

***TIP Model™*: Grant Preparation Boilerplate to Use in Guiding Preparation of Your Proposals for *TIP Model™* Implementation in Conjunction with SBHG**

August 10, 2016 Version

PURPOSE: This document is designed to assist leadership personnel at community collaboratives and provider agencies who are preparing grant or contract proposals for TIP Model implementation and will be contracting with SBHG for consultation, training, and implementation services.

CONTACTS: If you need additional guidance regarding the ***Transition to Independence Process (TIP) Model*** or its theory and research underpinnings, please contact one of us:

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Transition to Independence Process (TIP) Model

The *Transition to Independence Process (TIP) Model™* was developed for working with youth and young adults (14-29 years old) with emotional/behavioral difficulties (EBD) to: a) engage them in their own futures planning process; b) provide them with developmentally-appropriate, non-stigmatizing, culturally-competent, trauma-informed, and appealing services and supports; c) involve the young people, their families (of origin or foster), and other informal key players, as relevant, in a process that prepares and facilitates their movement toward greater self-sufficiency and successful achievement of their goals. Youth and young adults are guided in setting and achieving their own short-term and long-term goals across relevant Transition Domains, such as: employment/career, educational opportunities, living situation, personal effectiveness/wellbeing, and community-life functioning. The TIP Model is operationalized through seven Guidelines and their associated Core Practices that drive the work with young people to improve their outcomes and provide a transition system that is responsive to them and their families.

Introduction to Transition Issues and Challenges

Emerging adults experience dramatic changes across all areas of development during their transition to adulthood (Arnett, 2004). Young people’s decisions, choices, and associated experiences set a foundation for their transition to future adult roles in the domains of employment, education, living situation, and community-life functioning.

This period of transition is especially challenging for the more than 2.4 - 5 million youth and young adults with *emotional and/or behavioral difficulties (EBD)* (Davis, Sabella, Smith, & Costa, 2011). This population of young people have higher secondary school dropout rates, higher rates of arrest, incarceration, and unemployment, and lower rates of independent living compared to their peers without disabilities (Clark & Unruh, 2009; Wagner, Kutash, Duchnowski, Epstein, & Sumi, 2005; Wagner, Newman, Cameto, & Levine, 2005; Vander Stoep, Beresford, Weiss, McKight, Cauce, & Cohen, 2000; Vander Stoep, Weiss, Kuo, Cheney, & Cohen, 2003). According to the U.S. Department of Education (2011), nearly 45% of students with EBD drop out of high school annually which is related to lower wages (Rouse, 2007), lower employment

rates (U.S. Department of Labor, Bureau of Labor Statistics, 2010), and poorer health (Pleis, Ward, & Lucas, 2010). Additionally, there are increased costs to society due to dropouts including an average of \$240,000 over one's lifetime related to lost tax contributions, reliance on Medicaid and Medicare, criminality, and welfare (Levin & Belfield, 2007).

Some of these young adults also live with "chronic trauma". A groundbreaking epidemiological study (*Adverse Childhood Experiences Study [ACE Study]*) found that childhood trauma is associated with adult onset of chronic disease, as well as life-altering social and emotional problems. Schilling (2007) also found a very strong association between childhood adversity & depression, anti-social behaviors & drug use in young adults. Trauma that is prolonged, cumulative, recurrent – has a profound impact on developing brains. "Because the transition to adulthood is a watershed developmental period, the mental health consequences of ACEs are likely to have far-reaching impact by disrupting the establishment of positive roles and relationships that set the course for adult occupational and social attainment".

Difficulties in accessing appropriate supports and services continue to plague young people and their parents and providers. Fragmented services, varying eligibility criteria, different funding mechanisms, and different philosophies across the child and adult mental health systems offer challenges to obtaining appropriate services for young people with EBD (Davis, Green, & Hoffman, 2009; Pottick, Bilder, Vander Stoep, Warner, Alvarez, 2008). The fragmentation and silo nature of services systems complicate access to other needed services related to employment, career training, housing, and postsecondary education (Clark & Unruh, 2009b; Davis & Koroloff, 2006).

The resulting poor outcomes for these youth and young adults are extremely costly on three fronts: the individual and her family; security and comfort of the community; and local, state, and federal governmental entities. These "costs" are not just in the form of tax dollars and lost productivity, but also the human toll on young people, their families, and our society.

NOTE 1: For your grant proposal, you probably be required to provide data and information on the needs of youth and young adults in your local community, county, region, or state.

NOTE 2: If you need a reference list for this section, you can find the citations on our TIP Model website: www.TIPstars.org Refer to the Theory & Research section. At the bottom of this section is an extensive reference list.

Target Population for the TIP Model

The *TIP Model*[™] serves youth and young adults (14-29 years old) with, or at risk of, emotional/behavioral difficulties (EBD)*. These young people often have extensive histories of: multi-system involvement, out-of home placements or homelessness, high prevalence of developmental snares and delays, possible co-occurring substance use/abuse problems, and involvement with the court system and/or incarceration.

- *Emotional and/or behavioral difficulties (EBD)* encompass a range of psychologically based problems that can significantly impair functioning over a long period of time. A variety of terms are often used with these youth and young adults. 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, emotional and behavioral disorders (EBD), mental health disorders (MHD), or with serious mental health conditions (SMHCs).

NOTE: Describe the target population for your program (e.g., not all program sites serve the recommended population -- a Transition Team might serve 16 – 25 year olds exiting from the foster care system).

