

## **Chapter Ten**

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### **Implementing and Evaluating Youth Transition Services**



## **Symposium**

# **Partnerships for Youth Transition (PYT): Evaluating Process and Progress Indicators of PYT Community Initiatives Over the First Four Years**

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### **Symposium Introduction**

Hewitt B. "Rusty" Clark

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 post-secondary 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 and that, 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 post-secondary 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 Department of Education (DOE). Diane Sondheimer and Crystal Blyler of SAMHSA championed the development of this grant award initiative. 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 (e.g., Transition to Independence Process: TIP model). Ideally, the strategies will shape organizational policies, regulations, and funding mechanisms; drive the development of services; and shape practice for transitioning youth and young adults with SED/SMI.

#### **Chair**

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*Author notes: For more information regarding the PYT initiative and TIP model, please refer to the NCYT website <http://ncyt.fimbi.usf.edu> and the TIP website <http://tip.fimbi.usf.edu>. 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. or Professor & Director, Nicole Deschênes, M.Ed. Co-Director, NCYT: System Development & Research Team, Department of Child & Family Studies, Florida Mental Health Institute, University of South Florida (FMHI/USF), 13301 Bruce B. Downs Blvd., Tampa, FL 33512.*

## **Partnering with Youth in Evaluation: Engagement, Energy, Innovation, and Outcomes**

Alexandra A. Krynski, Robin Orlando & Gwen White

*Acknowledgements: This research was funded in part by the Substance Abuse and Mental Health Services Administration (SM54474-02).*

### **Introduction**

In 2002, the Allegheny County Department of Human Services Office of Behavioral Health, System of Care Initiative (SOCi) began working with youth and young adults in the development and implementation of a transition system as a Partnership for Youth Transition (PYT) grantee community. This collaboration enabled an expansion of the SOCi service population to include young people ages 14 through 25 in two existing SOCi partner communities that border the city of Pittsburgh. The new initiative, also referred to as PYT SOCi on the local level, was implemented in the at-risk neighborhoods of Sto-Rox and Wilkinsburg.

The tasks of information collection, analysis, and dissemination are cornerstones of the SOCi evaluation component. These evaluative functions provide critical support to program operations through the promotion of strategic planning for quality program operations that lead to an increase in positive outcomes for recipients of service. Significant contributions of family members and young people working alongside their professional partners have served to greatly enrich these processes. Several events influenced the development of this collaboration and resulted in a meaningful role for young people in evaluation. The purpose of this paper is to discuss strategies for youth involvement in evaluation with a focus on two activities that added the most value with regard to the SOCi evaluation process: pre-planning focus groups with young adults, and the development of the Young Adult Needs and Strengths Assessment (YANSA).

### **Method**

Many consider the involvement of recipients of service in the quality assurance measures to be a best-practice in any system of care. At SOCi, putting this value into practice has included the creation of a paid position for a consumer/family evaluator (in addition to the positions of youth support coordinator and specialists and family support coordinator and specialists on the administrative and service-delivery level), and the development of an active Community Evaluation Team (CET) comprised of youth and young adults, family members and natural supports, community members, and system partners.

Together, the consumer/family evaluator and the CET provide a vehicle for ongoing participation of young people and families in evaluation activities. Various engagement strategies have been employed to sustain their involvement and to demonstrate its value, including the payment of stipends whenever input is solicited and the provision of educational and leadership opportunities at evaluation-focused meetings and conferences. Also critical to sustaining involvement is the creation of meaningful opportunities for participation that allow young people or family members to experience their voice being heard and to observe meaningful results as an outcome of their efforts. This goal was characteristic of both the pre-planning focus groups and assessment development activities.

### **PYT Focus Groups**

The young adults who participated in the pre-planning focus groups provided the primary guidance for implementing this project on the local level. The data that they contributed facilitated the design of a program capable of meeting the diverse transition needs of youth and young adults in Allegheny County. Young people are the ultimate authority on their individual experiences. Therefore, the use of focus groups with young adults as a strategic planning strategy enabled the building of a transition system that delivers services and supports that young people willingly choose to engage in because the services are identified as welcoming, accessible, and respectful of their unique culture.

Twelve focus groups, comprised of 85 total participants, were conducted in June and July of 2003. The participants included young adults with self-reported mental health issues between the ages of 18 and 24. There were 6 to 12 participants per group, and each received a stipend for their participation. They represented a diverse population in terms of geographic location (within Allegheny County), gender (female, male, and transgender identified), and sexual orientation. Also included were homeless and runaway youth and youth receiving intensive mental health treatment.

During focus group implementation, every effort was made to ensure a youth-friendly approach conducive to active participation, as evidenced in the following strategies:

- Recruitment was conducted in partnership with community organizations that had existing relationships with our intended population, and invitations to participate were extended by individuals who were already known to the young adults.
- Facilitators were chosen with consideration of cultural match as well as age in an effort to secure facilitators with whom participants could relate. The decision to provide additional training to those inexperienced in focus group facilitation was made, as these personal qualifications were determined to be paramount.
- Familiar and accessible language was considered important in the development of questions for use during the focus groups. The questions were also organized to facilitate the natural progression of self-disclosure.
- The focus groups were held in community settings that were familiar to each specialized group of participants to promote feelings of comfort in the focus group environment.
- Food (during mealtime), stipends, and transportation assistance were provided.

Initially, questions were focused on individual goals and ideas about the future, stressors associated with daily living, the definition of family, the role of trust in service-delivery relationships, and their vision for an ideal system of care.

Preliminary data provided the impetus for an expansion of questioning to allow for the further exploration of additional areas of interest, including commitments to future aspirations, exposure to violence, education and employment functioning, and hopefulness. Participants consistently expressed a strong sense of resiliency as they presented primarily hopeful life views and identified the need for specific resources and supports to attain their individual goals.

