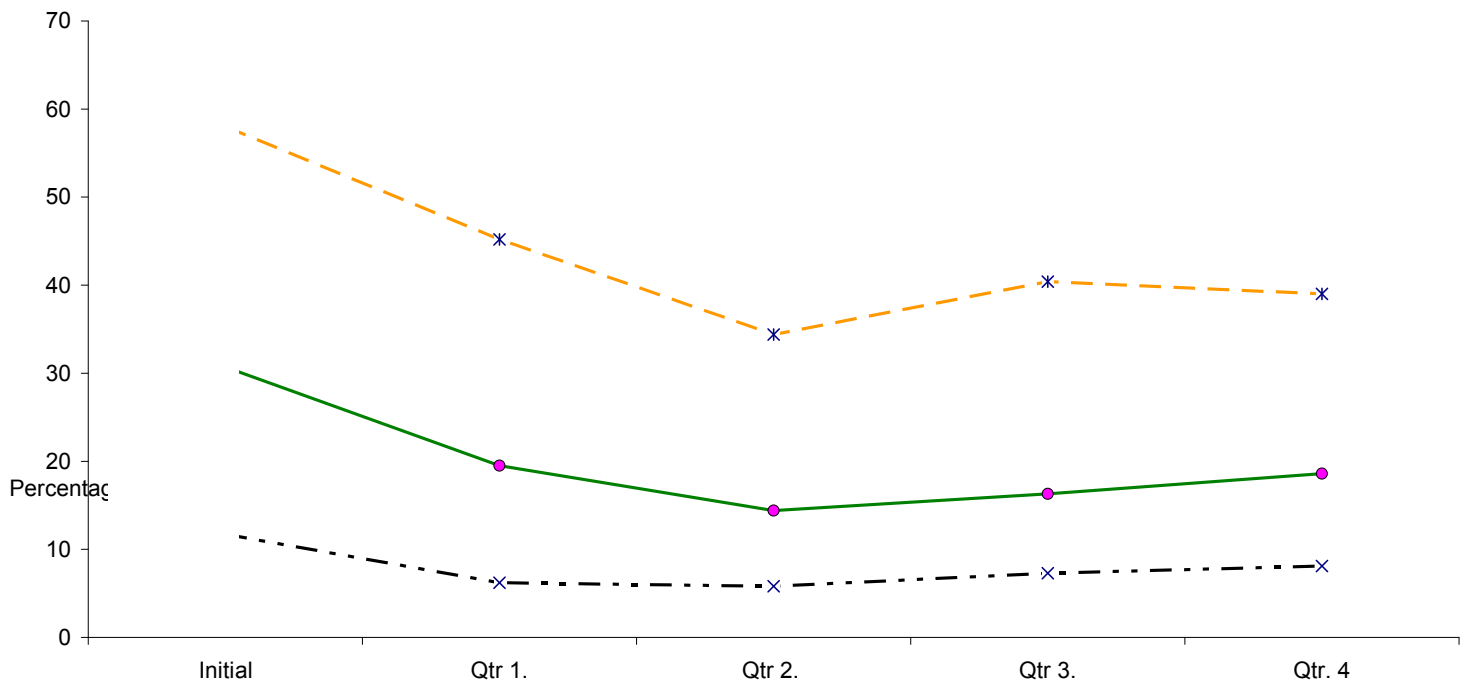
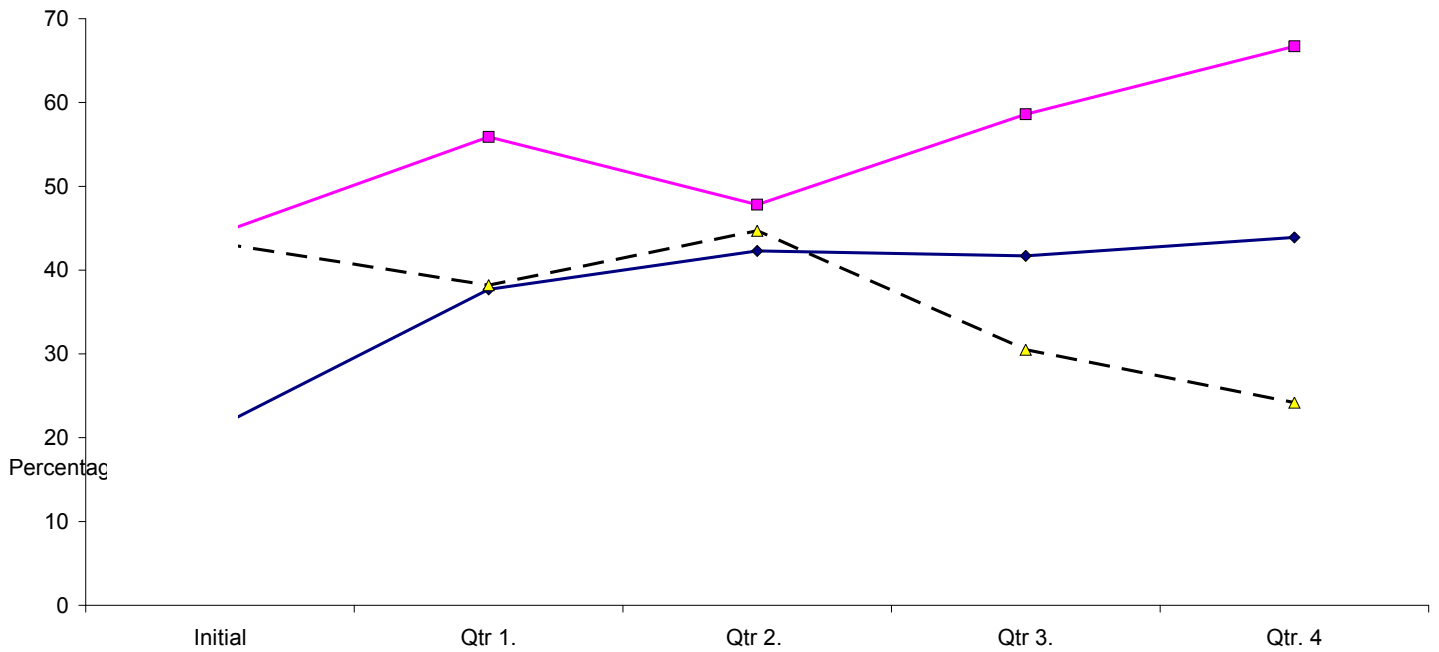
Progress Indicators for Youth and Young Adults