<p>Impact of the TIP Model</p>	<p>The TIP Model is an evidence-supported practice based on numerous published studies that demonstrate improvement in real-life outcomes for youth and young adults with emotional/behavioral difficulties (EBD) across Transition Domains. For example:</p> <ul style="list-style-type: none"> ➤ Increasing engagement and progress in schooling and post-secondary education and technical/vocational training. ➤ Increasing exploration, placement, and progress in employment and possible careers. ➤ Improving stability in living situation in safe home-like settings verse placements in restrictive facilities. ➤ Learning relevant life skills for functioning in home, school, work, and community settings, including problem-solving & decision making skills. ➤ Improving emotional coping and self-management skills. ➤ Lessing interference from mental health and/or substance use problems in their schooling, work, community, and/or relationships. ➤ Building and nurturing relationships and relevant social supports. ➤ Decreasing involvement with the criminal system and incarceration.
<p>Essential Components of the TIP Model</p>	<p style="text-align: center;"><u>Transition to Independence Process (TIP) Model</u></p> <p><u>Essential Personnel in the TIP Model</u></p> <ul style="list-style-type: none"> ❖ To ensure the continuity of planning, services, and supports, the <i>TIP Model</i> is implemented directly by <i>Transition Facilitators (TFs)</i> who work with the young people and, as relevant, with their families and other informal and formal support people. ❖ Sites are encouraged to hire young adults as Peer Support Specialists (Peers) to assist young people as they choose with engagement and in accomplishing their goals. <p style="text-align: center;"><u>Personnel are Trained and Coached</u></p> <p>The Transition Facilitators and Peer Support Specialist are competency-based trained to use the following TIP Guidelines (principles) to guide their moment-to-moment, day-to-day, and week-to-week work with the young people and their key support players in their lives. These principles underscore the essence of the TIP Model – that of the process driven by the youth and young adult and the guiding and teaching of him/her in setting and achieving his/her own goals.</p> <p><u>TIP Model Guidelines</u></p> <ol style="list-style-type: none"> 1. Engage young people through relationship development, person-centered planning, and a focus on their futures. 2. Tailor services and supports to be accessible, coordinated, appealing, non-stigmatizing, and developmentally-appropriate -- and building on strengths to enable the young people to pursue their goals across relevant transition domains. 3. Acknowledge and develop personal choice and social responsibility with young people. 4. Ensure a safety net of support by involving a young person’s parents, family members, and other informal and formal key players. 5. Enhance young persons’ competencies to assist them in achieving greater self-sufficiency and confidence.

6. Maintain an outcome focus in the TIP Model at the young person, program, and community levels.
7. Involve young people, parents, and other community partners in the TIP system at the practice, program, and community levels.

Additional Competencies Trained and Coached

The TFs and Peers are also trained to competency in the application of TIP Model Core Practices and the Qualitative Features of Interactions (Engagers).

TIP Model Core Practices:

- Strength Discovery and Needs Assessment
- Futures Planning
- Rationales
- In-vivo Teaching
- SODAS: Problem Solving & Decision Making Method
- WHAT'S UP?: Prevention Planning on High Risk Behaviors & Risky Situations
- SCORA: Mediation with Young People and Other Key Players
- Special Module: Trauma-Informed TIP

ENGAGERS: Qualitative Features of Interactions:

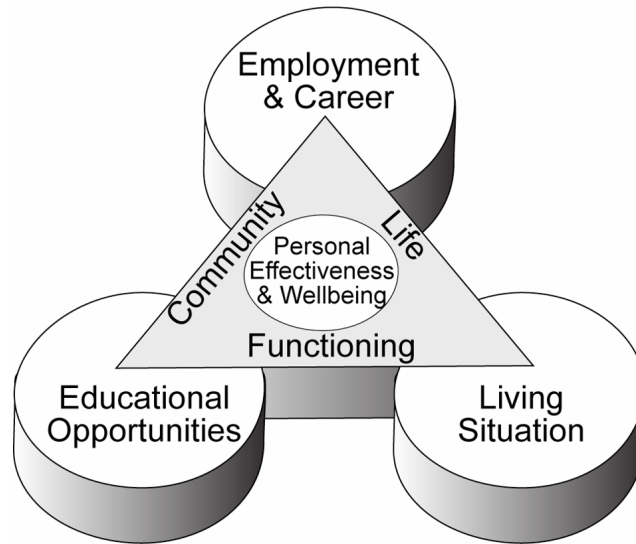
- Was the quality of the interaction appropriate to the situation?
 - Encourage sharing of thoughts, feelings, & ideas
 - Neutralize your own judgmental reactions
 - Gesture with eye-contact, facial expressions, & body language
 - Ask Open-Ended Questions
 - Give Affirmations/Descriptive Praise
 - Express empathy, concern, care, & encouragement
 - Reflect for Understanding
 - Summarize & Plan Next Steps -- Offer Assistance &/or Identify Other Support Person

Transition Domains

To maximize engagement and minimize stigma, the youth and young adults are approached using the Transition Domains (e.g., Employment, Living Situation). The Domains and associated Sub-Domains (e.g., Personnel Effectiveness & Wellbeing Domain includes Sub-Domains such as: Friends & Family, Emotional & Behavioral Wellbeing, and Physical Health & Wellbeing) cover areas that the young people can relate to, verses being approached about another therapy or treatment being imposed on them.

Please refer to the following figure.

Transition Domains



Service Delivery

Individually-Tailored Services and Supports

The TFs work with youth and/or young adults on an individualized basis to maximize engagement, teaching of meaningful skills, and achievement of the young person's own goals across relevant Transition Domains. As a young person is pursuing his/her own goals, the TF works with the young person in applying his/her strengths and resources to advance progress (e.g., having an older sister helping the youth with his homework) and guides the young person in overcoming barriers and difficulties that emerge from the pursuit of this goal (e.g., teaching coping skills to manage one's anxiety in the workplace; learning social skills to build and maintain friendships and other relevant social supports, conducting mediation between a young person and his/her mother or boyfriend, teaching problem-solving & decision-making).

The TF works with each young person on a 1-on-1 basis as the young person finds most engaging and helpful. Under a TIP Model concept of "Planning Partners & Necessary Connections" the TF guides the YP in understanding that for some topics or goals, it might be helpful to involve a parent, boyfriend, or a favorite supportive aunt for a few sessions. The planning they do together might position the young person to better deal with the "necessary connection" that is needed to advance this topic or goal (e.g., getting the young person's goals built into the school IEP/ITP by having the mother and young person meet with the school guidance counselor prior to the meeting; preparing the young person for a discussion with his probation officer).

Some times a young person is involved in a family Wraparound program and it seems to be working for the young person. In such cases, or in the case other standing required group meetings, the TF works with the young person in formulating his/her goals and preparing him/her for presenting what he/she wants to accomplish in the meeting (e.g., family Wraparound, court hearing, quarterly child welfare staffing meeting).