In addition to informing the overall planning process, the data collected during the focus groups led to additional meetings with a subset of the participants. This group worked to identify subject matter and surveys to be used in conjunction with a 24-month longitudinal outcomes study. The resultant study was developed and made available to youth and young adults enrolled in the PYT program.

### **Young Adult Needs and Strengths Assessment (YANSA) Development**

The YANSA, developed by a collaborative team of Allegheny County young adults and SOCI staff with Dr. John Lyons, used the Child and Adolescent Needs and Strengths Assessment (CANS) and Adult Needs and Strengths Assessment (ANSA) as a basis. As developed, the YANSA is an information integration tool that is focused on the needs, strengths, and culture of individual youth and young adults. PYT service coordinators administer the YANSA to recipients of service at intake and at six month intervals thereafter.

The information gathered through administration of the YANSA is used by PYT service/support teams when planning for the intensity of services and supports in a manner that seeks to utilize individual and cultural strengths in strategies for the attainment of identified goals. On an administrative level, these data are then analyzed in an aggregate format for the examination of characteristics across the PYT service population. As of August 31, 2006, 81 young adults have completed the YANSA and have incorporated this information into their service planning process, continuing the youth-driven, individualized, and strengths-based approach to service delivery.

## Discussion

Partnership between young people and professionals throughout the evaluation process is an essential way to ensure that young people retain sufficient influence in a system of care. The PYT SOCI program has chosen to dedicate time to the development of creative strategies for working with youth in evaluation, and these activities have made a foundational contribution to the overall development and implementation of a transition system in Allegheny County, PA. The following conclusions have been drawn from this process. First, the involvement of youth and young adults in evaluation has multiple benefits for young people and professionals alike. Young people achieve a sense of empowerment, have a direct line of communication to share their feedback, experience themselves in partnership with professionals, and have the opportunity to learn the potential power of data in their own lives. Second, professionals can benefit through an expansion of their own knowledge base and significantly enriched data collection and analysis capability. Third, collaboration comes in many forms, and requires continued effort to sustain its meaning. Building trust and relationships is elemental to success. Finally, information is power when it is shared. Putting data into action completes the feedback loop and honors the significant contributions of those who have shared their personal experiences with the goal of improving the system in order to help others like themselves.

## ***Investigating the Relationship Between Services and Outcomes In a Program for Transition Age Youth***

**Nancy Koroloff, Michael Pullmann & Lynwood Gordon**

*Acknowledgements: This research was funded through the Partnership for Youth Transition Initiative, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.*

## Introduction

Options is the program developed by residents of Clark County Washington in response to the Partnership for Youth Transition (PYT) initiative. Under the leadership of staff from the Clark County Department of Community Services, funding was obtained and a planning year began in October 2002. The hiring and training of staff began a year later with the first youth admitted to the program in January 2004. The grant funding ended in September 2006, however the Options program continues to be funded by a combination of Medicaid and State and County general funds.

From the beginning, the program design was influenced by the use of logic modeling, although the model changed substantially over the years of the project. The Options practice model was originally based in four theoretical perspectives: (a) Transition to Independence Process (TIP) model, (b) Program for Assertive Community Treatment (PACT), (c) Supported Employment, and (d) Core Gifts assessment. These four approaches and their supporting evidence are described in the Options Program Manual. The emphasis on each of these perspectives shifted over the four years of the project. TIP and Supported Employment were key components of Options and remained so throughout the demonstration and into the sustaining of this initiative following completion of the federal grant funding.

Although extensive evaluation data were collected, for this presentation, we focused on three specific research questions: (1) In general, did youth in the program have positive outcomes? (2) What types and amounts of services did youth receive? and, (3) Was there a relationship between amount of services received and outcomes?

## Method

Data were obtained in several ways. First, at intake and every three months thereafter, Transition Specialists collected information on the youth's life events in the areas of education, criminal justice, mental health, employment, community living skills, and housing. Second, Transition Specialists

submitted daily logs to the county billing system, recording the type and length of service or activity they performed by youth. Third, we obtained the youth's lifetime juvenile records of substantiated offenses.

Using a decision algorithm developed by a member of the research team, we coded the youth's progress trends in four domains over nine months of program enrollment: employment, education, housing, and criminal justice. Each youth received a code of positive, mixed, or negative change over the nine months for each area. For instance, if a youth had been out of school at intake and then re-entered school or completed a GED over the nine months, they were coded as having positive change in education.

Additionally, since we had no standardized instrument measuring youth functioning, we created a severity index score for each youth at intake. This index was created by combining psychiatric diagnosis, juvenile justice involvement, educational status, and the extent that mental health problems interfered with the juvenile's lives. We deemed this measure valid because retrospective severity rankings of youth by agency staff who were blind to the severity index score were generally consistent with the severity index score.

## **Results**

This analysis only includes those youth for whom we had at least nine months of data. Fifty-one youth were served by Options for at least nine months. They ranged from 14 to 19 years old, with an average age of 16. Fifty-nine percent were male, 92% were Caucasian, and 2% each identified as Hispanic, African-American, Native American, or biracial. Youth had high levels of need at intake. At least one time in their lives, 43% had experienced homelessness, 16% had experienced psychiatric hospitalization, 67% had been in special education, 78% had received public mental health services, and 75% had been arrested.

Over the nine months that the youth were in Options, most experienced more positive changes than negative. Twenty-four percent had positive trends in all four domains (employment, education, housing, and criminal justice), 22% in three domains, 24% in two domains, 27% in one domain, and 2 youth (4%) had no positive trends. One youth (2%) had a negative trend in all four domains, 6% had a negative trend in three domains, 10% had a negative trend in two domains, 14% had a negative trend in one domain, and 68% had no negative trends. Specifically in regard to juvenile justice, significantly fewer youth had a substantiated offense in the nine months after intake when compared to the nine months prior to intake (29% to 61% respectively; McNemar  $\chi^2(1, N = 51) = .965, p = .008$ ). For the 38 youth who had offended at any time, the average number of offenses dropped significantly between nine months prior to intake, ( $M = 1.63$  offenses), and nine months after intake ( $M = .71$  offenses), Paired  $t(38) = 2.06, p = .046$ .

