

CHAPTER 3

Implications for Practice

PURPOSE

This chapter focuses on issues at the direct service level and provides information on

- the *Guideposts for Success for Youth with Mental Health Needs*,
- youth entering a workforce development program,
- the determination of whether a youth has a mental health need,
- the signs of potential mental health needs in adolescents,
- mental health screenings,
- culturally and linguistically competent practices,
- transition strategies and accommodations for youth with MHN,
- supported education and supported employment, and
- promising and effective practices for serving youth with MHN.

As noted in the previous chapter, uncoordinated service tunnels and the transition cliff between youth and adult services pose significant challenges to

transitioning youth; however, these are not insurmountable obstacles, as John’s story on the next page illustrates.

Eliminating the tunnels and cliffs that characterize transition services for youth, including those with MHN, will take a major systems change effort. Meanwhile, youth service practitioners must assist youth in preparing for the adult world without getting lost in a tunnel or falling off a cliff. This will require a concerted effort in getting to know what other systems may provide, making contacts within those systems, and coordinating services. Knowing what youth need in order to succeed in the transition process is critical, especially for youth with mental health needs.

THE GUIDEPOSTS FOR SUCCESS

Built on 30 years of research and experience, NCWD/Youth in collaboration with the ODEP created the *Guideposts for Success*, a comprehensive framework that identifies what all youth, including youth with disabilities, need to succeed during the critical transition years.

An extensive literature review of research, demonstration projects, and effective practices covering a wide range of programs and services – including lessons

John's Story

John was in his mid-20s with a diagnosis of paranoid schizophrenia and drug and alcohol abuse. He had not been able to maintain employment, had lost the support of his family, and was living at the YMCA after a period of homelessness. He had numerous hospitalizations and arrests, including several periods of incarceration, brought about by drug and alcohol use and failure to comply with his treatment. John was a Supplemental Security Income (SSI) recipient and was considered to have a severe disability. He was a high school graduate but had few marketable skills.

John was referred by his Community Treatment Team (CTT) case manager to a two-week pilot project on employment and opportunity operated by Vocational Rehabilitation (VR). (A Community Treatment Team is made up of experts in the areas in which a person with MHN might need help, such as housing, transportation, substance abuse treatment, employment, or family counseling.) Although he initially appeared bored and uninterested, John became more engaged, completed the program, and expressed an interest in employment assistance. A comprehensive rehabilitation plan was developed, including 24 weeks of training in data and word processing and in job seeking skills, counseling and guidance from the VR counselor, treatment and medication through the community treatment program, Alcoholics and Narcotics Anonymous counseling, transportation assistance, and job placement.

John was placed at a local copying company in a part-time position making \$8.00 an hour. With support from his VR counselor and members of the pilot project group, he began working full-time at \$8.75 an hour. At the end of 90 days, he had moved up to a quasi-managerial position earning \$12.00 an hour plus health benefits. As problems arose, John discussed them with his VR counselor and CTT case manager. One of the problems he encountered was that his SSI representative encouraged him to quit the program and then the job so he would not lose his benefits rather than providing the encouragement and support he needed.

Three years later, John has had one in-patient hospitalization but is now a manager with the same company. He also has an apartment, a car, a significant other, and a positive outlook for his future.

As this story illustrates, life throws many challenges in the paths of youth with mental health needs, but when individuals and their families can't go it alone, effective cross-agency programming and supports can lead to positive outcomes.

(Excerpted from Dew, D. W., & Alan, G. M. (Eds.). (2005). Case Study II. Institute on Rehabilitation Issues Monograph No. 30. Washington, DC: The George Washington University, Center for Rehabilitation Counseling Research and Education.)

from youth development, quality education, workforce development, and the child welfare system — has identified core commonalities across disciplines, programs, and institutional settings. The review points out that all youth, particularly at-risk youth such as youth with mental health needs and other youth with disabilities, achieve better outcomes when they have access to

- high quality standards-based education, whether they are in or out of school;
- information about career options and exposure to the world of work, including structured internships;
- opportunities to develop social, civic, and leadership skills;
- strong connections to caring adults;
- access to safe places to interact with their peers; and
- support services and specific accommodations to allow them to become independent adults.