	<p><u>Service Platform Options</u></p> <p>The service platform is typically a “case management” approach with each TF having no more than 15 youth and/or young people at a time. One survey found sites had a ratio of 1 TF to 9 young people up to 1 to 15.</p> <p>A few sites use an ACT Team platform where different TFs serve different young adults across the days and weeks depending on the needs of the young adult. Usually these teams come to understand that the relationship issue is critically important to the young adults success and come to have at least a TF serving as the primary contact for the young adult.</p> <p>Some sites use some group activities that the young people want for socializing or particular activities. These might be initiated by the Peers or the TFs, but are always base on the interest of some of the young people. For example, some sites have had monthly dinner meetings to encourage and celebrate employment, educational, and career accomplishments; other sites have had special group sessions by therapists for young ladies wanting to explore relationship issues between women/men and women/women, coping with possible past trauma issues, formation of healthy relationships, and/or advancing social competence and confidence in building and understanding healthy reciprocal relationships. These group activities have to be engaging, interesting, and fun for the young people who are interested in the topic. Under the TIP Model, the advantages and limitations of group formats are emphasized, since it is seldom that every young person is on board or ready for a given group activity and topic. For example, on site that was trying to use a group format for developing employability skills was finding that few young people were participating and attendance when to near zero. A couple of the TFs worked with the Peers to create modules on such topic/skills as: job searches; interviewing; interacting with supervisors, co-workers, and customers; and maintaining employment. Over time the Peers developed the competencies to be able to apply these modules with the one or three young people who wanted a particular module at that time. Thus, the 12 session group class was converted to a menu that a young person could select from when he/she was ready for it.</p> <p style="text-align: center;"><u>Independence and Interdependence</u></p> <p>As the title of the Model suggests, the TIP Model is designed to assist youth and young adults achieve greater self-sufficiency and independence. However, the concept of “interdependence” is central to working effectively with young people. This concept nests the focus of independent functioning (e.g., budgeting money, maintaining a job) within the framework of young people learning that there is a healthy, reciprocal role of supporting others and receiving support from others (i.e., social support network for emotional, spiritual, and physical wellbeing).</p>
<p>Program Involves Family & Building of Natural Supports</p>	<p>A parent/caregiver is involved in the process as relevant to the progress of the individual youth or young adult. In most states, for youth under 18, parent or other legal guardian has legal authority so the Transition Facilitator does, at times, have to mediate between differing “youth” and “parent/guardian” perspectives in order to achieve youth engagement and progress.</p>

	<p>The involvement of family members and other supportive persons is discussed more fully under the “Essential Component” section. Please see subheading titled: “Service Delivery” – “Individually-Tailored Services and Supports”.</p>
<p><i>How is the TIP Model delivered?</i></p>	
<p>Recommended Level of Intensity</p>	<p style="text-align: center;"><u>Contact Phases, Frequency, and Duration of Service and Supports</u></p> <p>The TIP Model is highly individualized for each young person. In this section are some parameters regarding the nature, frequency, and duration of services and supports are outlined. However please remember, but these are very general guidelines for program managers.</p> <p><u>Coaching Phases by Transition Facilitators</u></p> <p>The TIP Model supports and services for each Young Person (YP) may progress through four phases of engagement and coaching.</p> <ul style="list-style-type: none"> ❖ This Coaching process with a YP is typically not linear. ❖ The Transition Facilitator (TF) has to adjust the Coaching to meet the needs of the YP as he/she progresses or has set backs along the way. That is, the TF must individually tailor the frequency, intensity, and types of supports and services to each YP and his/her current circumstances. ❖ The following Tables 1 and 2 provide an overview of the primary focus of the TF’s work with a YP during each of the Coaching Phases – and a broad illustration by the typical types and frequency of the TF’s contacts with a YP across the Phases. <p><u>Table 1: Phases of Coaching by the Transition Facilitator (TF) with a Brief Description of Each</u></p> <p><u>1. Engagement Phase (including Initial Assessment/Planning)</u> TF focuses on engaging the YP through relationship development and ongoing Strength Discovery & Needs Assessment chats, and begins to assist the YP in setting and pursuing goals.</p> <p><u>2. Active Intensive Coaching Phase</u> TF gives particular attention to issues with the YP in setting and tracking his/her goals and steps to achieve such in Transition Domains that are relevant to the YP; providing In-vivo Teaching of relevant skills (including problem solving & decision making); Prevention Planning of High Risk Behaviors and Situations; and applying and using coping skills to establish greater emotional regulation and functioning.</p> <p><u>3. Maintenance Coaching Phase</u> TF continues to advance the features of the Active Intensive Coaching Phase, with more of an emphasis on assisting the YP generalize his/her skills to everyday life and continuing to build a social support network of natural players who will be there for him/her into the future. The TF also assists the YP in coming to understand the “interdependence” nature of relationships, e.g., the reciprocal features that vitalize and strengthen connections in relationships with acquaintances, families, friendships, and particularly with intimate partners.</p> <p><u>4. Follow-Along Phase</u> The TF focuses on positioning the YP to function more independently in the areas of: managing daily living issues related to home, school, and work;</p>

coping for emotional wellbeing; maintaining and expanding personal friendships and possibly an intimate relationship; and building other relevant connections with informal and formal supportive people so that the YP is able to have the external supports needed to continue to move forward across relevant Transition Domains of Employment/Career, Education, Living Situations, Personal Effectiveness & Wellbeing, and Community Life Functioning.

Table 2: Phases of Coaching – Typical Length of Time in a Phase and Frequency of Contacts

Phases of Coaching by the Transition Facilitator (TF)	Typical Length of Time a YP is in a Phase & Range (X-Y weeks or months)	Average Face to Face Contacts by TF & other Team Personnel	Telephone/Text Contacts by TF & other Team Personnel
1. Engagement Phase (including Initial Assessment/Planning)	4 weeks (3-8 weeks)	2 contacts/week (1-4 per week)	2 contacts/week (1-4 per week)
2. Active Intensive Coaching Phase	12 months (4-24 months)	3 contacts/week (2-6 per week)	4 contacts/week (2-12 per week)
3. Maintenance Coaching Phase	10 months (4-48 months)	2 contacts/mo. (2-6 per month)	4 contacts/mo. (2-10 per mo.)
4. Follow-Along Phase	4 months (2-24 months)	1 contact/mo. (1-2 per month)	2 contacts/mo. (1-8 per month)

Recommended or Typical Duration of Supports and Services

Length of the program

Please refer to Table 2 above (second column from the left).