Table 1 depicts the percentage of staff time spent on individual services and the percentage of youth who received the services. A third of staff time was spent providing community life adjustment. This category was for activities that were to assist the youth with independent living, including such activities as developing resources, advocacy, service coordination, and teaching of skills. Employment services were the next most often delivered, encompassing nearly 28% of staff time. These two services together accounted for 61% of staff time, with the remaining eight types of services delivered with much less frequency. Most youth received the services of community life adjustment (90%), employment (88%), assessment (87%), wraparound (63%), team staffing (55%), and educational support (50%). There was definitely a group of high-end service utilizers; approximately 10% of the youth received 25% of the staff service hours, and approximately 25% of the youth received 50% of the staff service hours.

In order to examine whether there was a possible "dose-response" relationship between service usage and changes in functioning, a series of multiple regressions were run. Each model included an independent variable of service hours, a dependent variable of change in functioning over time, and a control variable of functioning at intake. Due to our small sample size, we were limited to including only one predictor variable and one control variable. Table 2 depicts the results.

**Table 1**  
**Distribution of Service Hours and Type by Staff and Youth**

<i>Service</i>	<i>% of total staff time spent on service</i>	<i>% of youth who received service</i>
Community life adjustment	33.5%	90.0%
Employment services	27.5%	88.3%
Case management	9.8%	33.3%
Wraparound	7.1%	63.3%
Assessment/intake	5.8%	86.6%
Educational support services	5.7%	50.0%
Core gift statement	4.1%	41.6%
Housing support services	3.6%	46.6%
Team staffing	2.2%	55.0%
Crisis phone calls	0.02%	1.6%

**Table 2**  
**Regression Models Predicting Youth Outcome by Service Hours, Controlling for Functioning at Intake**

<i>Model</i>	<i>Predictor variable</i>	<i>Control variable</i>	<i>Outcome variable</i>
<b>1</b> <b>Education</b> <i>N</i> = 45	Education service hours  $\beta = -.01$ NS	Rating of the extent MH problems interfered with school at intake  $\beta = -.11$ NS	9-month trend in education and training outcomes  $R^2 = .01$ NS
<b>2</b> <b>Arrests</b> <i>N</i> = 55	Total service hours  $\beta = .09$ NS	Number of arrests 3 months prior to intake  $\beta = .21$ NS	Arrests between intake and 9 months  $R^2 = .05$ NS
<b>3</b> <b>Employment</b> <i>N</i> = 47	Employment service hours  $\beta = .42$ $p < .005$	Severity index at intake  $\beta = -.24$ $p = .072$	9-month trend in employment outcomes  $R^2 = .24$ $p < .005$
<b>4</b> <b>Overall</b> <i>N</i> = 47	Total service hours  $\beta = .10$ NS	Severity index at intake  $\beta = -.32$ $p < .05$	Summary index of 9-month trends over all domains  $R^2 = .11$ NS

In the first model we predicted the youth's changes in education and training using the total hours of education services they received and controlling for a rating of the extent to which mental health problems were interfering with the child's functioning. There were no significant relationships. The second model predicted the number of arrests between intake and nine months using the total service hours and controlling for the number of arrests three months prior to intake. There were no significant relationships. The third model predicted the nine-month trend in employment outcomes using employment service hours and controlling for the youth's severity index score. This model was statistically significant, ( $R^2 = .24, p < .005$ ). As the number of employment service hours increased, the trend in employment outcomes became increasingly positive, even after controlling for the severity index score at intake. The fourth model predicted the summary index of the nine month trends over all domains using the total service hours and controlling for the severity index at intake; it was not significant.



## **Conclusion**

The Options program served youth of transitional age with serious emotional and behavioral problems. Most of these youth experienced positive improvement in several life domains that were emphasized by Options, including education, employment, criminal justice, community living skills, and housing. The proportion of services that were provided by Options staff are interesting. Options was designed with nearly equal emphasis on each of the domains above. However, Options staff had considerable flexibility to individualize service provision according to the needs of youth. Nearly 60% of their time ended up being split between community life adjustment services and employment services, indicating to future transition-based programs a need to focus extensively on these issues.

Determining the relationship between services and outcome is more difficult. Practical issues of community based research prevented us from utilizing a randomized control group design, and service “dosage” is generally closely tied to service need and severity of problem. Hence, we attempted to statistically model these relationships. Of the models we ran, we found that only employment improvement was statistically related to the number of employment service hours received, after controlling for severity at intake. However, our analysis was limited by a small sample size and imprecise measures. Future work in this area should employ more precise measures of functioning that are appropriate for youth in the transition to adulthood.

## **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**

Hewitt B. Clark, Arun Karpur, Nicole Deschênes, Peter Gamache, & Mason Haber

### **Overview**

In 2002, the Substance Abuse and Mental Health Services Administration (SAMHSA), of the US Department of Health and Human Services, and the US Department of Education awarded \$2.5 million for the Partnerships for Youth Transition (PYT) initiative, which funded five sites across the nation—Maine, Minnesota, Pennsylvania, Utah, and Washington—to develop and implement transition programs for youth with serious emotional disturbances or serious mental illness (SED/SMI) as they enter adulthood (age 14 to 25). In the Partnerships for Youth Transition (PYT) initiative, SAMHSA and its partners worked with 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 overview is to provide the reader with an understanding of this PYT Initiative, some of the reasons for it, 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 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.

## Preliminary Findings from a PYT Cross-Site Analysis

The National Center on Youth Transition for Behavioral Health (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 experience 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 in the form of a short-term “crisis type” of treatment encounter, whereas 19% indicated that they had a prior history of being in long-term psychiatric residential treatment settings. About 7% of youth had substance use hospitalization or residential treatment history. Seventeen percent indicated a previous history of homelessness.