The progress indicators that were assessed initially (90-day period prior to entry) and then every 90 days thereafter (i.e., quarterly) were as follows: a) Employed, b) Graduated high school and/or some postsecondary education exposure; c) Dropped out of high school; d) Mental health interference; e) Drug or alcohol use interference; and f) Criminal system involvement. All progress indicators were coded as categorical variables (e.g., if a young person indicated that he/she was employed during a given quarter the variable “Employment” was coded as “1” and if the young person was not employed then it was coded “0”). These data were obtained from ETO software that utilized the *Transition to Adulthood Assessment Protocol* developed by the NCYT team.

Figure 1 portrays the percentage of young people who had exposure to that indicator variable during the quarter. The aggregate findings show “improvement” over time across each of the progress indicators as listed below each of the two graphs.

A trend analysis was conducted on each progress indicator using a Cochran-Armitage trend test with an $\alpha = 0.05$. The findings reveal that the

Figure 1



“improvement” trends were statistically significant for all of the progress indicators, except for “Criminal system involvement”.

Conclusions

The complex challenges of the transition period for these young people with SED/SMI and their unique needs pose major hurdles to parents, practitioners, educators, administrators, policy makers, and the young people themselves. These preliminary findings from this PYT cross-site analysis are very encouraging and contribute to a growing body of literature that suggests that many of these youth and young adults can achieve improved outcomes across the transition domains of: employment and career, postsecondary education and training, living situation, personal adjustment, and community functioning.

These PYT sites designed their transition systems around a solid framework of promising strategies and practices. Research findings from this study and others regarding the impact of transition programs on young people with SED/SMI in communities across the nation are supportive of the TIP model and its guidelines (Bullis & Fredericks, 2002; Bullis, Morgan, Benz, Todis, & Johnson, 2002; Cheney, Hagner, Maloy, Cormier, & Bernstein, 1998; Clark, Pschorr, Wells, Curtis, & Tighe, 2004; Karpur, Clark, Caproni, & Sterner, 2005; and Koroloff, Pullman, & Gordon, 2007). Each of these studies reported improved postsecondary progress and/or outcomes for the young people who were served using the TIP model, or at least most of the TIP principles.

For information more related to the programmatic, site development, and evaluation efforts and services of the National Center on Youth Transition for Behavioral Health (NCYT), please contact Hewitt B. “Rusty” Clark, Ph.D., Professor & Director, Nicole Deschenes, M.Ed. CoDirector, or Arun Karpur, Research Faculty, NCYT: System Development & Research Team, Department of Child & Family Studies, Florida Mental Health InstituteUniversity of South Florida (FMHI/USF), 13301 Bruce B. Downs Blvd., Tampa, FL 335123807
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