Typical Environment in which the TIP Model is Delivered

The Transition Facilitators work in the community and meet with youth and young adults in settings that are comfortable and non-stigmatizing for the individuals. This can range from meeting at Starbucks, the youth’s home/apartment, or taking a walk in a park -- to meeting in a mental health office or at a school setting where the young person is comfortable.

Homework Assignments

What might a homework assignment look like for a young person?
 The Transition Facilitators actively work with youth and young adults with their Futures Planning and related skill development in order to assist them in achievement of their short-term and long-term goals. Of course, the only way any of this is going to assist the young people is if they are taking the action steps to advance their goals and applying these new skills in their every day life and settings. Thus, most all of the TFs’ meetings with young people have a “homework” component that the TFs follow up with by text, calls, or at the next meeting.

Resources Needed to Operate the TIP Model and Provide the

The typical resources necessary for a center to have in order to operate the TIP Model (e.g., A/V, personnel, space/room requirements)?

Different agencies / community collaboratives have different resources when

Supports and Services

they are planning for TIP Model implementation. However, the focus is for the leadership to understand that the following resources are critically important for successful implementation of the TIP Model.

- ❖ Since the TFs are typically meeting with the young people, family members, and other key informal or formal players in the community, having an automobile (and the associated insurance coverage and agency authorization) for getting around the community and transporting these young people is imperative (as is mileage reimbursement). Most TFs find that “windshield discussions” with young people yields important information and insights in contrast to what an “eye to eye” conversation across a desk might yield from young people.
- ❖ Although an agency might have a set of desks (and desktop computers, copy machine, land phone, etc.) that the TFs and Peer Support Specialists can share when at the agency, the TFs really need to be equipped to function in the community, using their cars as their primary office. For the TFs to work in the field efficiently, it is helpful for them to have laptops or iPads (preferable with internet connection and signature pads for youth and parents to sign transition plans, etc.) so that they can keep up with their documentation requirements.
- ❖ The TFs and Peer Support Specialists also need to have cell phones with texting and calling capabilities -- and authorization and reimbursement for phone service expenses.
- ❖ The largest proportion of young people prefer texting as their primary mode of electronic communication. Thus, most agencies/collaboratives are arranging for supplemental funding to ensure that every young person has at least a cell phone that has texting capability. If a given young person want to cover the monthly expense for call minutes and other features, that is his/her decision.
- ❖ The agency also needs to have meeting space available for small meetings such as a TF meeting with a young person and his/her parent, or probation officer. The Transition Team also needs access to larger room space for periodic meetings for the supervisor(s), TFs, Peer Support Specialists, and other Team members to meet for group supervision, planning, training, etc.
- ❖ It is important for agencies/collaboratives to secure funds that can be used for expenses that might not be covered under typical service funding categories. For example, TFs occasionally are taking one or two young people to lunch, Peers Support Specialists are putting on a special event for on a bi-monthly bases that brings many of the young people together over a dinner to celebrate the progress of the young people and some of the graduates. There are also occasional one time needs for a given young person that might come under the term “Flexible” funding (aka, “Flex funds”). It is helpful for agencies/collaboratives to have Flex funds that can be used for purchases or expenses such as: buying a bicycle for a youth to enable him/her to be able to participate in his/her favorite afterschool club, sport, or band activity; purchasing a guitar to assist a talented young woman get into her church band group, buying a replacement refrigerator for the family to be able to stay in their home and keep their children with them; or providing the first and last month’s rent to assist a young man in getting into his first apartment.