### Progress Indicators for Youth and Young Adults

The progress indicators that were assessed initially and then every 90 days thereafter (i.e., quarterly) were as follows: (a) Employment, (b) Graduation and/or some postsecondary education exposure; (c) Dropping 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, it was coded “0”). These data were obtained from ETO software that utilized the Transition to Adulthood Assessment Protocol developed by the NCYT team.

Figures 1 and 2 portray the percentage of young people who had exposure to an indicator variable during the quarter or at the end of that quarter. The aggregate findings show “improvement” over time across each of the progress indicators of: (a) Employed; (b) Graduated high school and/or had some postsecondary education exposure; (c) Dropped out of high school; (d) Mental health interference; (e) Alcohol and drug use interference; and (f) Criminal system involvement.

A trend analysis was conducted on each progress indicator using a Cochran-Armitage trend test with an  $\alpha = .05$ . The findings reveal that the “improvement” trends were statistical significance for all of the progress indicators, except for Criminal system involvement.

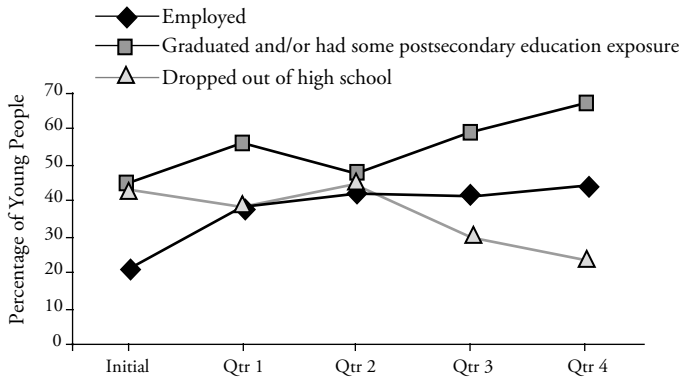
## Conclusions

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, post-secondary education and training, living situation, personal adjustment, and community-life functioning.

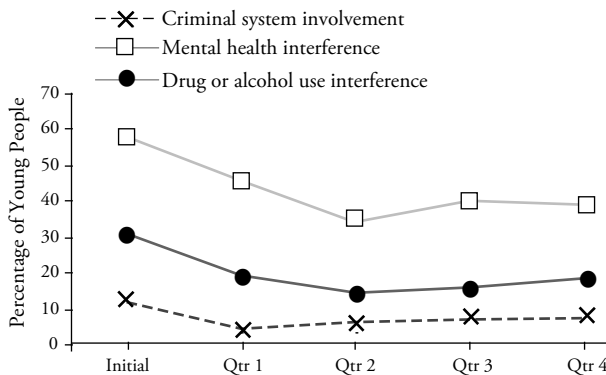
**Table 1**  
Percentage Distributions of Key Demographic and Historical Experience Variables for the Study Population (N = 193)

<i>Characteristics</i>	<i>Percentage</i>
<b>Gender</b>	
Male	48.2
Female	51.8
<b>Ethnicity</b>	
White	83.8
African American	6.9
American Indian	1.3
Asian	0.6
Other	7.5
<b>Historical Experience</b>	
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

**Figure 1**  
**Percentage of PYT Youth Across the Transition Progress Indicators**  
**Initial Baseline Assessment through Quarter 4 Assessment**



**Figure 2**  
**Percentage of PYT Youth Across the Transition Progress Indicators**  
**Initial Baseline Assessment through Quarter 4 Assessment**



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, Malloy, Cormier, & Bernstein, 1998; Clark, Pschorr, Wells, Curtis, & Tighe, 2004; Karpur, Clark, Caproni, & Sterner, 2005; 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.

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# **The Development of Fidelity Measures for Youth Transition Programs**

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## **Introduction**

When interventions are implemented in real-world conditions, it is important to determine whether or not the programs are practiced as intended. It has become clear to more and more researchers, administrators and other professionals that even when programs have been demonstrated to be evidence-based practices, this does not ensure that a given organization or site has the readiness for the full implementation or replication of the program model. Program fidelity assessment provides the basis for program stakeholders to determine the system strengths and emerging system performance issues to be addressed. The feedback from program fidelity assessments should provide the stakeholders with guidance as to what to celebrate and what areas need to be addressed more fully to align their program implementation with the model criteria.

## **Part I: Development of Fidelity Assessment for Transition Systems**

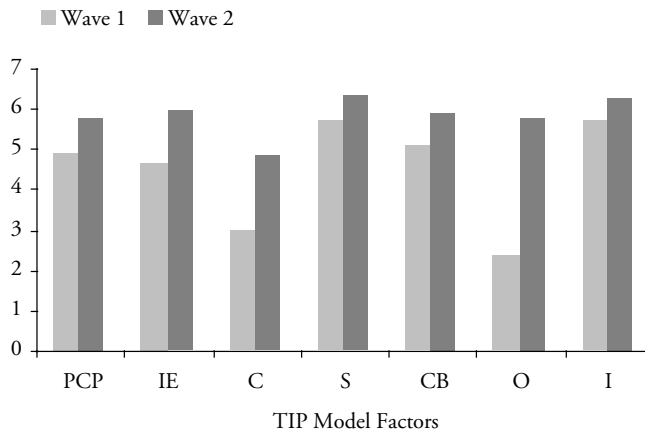
In the arena of transition to adulthood for youth and young adults with emotional and behavioral difficulties (EBD) there have been very few program models and no fidelity instrumentation until relatively recently. To our knowledge, we at the National Center on Youth Transition (NCYT), have been the first to create fidelity assessments for improving transition to adulthood community service delivery systems. In the late 1990’s we developed our first fidelity instrument—The Transition to Independence Process (TIP) Case Study Protocol for Continuous Quality Improvement (Deschênes, Gomez & Clark, 1999)—to study the implementation of the Transition to Independence Process model within an organization or a community transition site (this TIP model will be described below).