The *Guideposts* provide the foundation for this guide and are built on the following basic values:

- high expectations for all youth, including youth with disabilities;
- equality of opportunity for everyone, including nondiscrimination, individualization, inclusion, and integration;
- full participation through self-determination, informed choice, and participation in decision-making;
- independent living, including skill development and long-term supports and services, where necessary;
- competitive employment and economic self-sufficiency, with or without supports; and
- individualized transition planning that is person-driven and culturally and linguistically appropriate.

Table 3.1, *The Guideposts for Success for Youth with Mental Health Needs* incorporates all the elements of the original *Guideposts* for all youth and youth with disabilities as well as the additional specific needs of youth with MHN regardless of whether they have been identified and/or are receiving mental health services.

TABLE 3.1: GUIDEPOSTS FOR SUCCESS FOR YOUTH WITH MENTAL HEALTH NEEDS

| GENERAL NEEDS | SPECIFIC NEEDS |
|--|---|
| <p style="text-align: center;">1</p> <p>School-Based Preparatory Experiences</p> | <p>In order to perform at optimal levels in all education settings, all youth need to participate in educational programs grounded in standards, clear performance expectations and graduation exit options based upon meaningful, accurate, and relevant indicators of student learning and skills. These should include</p> <ul style="list-style-type: none"> • academic programs that are based on clear state standards; • career and technical education programs that are based on professional and industry standards; • curricular and program options based on universal design of school, work and community-based learning experiences; • learning environments that are small and safe, including extra supports such as tutoring, as necessary; • supports from and by highly qualified staff; • access to an assessment system that includes multiple measures; and • graduation standards that include options. <p>In addition, youth with disabilities need to</p> <ul style="list-style-type: none"> • use their individual transition plans to drive their personal instruction, and strategies to continue the transition process post-schooling; • access specific and individual learning accommodations while they are in school; • develop knowledge of reasonable accommodations that they can request and control in educational settings, including assessment accommodations; and • be supported by highly qualified transitional support staff that may or may not be school staff. <p><i>Because of the episodic nature of mental health disabilities, youth with mental health needs require educational environments that are flexible and stable and that provide opportunities to learn responsibilities and become engaged and empowered. These youth may need additional educational supports and services such as</i></p> <ul style="list-style-type: none"> • comprehensive transition plans (including school-based behavior plans) linked across systems, without stigmatizing language, that identify goals, objectives, strategies, supports, and outcomes that address individual mental health needs in the context of education; • appropriate, culturally sensitive, behavioral and medical health interventions and supports; • academically challenging educational programs and general education supports that engage and re-engage youth in learning; • opportunities to develop self-awareness of behavioral triggers and reasonable accommodations for use in educational and workplace settings; and • coordinated support to address social-emotional transition needs from a highly qualified, cross-agency support team (e.g., “wraparound” team), which includes health, mental health, child welfare, parole/probation professionals, relevant case managers, and natural supports from family, friends, mentors, and others. |

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| <p style="text-align: center; font-size: 48pt; font-weight: bold;">2</p> <p style="text-align: center; font-weight: bold;">Career Preparation & Work-Based Learning Experiences</p> | <p>Career preparation and work-based learning experiences are essential in order for youth to form and develop aspirations and to make informed choices about careers. These experiences can be provided during the school day or through after-school programs and will require collaboration with other organizations. All youth need information on career options, including</p> <ul style="list-style-type: none"> • career assessments to help identify students’ school and post-school preferences and interests; • structured exposure to postsecondary education and other life-long learning opportunities; • exposure to career opportunities that ultimately lead to a living wage, including information about educational requirements, entry requirements, income and benefits potential, and asset accumulation; and • training designed to improve job-seeking skills and work-place basic skills (sometimes called soft skills). <p>In order to identify and attain career goals, youth need to be exposed to a range of experiences, including</p> <ul style="list-style-type: none"> • opportunities to engage in a range of work-based exploration activities such as site visits and job shadowing; • multiple on-the-job training experiences, including community service (paid or unpaid), that is specifically linked to the content of a program of study and school credit; • opportunities to learn and practice their work skills (“soft skills”); and • opportunities to learn first-hand about specific occupational skills related to a career pathway. <p>In addition, youth with disabilities need to</p> <ul style="list-style-type: none"> • understand the relationships between benefits planning and career choices; • learn to communicate their disability-related work support and accommodation needs; and • learn to find, formally request, and secure appropriate supports and reasonable accommodations in education, training, and employment settings. <p><i>Because some youth with mental health needs may feel their employment choices are limited or may not understand the value of work in recovery, they need connections to a full range of youth employment programs and services such as</i></p> <ul style="list-style-type: none"> • graduated (preparatory, emerging awareness, proficient) opportunities to gain and practice their work skills (“soft skills”) in workplace settings; • positive behavioral supports in work settings; • connections to successfully employed peers and role models with mental health needs; • knowledge of effective methods of stress management to cope with the pressures of the workplace; • knowledge of and access to a full range of workplace supports and accommodations such as supported employment, customized employment, job carving, and job coaches; and • connections as early as possible to programs and services (e.g., One-Stop Career Centers, Vocational Rehabilitation, Community Rehabilitation Programs) for career exploration provided in a non-stigmatizing environment. |