<p>Minimum Provider Qualifications</p>	<p>Minimum qualifications for the personnel applying and supervising the TIP Model?</p> <p>The TIP Model emphasizes that personnel selection be based more on experience and professionalism than on specific educational criteria. Given states and/or agencies may have their requirements for education, credentialing, or certification the sites have to be attentive to those issues in their hiring practices. The TIP Model Consultants provide guidelines and sample position descriptions that site leadership can use as they are planning for positioning and hiring of personnel for their Transition Teams. A brief sample of some of these provisions are describe below.</p> <ul style="list-style-type: none"> ❖ A candidate for a <u>Transition Facilitator position</u> must have the following combination of minimum education and work experience: a) a bachelor’s degree in the social science or educational fields and at least four years of experience working with children, adolescents, young adults, their families, and/or adults as a resource coordinator, case manager, applied behavior analyst, counselor, therapist, guidance counselor, social worker, or other similar position; or b) a master’s degree in the social science or educational fields and at least one year of work experience. Preference for these positions will be given to candidates who also have social services licensures and/or have experience in: 1) working with adolescents and young adults with emotional and/or behavioral difficulties; 2) preparing these individuals for living independently, obtaining employment, or functioning in the community more effectively; and/or 3) conducting home-based, school-based, or field-based service delivery. Preference will also be given to candidates who show professionalism (e.g., interact respectfully toward all clientele, staff members, community stakeholders, and supervisory personnel; ability to accept corrective feedback) and are willing to learn and apply the TIP Model guidelines and practices that have been shown to be effective for engaging and advancing the development and goal achievement of youth and young adults with emotional/behavioral difficulties (www.TIPstars.org). NOTE: Some TIP Model sites have found that some candidates with less formal education and more relevant experience in serving youth and young adults directly can become excellent TIP Transition Facilitators. Thus, site leadership might want to allow for this possibility in the recruitment and hiring of Transition Facilitators. ❖ A candidate for a <u>Peer Support Specialist position</u> should be an individual who has had direct experience with mental health services and will utilize those experiences to collaborate with, coach, and challenge the young person to view his/her situations as an opportunity for growth and change within each individual’s recovery and discovery. The Peer Support Specialist will aid the Transition Facilitators and youth/young adults to move toward self-advocacy in the attainment of their own, culturally specific life goals. This will be done using the four tasks of Intentional Peer Support: building connection, helping each other understand how we’ve come to know what we know, redefining help as a co-learning and growing process, and helping each other move toward what is wanted rather than away from what is not wanted. NOTE: Some agencies / community collaboratives determine that they will not employ individuals under 18 year of age as Peer Support
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	<p>Specialists due to liability and/or issues related to level of recovery. Other agencies/collaboratives are willing to hire youth (e.g., 15 to 18 years of age) as well as young adults (e.g., 18-25 years) for this role.</p> <ul style="list-style-type: none"> ❖ A candidate for a <u>Transition Program Supervisor position</u> must have at minimum the following education and work experience: a) a Master's degree in social science or educational fields; and b) four years of experience working with children, adolescents, young adults, their families, and/or adults as a resource coordinator, case manager, applied behavior analyst, counselor, therapist, guidance counselor, social worker, or other similar position. Preference will be given to qualifying candidates who have experience: a) working with adolescents and young adults with emotional/behavioral difficulties; b) supervising field-based service personnel; c) hold active social services licensure; and/or d) has demonstrated professionalism (e.g., interact respectfully toward all clientele, staff members, community stakeholders, and supervisory personnel; ability to accept corrective feedback) and are willing to learn and apply the TIP Model guidelines and practices that have been shown to be effective for engaging and advancing the development and goal achievement of youth and young adults with emotional/behavioral difficulties (www.TIPstars.org).
	<p>For more information regarding the training and implementation services that are available to sites, please contact:</p> <ul style="list-style-type: none"> ❖ <u>Joseph Solomita, LCSW</u> Managing Director, SBHG Stars Training Academy Stars Behavioral Health Group (SBHG) 1501 Hughes Way, Suite 150 Long Beach, CA 90810 Office: (310) 221-6336-ext 109 Cell: (714) 336-8363 Email: jsolomita@starsinc.com <p>As a preface to the following questions related to TIP Model training and implementation, it may be helpful for you to understand the two primary divisions of SBHG and the primary role of each related to training, implementation, certification of personnel, and accreditation of sites.</p> <p><u>Stars Training Academy</u> <i>Stars Training Academy</i>, a division of Stars Behavioral Health Group (SBHG), collaborates with agencies in communities, counties, regions, and states across North America (and some internationally) to provide enriched training and customized consultation to achieve high fidelity and sustainable implementation of evidence-supported and evidence-based practices. The <i>Stars Training Academy</i> serves as the official Purveyor of the <i>Transition to Independence Process (TIP) Model</i>. The <i>Academy</i>, through its efforts related to effective implementation of the TIP Model, has a primary focus on improving the progress and outcomes of youth and young adults with emotional, behavioral, cognitive, and/or mental health challenges. The major functions of the <i>Stars Training Academy</i> are:</p> <ul style="list-style-type: none"> ➤ Provides intensive training and consultation for program implementation. Assigns the TIP Model Consultants to sites and monitors the quality of the Consultants training and implementation services. ➤ Builds site capacity for sustainability. ➤ Collaborates with systems of care to build local youth and young adult empowerment. ➤ Provides tailored technical assistance on programmatic, systems, policy, and evaluation issues – and on the application of strategies and tools for sustainability of TIP Model implementation at sites. ➤ Serves as a resource for new knowledge regarding topics such as: peer support and leadership, trauma-informed services, tailored EBP interventions, supports for families with youth and young adults in transition. <p><u>National Network on Youth Transition (NNYT)</u> The <i>National Network on Youth Transition (NNYT)</i> is a semi-autonomous professional committee sponsored by Stars Behavioral Health Group (SBHG) for certification of personnel, accreditation of sites, and consultation to the Academy and SBHG. The <i>NNYT Committee</i> is responsible for defining and applying</p>

fidelity and certification standards for the implementation and sustainability of the TIP Model – and through these efforts, assist in improving the progress and outcomes of youth and young adults with emotional, behavioral, cognitive, and/or mental health challenges. The major functions of the *NNYT Committee* are:

- Certification of TIP Model:
 - Site-Based Trainers (SBTs), Regional Quality Improvement (QI) Assessors, NNYT Assessors, and TIP Model Consultants.
- Accreditation of TIP Model Sites and TIP-Qualified Sites.
- Managing and conducting TIP Model Fidelity Assessments of Site.

TIP Model Cross-Site Forums and Technical Assistance and Coaching to Facilitate TIP Model Implementation and Sustainability

The *NNYT Certified TIP Model Consultants* provide *competency-based training* and technical assistance to personnel (e.g., TFs, Peer Support Specialists, Family Specialists) who provide direct services and their supervisors and program managers. The TIP Model training and implementation services are provided on-site (usually with three site visits [3-days each] per year over a 2-year period), with active periodic teleconference consultation services. The focus of the training and technical assistance services are to ensure a site is advancing with TIP Model implementation and sustainability through such services as:

- ❖ TIP Model Cross-Site Forums are provided for intensive training and practice of the TIP Model principles and core practices.
- ❖ Supervisors are mentored in Supervisory Coaching Methods so they can support and guide their personnel in the application of the required personnel competencies.
- ❖ Build site capacity for sustainability by guiding the leadership in:
 - Building a TIP Model Community of Practice and establishing relevant community partnerships (e.g., community college, housing, community career center).
 - Mentoring supervisor in field-based coaching and group supervision through the TIP Solutions Review process.
 - Mentoring and certifying *Site-Based Trainers*.
 - Possibly conducting *TIP Model Fidelity Quality Improvement (QI) Assessments* and establish and certify *Regional Fidelity QI Assessors*.

• Amount of Training & Technical Assistance:

The TIP Model training and implementation services are provided on-site (usually with three site visits [3-days each] per year, over a 2-year period), with active periodic teleconference consultation services. However, the training/implementation plans are tailored to match the needs of the agency/collaborative for TIP Model sustainability.

• Purveyor for the TIP Model

The *SBHG Stars Training Academy* serves as the official Purveyor of the *Transition to Independence Process (TIP) Model*.

Resources that we share with organizations or individual providers on how to implement the TIP Model.