The TIP Case Study Protocol for Continuous Quality Improvement represents an application of the case study methodology (Yin, 1994), in which individual students/young persons, along with a helping network of teachers and formal and informal helpers (e.g., a family member, a teacher, the transition facilitator, a service provider) provide the primary source of information concerning their experience and satisfaction with the transition process. The TIP Case Study Protocol for Continuous Quality Improvement allows for the identification and description of common features of practice (e.g., strengths, needs, transition planning, coordination, supports and services provided, gaps in support/service provision, effectiveness, and satisfaction) as they relate to transition of youth and young adults with EBD. In addition to compiling individual case data, system strengths and emerging system performance issues observed during the case study review process can also be identified through the application of the protocol. In a system improvement framework, the information gathered during an assessment allows for the establishment of a “baseline” on the current operation, the identification of system development successes to date, and areas needing further planning and management attention to ensure that quality and effective services are being delivered.

A description of how the TIP Case Study Protocol is applied has been described in an earlier article (Stewart, Voss, Deschênes, & Clark, 2001). In this section of this article, we provide the findings from two applications of the Protocol at a Miami site that implemented the TIP model. The findings from the wave 1 and wave 2 fidelity assessments are shown in Figure 1 across the TIP model factors. The results from the wave 1 assessment (gray bars), conducted a couple of years after the program was started, shows that the program was reasonably high on two of the factors, extremely low on two factors, and in a moderate range with the remainder. Based on the feedback from this wave 1 assessment, the site stakeholders celebrated the successful aspects of their implementation of the TIP model and developed hypotheses as to why they might be weak on some of the factors. The stakeholders developed action plans to address various aspects of the weak elements and a second fidelity assessment was conducted 18 months later. The wave 2 findings (dark bars) reveal that the site had substantially improved the TIP

model implementation during this period. This study illustrates how the TIP Case Study Protocol can be used to improve the quality and effectiveness of a transition service system.

**Figure 1**  
**TIP Case Study Protocol Fidelity Assessment Findings**



*Note:* Person Centered Planning (PCP); Individualized & Encompassing Services and Support (IE); Coordinated Services & Support (C); Safety-Net (S); Competency-Based (CB); Outcome-Driven (O); Impact (I).

## Part II: Development and Validation of a More Cost-Efficient Fidelity Assessment

Although the TIP Case Study Protocol fidelity instrument proved to be useful to site stakeholders in improving their programs, the associated data collection, analysis, and report writing required a large investment of evaluators’ time. In an attempt to create a more cost efficient instrument and to conduct a preliminary validation of it, we created the Comprehensive Program for Transition-Age Youth: Program Fidelity Assessment Protocol or the “Transition Fidelity Assessment” (Deschênes, Herrygers, & Clark, 2006).

### Development of the Transition Fidelity Assessment and Description of the Transition Model upon Which It was Built

The Transition Fidelity Assessment was created, like the Case Study Protocol, to evaluate the adherence to the seven principles and associated practices of the Transition to Independence Process (TIP) model. The TIP system was developed and researched to assist youth and young adults (14-25 years old) with EBD in making successful transitions into adulthood, achieving their potential, and making progress toward their personal goals in the transition domains of employment, education, living situation, personal effectiveness, and community life functioning (Clark, Deschênes, & Jones, 2000; Clark & Foster-Johnson, 1996). To accomplish this service system goal, personnel at all levels of the system are to apply the following seven guidelines: (1) engage the young people; (2) tailor supports and services to be accessible, coordinated, and developmentally-appropriate; (3) acknowledge and develop personal choice and social responsibility with young people; (4) ensure that a safety-net of support is provided; (5) enhance young persons’ competencies; (6) maintain an outcome focus; and (7) involve young people, parents, and other natural and community partners in the TIP system at the practice, program, and system levels.

Many agencies and community sites, including a federally funded set of sites (i.e., Partnerships for Youth Transition; PYT), have adopted the TIP model fully or in large part for serving these youth and young adults<sup>1</sup>.

<sup>1</sup> More detail regarding the TIP model and the PYT initiative are available through the following two websites: <http://tip.fmbi.usf.edu> and <http://ncyt.fmbi.usf.edu>

### Instrument Development and Pilot Testing

Researchers have described major steps to consider during the process of the development of fidelity criteria and scales. The first one consists of identifying and specifying relevant indicators or critical components of a given model including the development of operational definitions for the indicators or critical components, and specifying anchors for the rating scales so they are objective and measurable. Another step consists in collecting data through a multi-method, multi-informant approach to measure the indicators (Bond, Williams, Evans, et al., 2000).

**Transition Fidelity Assessment.** Using a modified Delphi Technique, we have developed the Transition Fidelity Assessment and Protocol. Critical items were identified from the TIP model, the TIP Case Study Protocol, PYT grant requirements/applications, PYT sites' logic models and other relevant fidelity scales (e.g., ACT: Teague, Bond & Drake, 1998; Supported Employment, Supported Education: Bond, Campbell, Evans et al., 2002). A critical ingredients grid was developed as well as 5-point anchor scales across the seven TIP system guidelines (e.g., process elements such as use of a strength-based approach; ensure that supports and services are individually tailored to the young person) and various other organizational and structure elements (e.g., caseload, location of services, personnel supervision and coaching). The purpose of the fidelity assessment is to gather data from multiple sources so that it can be triangulated to provide an indication of the dimensions of strength and weakness on the implementation of a youth transition program. It assesses the fidelity of implementation at the transition practice and program levels, rather than at the level of a specific staff member or young person.