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| <p style="text-align: center;">3</p> <p style="text-align: center;">Youth Development & Leadership</p> | <p>Youth development is a process that prepares young people to meet the challenges of adolescence and adulthood through a coordinated, progressive series of activities and experiences which help them gain skills and competencies. Youth leadership is part of that process. In order to control and direct their own lives based on informed decisions, all youth need the following:</p> <ul style="list-style-type: none"> • mentoring activities designed to establish strong relationships with adults through formal and informal settings; • peer-to-peer mentoring opportunities; • exposure to role models in a variety of contexts; • training in skills such as self-advocacy and conflict resolution; • exposure to personal leadership and youth development activities, including community service; and • opportunities that allow youth to exercise leadership and build self-esteem. <p>Youth with disabilities also need</p> <ul style="list-style-type: none"> • mentors and role models including persons with and without disabilities; and • an understanding of disability history, culture, and disability public policy issues as well as their rights and responsibilities. <p><i>Some youth with mental health needs may be susceptible to peer pressure, experiment with antisocial behaviors or illegal substances, and/or attempt suicide as a manifestation of their disability and/or expression of independence. To facilitate positive youth development and leadership, these youth need</i></p> <ul style="list-style-type: none"> • meaningful opportunities to develop, monitor, and self-direct their own treatment, recovery plans, and services; • opportunities to learn healthy behaviors regarding substance use and avoidance, suicide prevention, and safe sexual practices; • exposure to factors of positive youth development such as nutrition, exercise, recreation and spirituality; • an understanding of how disability disclosure can be used pro-actively; • an understanding of the dimensions of mental health treatment including medication maintenance, outpatient and community-based services and supports; • an understanding of how mental health stigma can compromise individual health maintenance and appropriate engagement in treatment and recovery; • continuity of access to and an understanding of the requirements and procedures involved in obtaining mental health services and supports as an independent young adult; • strategies for addressing the negative stigma and discrimination associated with mental health needs including cultural, racial, social, and gender factors; • opportunities to develop meaningful relationships with peers, mentors, and role models with similar mental health needs; • exposure to peer networks and adult consumers of mental health services with positive treatment and recovery outcomes; • social skills training and exposure to programs that will help them learn to manage their disability/ies; and • opportunities to give back and improve the lives of others, such as community service and civic engagement. |

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| <p style="text-align: center;"> 4 Connecting Activities </p> | <p>Young people need to be connected to programs, services, activities, and supports that help them gain access to chosen post-school options. All youth may need one or more of the following</p> <ul style="list-style-type: none"> • mental and physical health services; • transportation; • tutoring; • financial planning and management; • post-program supports thorough structured arrangements in postsecondary institutions and adult service agencies; and • connection to other services and opportunities (e.g., recreation, sports, faith-based organizations). <p>In addition, youth with disabilities may need</p> <ul style="list-style-type: none"> • acquisition of appropriate assistive technologies; • community orientation and mobility training (e.g., accessible transportation, bus routes, housing, health clinics); • exposure to post-program supports such as independent living centers and other consumer-driven community-based support service agencies; • personal assistance services, including attendants, readers, interpreters, or other such services; and • benefits-planning counseling including information regarding the myriad of benefits available and their interrelationships so that they may maximize those benefits in transitioning from public assistance to self-sufficiency. <p><i>Some youth with mental health needs may require a safety net accepting of the boundary pushing that is part of identity development and may include additional and more intense connections to information, programs, services, and activities that are critical to a successful transition. These youth may need</i></p> <ul style="list-style-type: none"> • an understanding of how to locate and maintain appropriate mental health care services, including counseling and medications; • an understanding of how to create and maintain informal personal support networks; • access to safe, affordable, permanent housing, including options such as transitional and supported housing; • access to flexible financial aid options for postsecondary education not tied to full-time enrollment; • policies and service practices that provide a safety net for fluctuations in a youth’s mental health status; • case managers (e.g., health care, juvenile justice, child welfare) who connect and collaborate across systems; and • service providers who are well-trained, empathetic, and take a holistic approach to service delivery. |