<p>Pre-Implementation Assessments</p>	<p>Government officials and local program administrators who are considering implementing the TIP Model need to address, up front, many critical factors that will have a significant impact on the eventual success or failure of implementing TIP. Those considering TIP implementation need to;</p> <ul style="list-style-type: none"> • ensure potential participants understand and are fully informed about the strengths, limitations, and primary focus of the TIP Model, • explore potential resources to support long-term training and consultation, • investigate the readiness of participating agencies to commit long-term their staffs time and company resources to the TIP Training and Implementation process, • assess how well prepared the collaborating agencies administration are for changing/adapting infrastructure to support TIP Implementation • Create an inclusive preliminary TIP Implementation Plan for collaborative • Generating “buy-in” from core participants and local stakeholders <p>To help assess an agency’s and/or the collaborative’s readiness to implement the TIP Model, TIP Consultants utilize The Hexagon Tool for Assessing Readiness / Progress , developed by the National Implementation Network (NIRN). The Hexagon Tool can help agencies and programs with the enhancement of application and development of program practices. The scores in each category can be used as a platform for further discussion and action planning. Among the areas addressed by this tool are agency’s capacity, need, resources and fit in relation to the TIP Model.</p> <p><u>NOTE:</u> All of the training and implementation materials and tools are copyrighted by SBHG and are shared with sites as relevant to their implementation progression.</p>
<p>Formal Support for Implementation</p>	<p style="text-align: center;"><u>TIP Model Implementation and Sustainability</u></p> <p>In order to maximize implementation and sustainability of the TIP Model and achieve improvements in the progress and outcomes for youth and young adults, the TIP Model Consultants collaborate with an agency or a community coalition of agencies.</p> <ul style="list-style-type: none"> ❖ The Consultants provide competency-based training through TIP Model Cross-Site Forums and technical assistance to agencies in communities, counties, and regions. The Transition Facilitators (TFs) and the supervisory personnel at transition sites are taught and coached in the application of the TIP Model Guidelines and Core Practices (e.g., In-vivo Teaching, SODAS Problem Solving, Prevention Planning on High Risk Behaviors). ❖ The TIP Model Consultants and Assessors also assist sites with sustainability through technical assistance and mentoring on processes and building site capacity on topics such as:

	<ul style="list-style-type: none"> ○ Establishing peer support and peer leadership. ○ Conducting TIP Solutions Reviews for ongoing competency enhancement of all transition personnel. ○ Mentoring supervisory personnel in coaching methods for working more effectively with their transition team. ○ Providing technical assistance on tracking of progress and outcome indicators for youth and young adults (e.g., TAPIS Progress Tracker & Goal Achiever). ○ Establishing TIP Model Site-Based Trainers through mentoring. ○ Conducting and building site capacity for TIP Model Fidelity Quality Improvement Assessments. ○ Accreditation of sites based on meeting TIP Model fidelity standards. <ul style="list-style-type: none"> ❖ The goal of the training and technical assistance from the TIP Model Consultants is to ensure that the TIP Model is implemented and sustained so as to improve the outcomes for transition-age youth and young adults with EBD (Dresser et al., 2014, 2015; www.TIPstars.org). ❖ Over the years our collaboration with sites on the implementation and sustainability of the TIP Model has been strengthened by our study of the implementation science literature, particularly that from the National Implementation Research Network (NIRN; website, nirn.fpg.unc.edu).
<p>Fidelity Measures for the TIP Model</p>	<p>Fidelity measures that are used with sites to guide implementation and sustainability.</p> <p style="text-align: center;"><u><i>Fidelity Quality Improvement (QI) Tools</i></u></p> <p>The Fidelity QI Assessment is used for providing ongoing quality improvement to a Transition Team and provides the basis for being accredited as a TIP Model Site. A complete Fidelity QI Assessment typically takes 2 days at with a Transition Team and is composed of the following four Tools.</p> <ol style="list-style-type: none"> 1. <u><i>Fidelity QI Probes on TIP Model Practice Implementation</i></u> – The purpose of the <i>Fidelity QI Practice Probes</i> are to understand the extent to which the Transition Facilitators are: a) knowledgeable of the young people they are serving; b) applying the principles and practices of the TIP Model; and c) documenting their practice activities in ways that illustrate its relevance to working effectively with the young people and making it likely that the service episodes are billable. The Practice Probes involve periodic (e.g., quarterly, biannually) interviews with three Transition Facilitators. There are two versions of the Probes organized around some of the Transition Domains (i.e., Personal Effectiveness/Wellbeing Probe; Education, Employment & Career). 2. <u><i>Fidelity QI Young Person Focus Group</i></u> -- The purpose of this Focus Group with young people is to assess the extent to which: a) the TIP Model Guidelines and Core Practices are reaching the young people being served in this Transition Program; and b) the young people find the transition system to be helpful, relevant, and impactful in their lives and futures. The Focus Group typically involves four to six youth and young adults and is recommended to occur every 6 to 18 months. 3. <u><i>Fidelity QI Survey on TIP Model Organizational Implementation</i></u> – The <i>Fidelity QI Organizational Survey/Interview</i> examines the extent to which TIP Model organizational features are present in the transition

	<p>system and the organizational and community structure around it. This Tool provides implementation ratings across categories such as accessibility of services, continuity of services and supports, staff management/supervision, and commitment and sustainability. The Tool involves an initial Org. Survey that is completed independently by two Transition Facilitators and one of the Transition Team Supervisors/Administrators. After the surveys are completed, the Assessors meet with the Respondents jointly to discuss their ratings and secure examples that illustrate the basis for the ratings across all of the organizational categories. The Assessors then provides a summary rating for each of the organizational items and categories based on the “best fit” of the respondents’ ratings and their validation examples. It is recommended that the Organizational Survey/Interview occur every 12 to 24 months.</p> <p>4. <u>Fidelity QI TIP Solutions Review (TSR) Online Survey</u> -- The <i>TIP Solutions Review (TSR)</i> process is to provide the opportunity of a Transition Team to collaboratively problem-solve ways to improve your Team’s effectiveness in your work with young people, their natural supports, and other formal key players. This is the only activity in the TIP Model that is done without having the young person involved. The TIP Model fidelity requires that the entire Transition Team review at least two young people in-depth each month using the <i>YP Descriptive Outline</i> form. Fidelity to this process is assessed by the TSR Survey, which is an on-line SurveyMonkey to assess the extent to which the Transition Team is: a) applying the TSR process; and b) the Team Members are benefiting from it for improving their work with their young people.</p> <p style="text-align: center;"><u>Establishing Site Capacity for Ongoing Quality Improvement</u></p> <p>Some sites are interested in establishing capacity for ongoing TIP Model quality improvement. We have developed a process by which a NNYT Certified TIP Model Fidelity QI Assessor can conduct a Fidelity QI Assessment on a Transition Team and concurrently mentor up to two Assessor Candidates from the region to learn this assessment process. It typically requires two or three pairing with a Candidate for him/her to be signed off where he/she can then apply to the NNYT Board for certification as a Regional Fidelity QI Assessor.</p>
<p>Implementation Guides or Manuals</p>	<p>The faculty and Consultants of the Stars Training Academy and NNYT have created numerous implementation materials and guides. Also an Implementation Guide for the TIP Model is currently being written. Listed below are a few of the implementation guides that our Consultants use with sites as relevant to their needs and progression with implementation and sustainability.</p> <ul style="list-style-type: none"> ➤ The Hexagon Exploration & Planning Tool for Evidence Practice Adoption. (Adapted from NIRN). ➤ Site Readiness for TIP Model Implementation. ➤ TIP Implementation Site-Assessment Organizational Action Planning. ➤ TIP Model Implementation Planning for Next Steps. ➤ Supervisory Methods for Personnel Coaching. ➤ Supervisory Field-Based Coaching Form ➤ TIP Solutions Review Monitoring and Mentoring Checklist.
<p>Other Implementation</p>	<p>The following invited chapter provided us with an opportunity to describe the</p>