**Transition Assessment Protocol.** Critical ingredients identified through this approach were submitted to the model developers, PYT program participants, and other stakeholders to identify and rate program elements that seem to contribute most to their success (important, neutral, or not important). This weighing process (which occurred twice prior to the development of the present scale) generated a 61-item scale. Each item on the scale provided a 5-point behaviorally anchored rating scale ranging from 1 (not implemented) to 5 (fully implemented). The standards used for establishing the anchors for the fully implemented ratings were here again determined through a variety of expert sources as well as empirical research.

The next step in establishing the development of the Transition Fidelity Assessment scale involved the development of the protocol: determining appropriate data collection methods (e.g., document review; focus group and individual interviews guides and surveys); developing cross-walks for items to be assessed (see Table 1 for an example of a cross-walk); piloting of the instrument in two PYT community sites to identify problematic content and process issues (e.g., items with multiple meanings, double-barreled questions; capacity of respondents to respond to questions). Pilot-testing was conducted by two independent researchers in 2006 who cross-rated and analyzed data collected in these two sites. This process led to further refinement of the instrument and the protocol.

**Table 1**  
**Example Crosswalk for Scale Assessment Items**

<i>Principle</i>	<i>Document Review Questions</i>	<i>Youth Interview Questions</i>	<i>T.S. Interview Questions</i>
<b>PCP: Person Centered Planning</b>			
<i>PCP1: Strength-based Approach</i>			
1. The strengths of the youth have been identified	3, 12		3
2. A thorough assessment of needs in all domains has been conducted	2, 4	3	3
<i>PCP2: Person-Centered Planning</i>			
1. The youth participated in the transition planning process	8, 9, 13	8, 12	7

## Results

The Transition Fidelity Assessment Version 2.0 (Deschênes, Herrygers & Clark, 2006) currently contains 56 items, including 36 process elements and 20 items related to organization and structure. Five-point behaviorally anchored scales have been developed for each item. Table 2 provides an example of the 5-point scales for a process item.

**Table 2**  
**Sample Guideline and Scale Items**

<i>Ingredients/Definition</i>	<i>Anchored Scale</i>
<p><b>Guideline 1</b></p> <p><i>Youth Engagement: Person-centered Planning</i></p> <p>TPP provide the Young Person (YP) and relevant Key Players (KP) with information to make informed choices and set transition goals.</p>	<ol style="list-style-type: none"> <li>1. The YP and KP believe that they have little or no choice as to services and supports.</li> <li>2. The YP and KP believe that they have limited choice as to services and supports. They may not receive the information they need to make informed choices and set goals.</li> <li>3. The YP and KP have opportunity and limited information to choose from prescribed services and supports.</li> <li>4. The YP and KP have opportunity and information to set goals and identify services and supports to achieve goals. They may not fully understand their options or have all the information they need.</li> <li>5. The YP and KP receive adequate verbal and written information, in sufficient detail, in their preferred language, and in terms they can understand, so they can make informed choices and understand their rights and responsibilities under the program.</li> </ol>

The scale is rated on behavior and activities conducted in the past, not planned or intended behavior or activities. For example, the rating for the item related to Caseload depends on the average ratio of enrolled young people to program staff on board as of the assessment date. A rating of 5 suggests that transition facilitators have 15 or less young persons on their caseload or highest score (best) for this particular item.

Data collection methods include the following sources of information:

- Focus groups with young people and parents or other informal key players in the youth's transition
- Document reviews of youths' files and agency documents
- Interviews of the site's transition program personnel and program administrator
- Surveys of transition program personnel, program administrator, young people, and parents or other informal key players

The fidelity assessment is conducted on a two- to three-day site visit. Several weeks prior to the site visit, the primary contact at the transition site is provided with guidelines as to the selection of participants to be interviewed, participants for focus groups, record selection, and other logistical arrangements are made. For example young people who are enrolled in the site's transition program are randomly selected. Parents or other natural supports of the enrolled young people are also randomly selected from the eligible pool. The program administrator selects the program personnel who will participate and the youths' files to be reviewed. Sites make selections to represent the demographics of their population and also obtain data for various program delineators (e.g., county, mental health centers) in their area of service.

Following on-site data collection, two assessors compile and analyze all the data collected in order to rate the elements on the fidelity scale. All elements are rated. Once each assessor has individually completed the ratings, they compare and discuss individual ratings. When ratings differ, assessors discuss



the data and select an agreed-upon rating. Once the ratings are validated, they are entered into the ratings worksheet and averaged to produce a site average rating. Ratings are also averaged for each level of the 5-point scale. These point average ratings give an overall measure of the extent of implementation of the 56 fidelity items. For example, if 13 of the 56 items received a rating of 5, then the site has fully implemented 23% of the items. If 4 of the 56 items received a rating of 1, then the site has not implemented 7% of the items.

A fidelity assessment report is then drafted, whereby evaluators shared scores as well as some direct quotes taken from the actual interviews. Some visual presentations are also included in the report (e.g., charts, bar graphs). The report allows the stakeholders to discuss the findings, celebrate program strengths and examine possible options for system improvement.

## **Conclusion**

Fidelity measures and protocols should be used to provide site stakeholders with guidance as to the strength of the implementation of their program model and assist them in improving the quality and effectiveness of their site system over time. Part 1 of this article provided an illustration of the power of a fidelity instrument to assist site stakeholders in improving substantially the implementation of their transition system. The site stakeholders used the findings to celebrate their strengths and to examine and address the weaker areas of their program.

Part 2 provided an overview of the development of a more cost-efficient version of a fidelity assessment for programs and sites serving youth and young adults with EBD. The Transition Fidelity Assessment was developed and refined using a modified Delphi Technique. The assessment is conducted to determine the degree to which the transition program conforms to its defined program model. Fidelity criteria reflect the transition model's most significant program components; that is, process elements and organizational structures which are determined to improve transition outcomes for youth in transition.

The development of a new and innovative scale can be, at times, quite challenging. The modified Delphi process used in the development of the scale proved to be a worthwhile participatory process. It also allowed for the model to be better defined at the end of the process. Researchers are currently planning to link fidelity items to outcomes to better determine key ingredients for transition to adulthood.