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| <p style="text-align: center;">5</p> <p style="text-align: center;">Family Involvement & Supports</p> | <p>Participation and involvement of parents, family members, and/or other caring adults promote the social, emotional, physical, academic, and occupational growth of youth, leading to better post-school outcomes. All youth need parents, families, and other caring adults who have</p> <ul style="list-style-type: none"> • high expectations that build upon the young person’s strengths, interests, and needs and fosters their ability to achieve independence and self-sufficiency; • been involved in their lives and assisting them toward adulthood; • access to information about employment, further education and community resources; • taken an active role in transition planning with schools and community partners; and • access to medical, professional, and peer support networks. <p>In addition, youth with disabilities need parents, families, and other caring adults who have</p> <ul style="list-style-type: none"> • an understanding of their youth’s disability and how it affects his or her education, employment, and/or daily living options; • knowledge of rights and responsibilities under various disability-related legislation; • knowledge of and access to programs, services, supports, and accommodations available for young people with disabilities; and • an understanding of how individualized planning tools can assist youth in achieving transition goals and objectives. <p><i>Youth with mental health needs also need parents, families, and/or other caring adults who</i></p> <ul style="list-style-type: none"> • understand the cyclical and episodic nature of mental illness; • offer emotional support; • know how to recognize and address key warning signs of suicide, the co-occurring relationship between substance abuse and mental health needs, and other risky behaviors; • monitor youth behavior and anticipate crises without becoming intrusive; • understand how the individualized plans across systems can support the achievement of educational and employment goals; • access supports and professionals to help navigate the interwoven systems such as mental health, juvenile justice, and child welfare; • access supports and resources for youth with mental health needs, including emergency contacts and options for insurance coverage; • extend guardianship past the age of majority when appropriate; and • have access to respite care. |

The *Guideposts for Success* are particularly helpful for youth service practitioners serving youth with mental health needs. As noted in Chapter 1, youth with mental health needs may not be properly diagnosed, if they are diagnosed at all, especially during the teenage years when it is sometimes difficult to distinguish between (1) a mental health issue; (2) typical anxiety experienced by youth, particularly if those feelings are

not behaviorally expressed; and (3) substance abuse, which may be a secondary issue that many youth with mental health needs may experience. Youth with MHN may not have a stable base of support, or any support, which hampers their successful transition from adolescence to adulthood, especially given the stigma associated with mental illness.

The likelihood for economic stability and success is increased for youth with MHN if an intentional, integrated, and well-coordinated set of supports is in place, a sort of unconditional safety net. The *Guideposts* point the way to providing those supports. It should also be noted that the *Guideposts for Success for Youth with Mental Health Needs* are in perfect alignment with the National Consensus Statement on Mental Health Recovery described in Table 3.2.

TABLE 3.2

National Consensus Statement on Mental Health Recovery

The Substance Abuse and Mental Health Services Administration and the Interagency Committee on Disability Research, in partnership with six other federal agencies, have defined mental health recovery as follows:

“Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.”

The ten fundamental components of recovery identified by the interagency group are

- Self-Direction
- Individualized and Person-Centered
- Empowerment
- Holistic
- Non-Linear
- Strengths-Based
- Peer Support
- Respect
- Responsibility
- Hope

“Mental health recovery not only benefits individuals with mental health disabilities by focusing on their abilities to live, work, learn, and fully participate in our society, but also enriches the texture of American community life. America reaps the benefits of the contributions individuals with mental disabilities can make, ultimately becoming a stronger and healthier Nation.”

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services website; available online at <http://www.mentalhealth.samhsa.gov/publications/allpubs/sma05-4129/>.

There are several aspects of the *Guideposts* that merit particular attention from youth service practitioners who support youth with MHN.

Academic Instruction. Effective instructional approaches for youth with mental health needs, who may be easily distracted or upset in class, must include a clarification of instructional goals and the teaching of academic content in clear and discrete units of instruction. Structured teaching procedures, such as advance planning, problem solving, repeated practice and review, and universal access and Universal Design for Learning, are also effective for youth with MHN. Teaching approaches and transition planning should also incorporate opportunities for youth to develop an awareness of accommodations that are appropriate in an educational setting so that they may develop skills to advocate for such accommodations in future educational settings.