Materials or Resources	<p>implementation process, using a region in Canada as a site example.</p> <p>Clark, H. B, Jaouich, A., Baker, K. (2015). The Transition to Independence Process: Implementation of the TIP Model for Improving the Outcomes of Youth and Young Adults with Emotional/Behavioral Difficulties. In B.G. Cook, M. Tankersley, & T.J. Landrum (Eds.), Transition of Youth and Young Adults: Advances in Learning and Behavioral Disabilities, Volume 28. (pp. 135-171). Bingley, UK: Emerald Group Publishing Limited.</p>
Research in Implementation of the TIP Model	<p><u><i>Outcome and Progress from Initial Implementation of the TIP Model</i></u></p> <p>A recent outcome study illustrates the level of impact that the TIP model can have when the site is attentive and supported in implementation of the program (Dresser, Clark, & Deschênes, 2014, 2015). This site was in a county in the mid-west with small towns and rural areas. Implementation of the TIP model occurred over a 12-month period as the: a) Transition Age Service (TAS) team was established; b) TAS team members were trained and coached in the TIP model; and c) countywide collaborative was developed and provided TIP orientation. The TAS team serves youth and young adults ages 14-25 years old. To qualify for the program the young person had to have a severe mental health condition (e.g., major depression, Bipolar I Disorder, post-traumatic stress disorder, attention deficit/hyper activity disorder), a CAFAS score over 80, may have had co-occurring substance use issues (e.g., Cannabis Dependence, polysubstance dependence), and have had a history of multiple-system involvement (e.g., juvenile justice, mental health, out-of-home placement, special education). Some of the participants had borderline IQ scores. The community's initial priority was on referrals with involvement in family court and/or other legal issues. These young people must have resided in Muskegon County and most were from low socioeconomic status, eligible for Medicaid health insurance, have histories of trauma, and out-of-home placements. Criminal behavior ranged from prostitution, larceny, arson, perpetrating domestic violence, being a minor in possession, concealed weapons charges, assault, criminal sexual conduct, and drug possession. For this initial study period, there were 29 participants, with 58% being females, and having an average age at admission of 17.7 years with a range from 14 to 26.9. Thirty-five percent of the participants were Caucasian, 45% African American, 3% Hispanic, 7% Native American, and 10% multi-racial. There were three exiters from the program during this study period: one graduated from the TAS program, one moved to attend college in another county, and one young person was sent to residential treatment by the court system. These three exiters had an average length of stay of 6.5 months with a range of 3 to 9 months. The other 26 young people remaining in services had an average length of service exposure of about 5.7 months with a range of about 2 months to 12 months.</p> <p>The evaluation findings showed substantial improvements in most of the progress/outcome indicators across the transition domains related to</p>

	<p>functioning in home, school, work, and community. For example, the Community Life and Living Situation progress indicators showed the proportion of the young people living in community settings verses treatment/restrictive setting increased from 48% at intake to 93% at discharge or at the end of this 12-month evaluation period. The percent of young people living in family-home type or independent settings increased from 42% to 79%. This included one young person who remained in a stable foster family care setting throughout this period. However, the proportion of young people in detention, jail, residential treatment, or on AWOL decreased from 52% to 7% -- and not being on probation improved from 48% to 66%. Prior to intake, only 3 of the 29 participants had gotten a high school diploma and none of them had completed a GED, a post-secondary certificate, an associates degree, nor graduated a 4-year college. During this 12-month period, the Education and Employment “productivity index” of being employed or attending school increased from 24% to 69% from intake to the end of the evaluation period. Some of the specific progress indicators showed that the proportion of young people attending school or a GED program double (24% to 52%) and the proportion of program participants employed went from 0% to 21%. Although, as stated above, 3 of the 29 of the young people had graduated high school prior to coming into the TAS services, 21% graduated high school or completed their GED during their term with the TAS team. During this same period, attending college went from 0% to 7%.</p> <p>Another study included in this research article focused on aspects of the TIP Model Fidelity QI Assessment tools and showed that the assessment process discriminated levels of implementation across sites.</p> <p>Dresser, K., Clark, H.B., & Deschênes, N. (2014, DOI: 10.1007/s11414-014-9438-3). Implementation of a positive development, evidence-supported practice for emerging adults with serious mental health conditions: The Transition to Independence Process (TIP) Model. <i>Journal of Behavioral Health Services & Research</i>. Pp. 1-14. http://www.springer.com/-/9/cd1d41bfc46042199f05fb958109c087. Published Online: October 24, 2014.</p> <p>This research article is also in the bound <u>JBHS&R Special Issue</u> on: <i>Empirically-based Interventions for Emerging Young Adults with Serious Mental Health Conditions</i>. 42(2), 223-237. April, 2015.</p>
Implementation References	If you wish to speak with someone regarding their use of the TIP Model, please contact us.
Scale	Some of the locations where the TIP Model has been implementation. <p>When our TIP Model Consultants are working with an agency, community collaboratives of agencies, or a county/region, they are focused on TIP Model implementation. Some agencies, collaboratives, and/or counties just start with a training effort. We start with leadership with entities where their at, because based on our experience, over time even those entities that start with training efforts often come back with a commitment to full TIP Model implementation. Our focus is on implementation because we want these entities to make a positive impact in the lives of these youth and young adults who are being</p>

served.

The following is a list of communities, counties, states, regions, and/or counties where TIP Model training and/or implementation has occurred or is currently underway.