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# **Utilizing State-Wide Administrative Databases to Follow Postsecondary Outcomes for Youth with Emotional and/or Behavioral Disturbances**

Arun Karpur  
Mason G. Haber  
Hewitt B. "Rusty" Clark

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## **Introduction**

Youth and young adults experience dramatic changes across all areas of development as they transition into adult roles. This period is especially challenging for those youth and young adults with emotional/behavioral disturbances (EBD) because they experience the poorest secondary and postsecondary outcomes in the form of higher secondary school dropout rates, higher rates of arrest and unemployment, and lower rates of independent living compared to their peers without disabilities (Armstrong, Dedrick, & Greenbaum, 2003; Clark & Davis, 2000; Vander Stoep et al., 2000; Wagner, Newman, Cameto, Garza, & Levine, 2005). Studies have also indicated a high level of multi-agency involvement for youth and young adults with EBD, which poses challenges to following their postsecondary outcomes, understanding their progress trajectory, and evaluating the impacts of programs and service interventions during their transition (Davis, 2005).

Most studies on postsecondary outcomes report on an often small, non-representative sample of students served in specialized initiatives. Further, high rates of attrition pose challenges to the generalizability of findings (Bullis, Morgan, Benz, Todis, & Johnson, 2002). Banks, Pandiani, Segal and other researchers have advocated the use of already existing administrative data bases for follow-up of the population with serious mental illness as a strategy to assess the impact of program participation, service utilization and policy on their subsequent outcomes (see Banks & Pandiani, 2003; Iezzoni, 2002; Segal, 2003). Additionally, such databases collect information on the entire population and this helps establish comparison groups.

In this presentation we described examples of analyses conducted on state-wide administrative databases for assessing potential impact of mental health and/or substance use service utilization and type of secondary school exits on postsecondary outcomes (e.g., employment, enrollment in postsecondary educational institutions, involvement with criminal justice) for young people with EBD in the state of Florida.

The two studies presented in this paper are: (a) Study 1, Analysis of postsecondary outcomes based upon type of secondary school exit; and (b) Study 2, Association between mental health and/or substance use service utilization and postsecondary outcomes for youth with EBD in Miami-Dade County, Florida.

## **Study 1: Analysis of Postsecondary Outcomes Based Upon Type of Secondary School Exit**

### **Methods**

For Study 1, the following administrative data bases were merged: (a) Secondary school student exit data set for school year 1998-99, extracted from the Florida Department of Education (FL DOE) Automated Student Information Survey files, which provided information on student demographic information and type of secondary school exits; and (b) the Florida Education and Training Placement Information Program (FETPIP) and National Student Clearing House year 2001, quarter 4, file, which provided information on postsecondary outcomes of employment, postsecondary educational enrollment, and involvement with criminal justice system

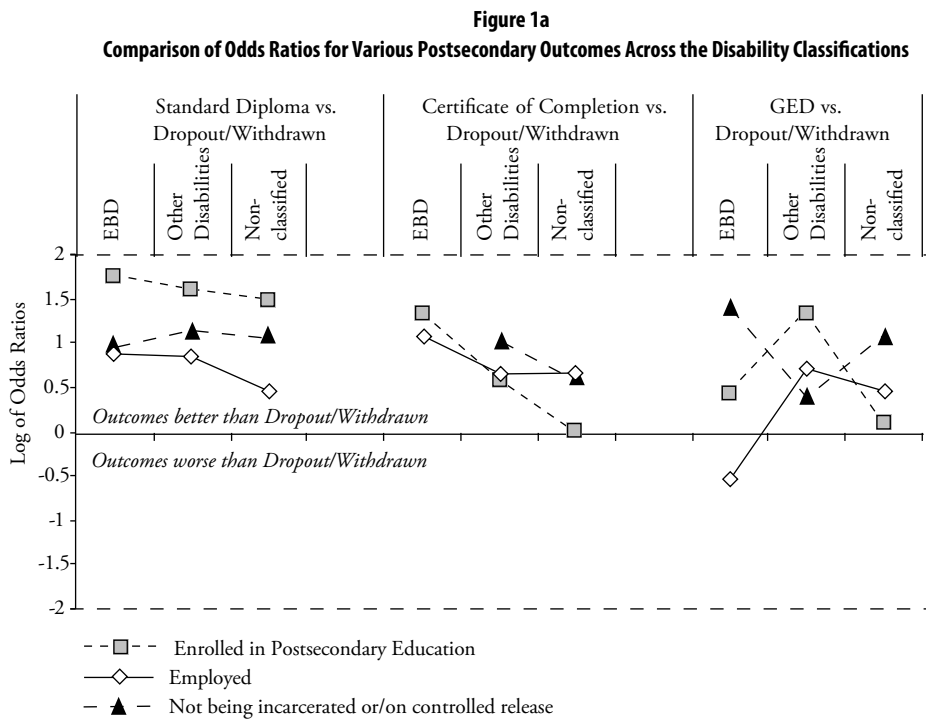
### **Analysis and Results**

The specific aims of this analysis were to study differential impact of types of secondary school exit on the postsecondary outcomes across the three classification groupings (i.e., youth and young adults with EBD, Other disabilities, and Non-classified) after controlling for key confounding variables. These analyses were conducted using multivariate logistic regression models.