Career Assessment. Many youth, including those with MHN, do not have the knowledge or experiences to make an informed choice about career goals, training programs, or employment. Accordingly, interest inventories and career assessments should be used as one part of a transition planning process that includes a number of activities such as interviews, work experiences, record reviews, and behavioral observations.

Additionally, the 1992 Amendments to the Rehabilitation Act called for the following: (1) persons with disabilities to be involved to the maximum extent possible as informants on their unique skills and needs in the rehabilitation process; and (2) the “match” between the person and the job requirements, possible adaptations, and available supports to be assessed in the settings (including work settings) into which individuals may be placed.

Career Exploration. Youth with MHN should have varied job experiences in order to make decisions about their career goals. An “appropriate” competitive job

- is consistent with the youth’s stated career interests (which often change as he or she gains work experience);
- can be performed legally by the young person (i.e., is within the parameters of job placement for minors dictated by federal and state rules);

- fits within the youth’s school and life schedule;
- is accessible given the individual’s personal mode of transportation (e.g., bicycle, city bus, car, car pool); and
- provides ongoing support, if necessary, for antisocial behaviors or lack of job-related social skills.

Graduated opportunities (i.e., those that move from emerging awareness, through preparatory training, to proficiency) to learn and practice soft skills and technical skills for work place settings should be provided. The general rules in providing job support to youth with MHN in a competitive job are to *provide that support in such a way as to maximize the likelihood that the student will succeed on the job, and to provide that support in a manner that is least intrusive to the job site and is as “normal” as possible*. Positive behavioral supports that replace negative behaviors with appropriate ones can provide an approach for doing so.

Youth Development. Involvement in youth development and leadership activities is especially valuable for youth with disabilities, including those with MHN, who are often left out of mainstream programs and activities such as service organizations, sports, and clubs. NCWD/Youth defines *youth development* as a process that prepares young people to meet the challenges of adolescence and adulthood through a coordinated, progressive series of activities and experiences that help them to become socially, morally, emotionally, physically, and cognitively competent. Positive youth development addresses the broader developmental needs of youth, in contrast to deficit-based models that focus solely on youth problems. The connection to a permanent family member, other significant adult, and/or peer support is a critical element in the equation for success.

Youth Leadership. NCWD/Youth has adopted a two-part working definition of youth leadership: (1) “The ability to guide or direct others on a course of action, influence the opinion and behavior of other people, and show the way by going in advance” (Wehmeyer, Agran, & Hughes, 1998); and (2) “The ability to analyze one’s own strengths and weaknesses, set personal and vocational goals, and have the self-esteem to carry them out. It includes the ability to identify community resources and use them, not only to live independently, but also to establish support

networks to participate in community life and to effect positive social change” (Adolescent Employment Readiness Center, Children’s Hospital, n.d.).

Effective youth leadership programs offer a number of activities such as mentoring, community service, real life problem solving (e.g., researching a community problem and implementing an action plan to address it), and the development of personal career plans. They also involve youth in all aspects of organizational administration (including the board of directors) and hands-on decision-making in planning, budgeting, implementing, and evaluating programs. A number of publications from NCWD/Youth address youth leadership issues and can be accessed on its website.

The National Youth Development Board for Mental Health Transformation’s draft framework for active youth involvement at the individual, community, and policy-making levels can be found in Exhibit 3.2. Its goal is to provide leadership and education opportunities for youth to have a decision-making role in their own lives as well as in the policies and procedures governing care in the community, state, and nation. The framework describes a process for the progressive growth of leadership skills — one that is fun as well as meaningful.

Self-Determination. Historically, persons with disabilities have not been taught decision-making or self-advocacy skills and have not been encouraged to exercise those abilities. Self-determination skills are especially important in order for an individual to access adult services, civil rights, legal protections, and workplace and educational accommodations. Youth with disabilities who develop self-determination and self-advocacy skills have been found to have improved employment and educational outcomes and are better able to articulate and access their civil rights and accommodation needs. The active involvement of youth in the planning and service delivery of their supports is essential for their development, as is their ability to fail safely.