- Alaska: Statewide implementation of the TIP Model with dozens of agencies in various parts of the state.
- California: TIP Model training in 14 counties and with multiple agencies in each. TIP Model implementation efforts in 9 counties with 1 to 4 agencies within each county.
- Arizona: TIP Model training in several agencies statewide.
- Oregon: TIP Model trainings at a few locations.
- Texas: TIP Model trainings and implementation efforts with multiple agencies in Houston and Fort Worth.
- Oklahoma: Statewide TIP Model implementation efforts at several agencies across the state.
- Nebraska: TIP Model trainings at several agencies in various regions of the state.
- Missouri: Statewide TIP Model training and implementation efforts.
- Ohio: TIP Model training across the state and TIP Model implementation at several sites in Ohio.
- Indiana: Several TIP Model trainings across the state with several agencies.
- Tennessee:
- Illinois: TIP Model training in several agencies statewide and full implementation at a large scale provider in Chicago with numerous programs.
- Louisiana: TIP Model training and implementation efforts in several agencies statewide.
- Georgia: TIP Model training and implementation in several agencies in several parts of the state.
- West Virginia: TIP Model training in several agencies statewide.
- Vermont: TIP Model training and implementation in several agencies statewide with regional supports.
- New York: TIP Model training in several agencies in various counties of the state.
- Washington DC: TIP Model training and implementation on a District-wide basis with all of the behavioral health agencies (child and adults) -- and also some of the child welfare agencies and juvenile justice agencies.
- Massachusetts: TIP Model training has occurred across the entire state over the years. Full implementation is occurring with several agencies in the state.
- Florida: TIP Model training and implementation in several agencies in a variety of counties in the state.
- Pennsylvania: TIP Model training and implementation in several agencies in various counties throughout the state.
- Wisconsin: TIP Model trainings at a few locations in the state involving several agencies in each area.
- Minnesota: TIP Model trainings at a few locations.
- Maine: TIP Model training and implementation in several agencies statewide.

	<ul style="list-style-type: none"> • Michigan: TIP Model training and implementation in several agencies around the state. • North Dakota: TIP Model training and implementation in several agencies around the state. • Colorado: TIP Model trainings at a few urban and rural locations in the state. • Nevada: TIP Model trainings at a few locations. • Delaware: TIP Model trainings at a few locations. • Hawaii: TIP Model training with agency representatives from across all of the islands and TIP Model implementation with several agencies in Honolulu. • Maryland: TIP Model trainings at a few locations. • Virginia: TIP Model trainings have occurred throughout the state and implementation with some agencies. • Ontario Canada: TIP Model training and implementation in numerous agencies throughout the Province. • <u>Other international trainings on the TIP Model have occurred in:</u> South Africa, Australia, Ireland, and China (Hong Kong, Beijing, Xian, Shanghai).
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Relevant Research	Peer-reviewed Research Studies (published or in press)
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	<p>The following study includes a “cost avoidance” analysis with the application of the TIP Model within the JOBS program in Vermont. This study is in a chapter of a book, not a refereed journal. If you want to read the cost avoidance analysis, please refer to pages 219-221.</p> <p>Clark, H.B., Pschorr, O., Wells, P., Curtis, M., & Tighe, T. (2004). Transition into community roles for young people with emotional behavioral difficulties: collaborative systems and program outcomes. In D. Cheney (Ed.) <i>Transition of secondary approaches for positive outcomes</i> (pp. 201-226). Arlington, VA: The Council for Children with Behavioral Disorders and The Division of Career Development and Transition, Divisions of The Council for Exceptional Children.</p> <hr/> <p>Research on Evaluation and Fidelity measures for Transition to Adulthood</p> <p>Karpur, A., Clark, H. B., Deschênes, N., & Knab, J. T. (2007). Transition to Adulthood Program Information System (TAPIS). In C. Newman, C. Liberton, K. Kutash, & R. M. Friedman. (Eds.), <i>The 19th Annual Research Conference Proceedings: A System of Care for Children’s Mental Health: Expanding the Research Base</i> (pp. 255-260). Tampa, FL: University of South Florida. The Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children’s Mental Health.</p> <p>Dresser, K., Clark, H.B., & Deschênes, N. (2014). Implementation of a positive development, evidence-supported practice for emerging adults with serious mental health conditions: The Transition to Independence Process (TIP) Model. <i>Journal of Behavioral Health Services & Research</i>. Pp. 1-14. http://www.springer.com/-/9/cd1d41bfc46042199f05fb958109c087. DOI: 10.1007/s11414-014-9438-3. Published Online: October 24, 2014.</p> <p>This research article is also in the bound <i>JBHS&R Special Issue</i> on: <i>Empirically-based Interventions for Emerging Young Adults with Serious Mental Health Conditions</i>. 42(2), 223-237. April, 2015.</p>
References	<p>Descriptive articles or books on the TIP Model that may be beneficial to leadership of community collaboratives or provider organizations.</p> <p>Clark, H. B., & Hart, K. (2009). Navigating the obstacle course: An evidence-supported community transition system. In H.B. Clark & D.K. Unruh (Eds.), <i>Transition of youth and young adult with emotional or behavioral difficulties: An evidence-supported handbook</i> (pp. 47-94). Baltimore: Brookes Publishing.</p> <p>Fagan, M., Munchel, W., Rogers, I., & Clark, H.B. (2009). Serving young adults with serious mental health challengers from dependency programs and community settings. In H.B. Clark & D.K. Unruh (Eds.), <i>Transition of youth and young adult with emotional or behavioral difficulties: An evidence-supported handbook</i>. (pp. 163-188). Baltimore: Brookes Publishing.</p> <p>Clark, H.B., Deschênes, N., Sieler, D., Green, M., White, G., & Sondheimer, D. (2008). Services for Youth in Transition to Adulthood in Systems of Care. In B.A. Stroul & G.M. Blau (Eds.), <i>The System of Care Handbook: Transforming Mental Health Services for Children, Youth, and Families</i> (pp. 517-543). Baltimore, MD: Paul H. Brookes.</p>
	<p>Clark, H. B., & Unruh, D. K. (2009). <i>Transition of youth and young adult with emotional or behavioral difficulties: An evidence-supported handbook</i>. Baltimore: Brookes Publishing.</p>
<i>Who does someone interested in your program contact?</i>	
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