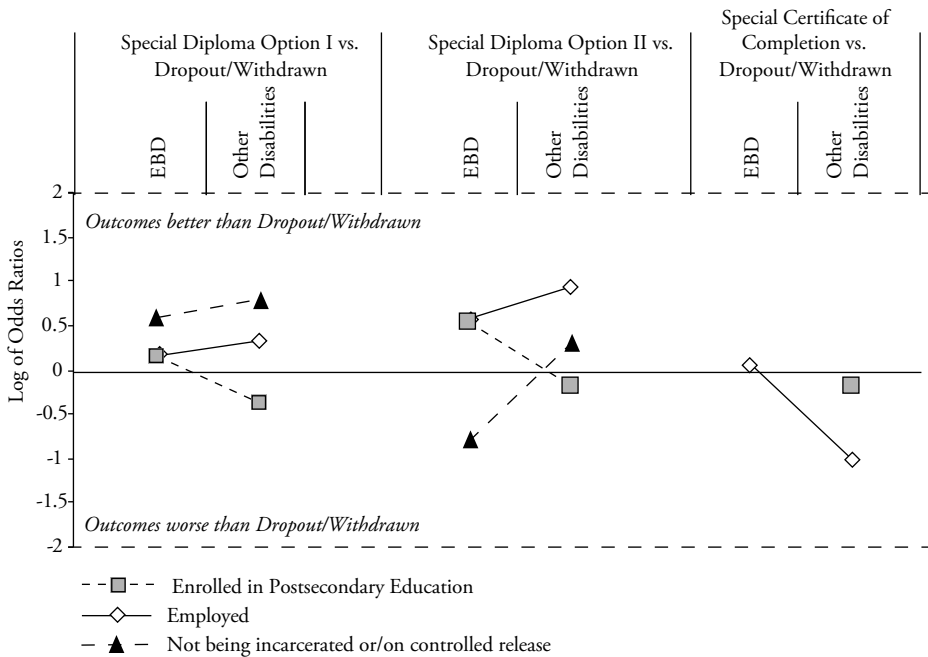
First, it was evident that type of secondary school exit was one of the most important variables associated with postsecondary outcomes, and young people with EBD had the poorest outcomes compared to those with other disabilities. Non-classified youth had the highest postsecondary success. As shown in Figures 1 and 2, it was observed that young people with EBD who exited with alternative diploma options had a higher likelihood of employment and of being enrolled in postsecondary education, and a lower likelihood of being incarcerated compared to their peers who dropped out or withdrew.

**Discussion and Conclusion**

Alternative diploma options (e.g., Certificate of Completion, GED, Special Diploma) prove to be better secondary school exit options for young people with EBD when compared to dropout/withdrawal. Additionally, the study was conducted on students exiting secondary schools in Florida before the implementation of recent education policy reforms (e.g., NCLB, IDEA 2004), which mandate participation for all secondary school students in high-stakes testing, and graduation through a standard diploma. These findings provide a baseline data for evaluating the impact of such education policy on postsecondary outcomes trends.



**Figure 1b**  
**Comparison of Odds Ratios for Various Postsecondary Outcomes Across the Disability Classifications**



## Study 2: Association between Mental Health and/or Substance Use Service Utilization and Postsecondary Outcomes for Youth with EBD in Miami-Dade County, Florida

### Methods

For Study 2, the following administrative data bases were merged: (a) Data extract of secondary school students with EBD who exited schools during 1998 through 2000 school year in Miami-Dade County, Florida, from the FL DOE data set, which provided information on student demographics and mode of secondary school exit (e.g., graduation vs. dropout); (b) Mental health and/or substance use service utilization history of these student exiters from the Department of Children & Families' Alcohol, Drug Abuse, and Mental Health Data Warehouse, for the fiscal years 1995 through 2001; and (c) Florida Education & Training Placement Information Program (FETPIP) and National Student Clearing House (NSCH) data for the fourth quarter of the year 2001, which provided information on postsecondary outcomes.

### Analyses and Results

The specific aim of the study was to examine the association between previous history of mental health and/or substance abuse (MHSA) service utilization and the postsecondary outcomes (measured one to four years following their exit) for secondary school exiters with EBD in Miami-Dade County, Florida. Postsecondary outcomes that were examined included employment, postsecondary education, incarceration, and dependency on public assistance. Analyses involved two steps: (1) propensity scores were calculated for the MHSA service utilizers and non-utilizers based upon background variables, including gender, ethnicity, age, and an indicator of socio-economic status (i.e., eligibility for free lunch); (2) these propensity scores were then utilized as a covariate in multiple logistic regression model examining the association between MHSA service utilization and postsecondary outcomes.

Controlling for propensity scores, Odds Ratios for all four indicators of poorer postsecondary outcomes were higher for youth who utilized MHSA services compared to those who did not (see Table 1). A possible explanation for the poorer postsecondary outcomes among youth utilizing MHSA services could be that youth referred for these services had more severe symptoms and/or poorer functioning compared to their non-service utilizing peers.

**Table 1**  
**Multivariate Logistic Regression Modeling Various Postsecondary Outcomes for**  
**Secondary School Exiters in Miami-Dade County**  
**(School years 1998 – 2001; Quarter 4, 2001 Outcome Data)**

<i>Post Secondary Outcomes</i>	<i>ORs for MHSA Service Utilization Group</i>	<i>95% CI</i>
Not employed in Florida/Military/Federal agencies	2.17	1.60 – 2.95
Not enrolled in postsecondary educational institution	1.66	1.07 – 2.56
Incarcerated/or On controlled release	2.26	1.25 – 4.11
Receiving public aid (i.e., TANF, Food stamps)	1.80	1.12 – 2.89

**Discussion and Conclusion**

Despite the use of propensity scores to balance pre-existing differences between MHSA utilizing and non-MHSA utilizing groups, the absence of direct measures of mental health symptoms or functioning suggests that propensity score controlled groups may still have differed in their levels of mental health severity or functional impairment. Nonetheless, consistently poorer outcomes among MHSA utilizing youth suggests that at minimum, MHSA services were unsuccessful in improving outcomes of these youth to the same level as a demographically similar group of youth with EBD. Since youth with EBD generally demonstrate poorer functioning and postsecondary outcomes than non-disabled youth, this finding suggests that MHSA services had a relatively negligible impact on the postsecondary well-being of youth with EBD.

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