The task of helping youth with MHN to develop their own transition and life plans, while at the same time providing the *appropriate* level of support and assistance to them in their efforts, is a critical responsibility of the youth service practitioner. As part of the self-determination process, many youth need

help overcoming the stigma attached to mental illnesses and disclosing their disability. (See *The 411 on disability disclosure: A workbook for youth with disabilities*, available on NCWD/Youth’s website.) Mentors have been successful in helping youth with and without disabilities meet a number of personal and career goals, such as making informed career choices, developing self-esteem, and accepting responsibility for their actions.

Social Skills Instruction. Social skills are a necessity on and off the job and include communication, team work, and conflict resolution. Despite the critical nature of social skills instruction, it is often not available to youth with disabilities. To be effective in preparing youth with MHN for the work place, social skills instruction must focus on those skills that are both relevant to youth with MHN and applicable to the work setting, and it must present them in the most powerful manner possible, including application-based techniques such as role-playing.

Providing youth with MHN with competitive work placements makes it virtually certain that these young people will interact with unfamiliar persons in unfamiliar settings and under unfamiliar rules and expectations. Thus, it is essential to identify the key social skills needed by youth with MHN to succeed in the work setting. This can be done before the placement by reviewing position descriptions and employee manuals, talking to supervisors, and observing interactions in the targeted work place.

Service Coordination. Given the multifaceted nature of youth with MHN, as well as the overall poor transition outcomes of this population, one would expect that these young people would receive services from a number of community-based social service agencies, including mental health. Unfortunately, despite the varied and intense service needs of youth with MHN, few will receive services from community-based agencies — connections that may be critical to transition success — thereby making it difficult for youth with MHN and their family members to establish a coordinated system of services to meet their transition goals. Service coordination and collaboration are major foci of the next chapter.

Connecting to the Right People. Families and youth with MHN must be connected to the right people as well as to useful resources. The right people may include emergency contacts, adult and peer mentors, youth advocates, conflict mediators, and knowledgeable and supportive teachers, administrators, youth service practitioners, and other professionals in a number of organizations and agencies. The right people know how to access resources and services for youth with MHN and their families and can cut through administrative requirements quickly while respecting confidentiality and privacy rights.

The Guidelines for Youth Service Practitioners (see Table 3.3 below) highlight key characteristics of effective mental health youth service delivery and therefore complements the material presented in the *Guideposts*.

TABLE 3.3

Guidelines for Youth Service Practitioners

Clark (1998) identified five guidelines for the transition specialist’s [or youth service practitioner’s] role and responsibilities when working with youth with mental health needs:

1. Staff must be youth-centered, addressing the strengths, needs, and preferences of the youth with MHN and his or her family members.
2. Services must be individualized, focusing on each person’s unique personal, educational, and employment profiles.
3. Staff must provide an “unconditional safety net” of support to the students they serve. This guideline may sound simplistic but is perhaps the most difficult to follow.
4. Transition services must be provided in a manner that ensures continuity of effort and support from the student’s perspective. Service delivery decisions should include the youth and his or her family. On a broader scale, transition services should be planned coherently so that there is a continual and appropriate level of support offered to each youth.
5. Services should be outcome-oriented, emphasizing activities that will promote student achievement in education, employment, and independent living and that will prepare each youth to enter the community as successful and contributing adults.

WHEN A YOUTH ENTERS A WORKFORCE DEVELOPMENT PROGRAM

The traditional definition of workforce development refers to career and technical education (CTE) and programs funded by the Workforce Investment Act and the Rehabilitation Act, as described in Chapter 2. However, there are other resources that can and should be accessed to support youth, including those with mental health needs. Workforce development, as used in this guide, encompasses not only CTE and WIA-funded programs, but also secondary and postsecondary education, general and special education, Vocational Rehabilitation, One-Stop Career Centers, youth employment programs, community rehabilitation programs, and community-based organizations that serve youth. Medicaid and mental health funds may be able to support many of the categories of services identified in the *Guideposts* for eligible youth, although community resources may not be plentiful. More comprehensive and effective youth services can be provided by linking the expertise from a wider array of disciplines, funding streams, and agencies. The linking process should be initiated when a youth enters a workforce development program or earlier if the youth receives special education services. (See Chapter 4 for systemic approaches to maximize expertise, funding, and services.)

The transition from youth to adulthood is a lengthy process. Career development and transition often involve a few false starts as youth explore multiple developmental options; these should not be considered failures but rather a natural part of the process toward being able to make informed choices about individual career options. For those youth with disabilities who explore careers through structured programs, the process of transition may involve transferring from one program or service provider to another. Each time a youth begins working in a new program, support services, funding options, and service coordination should be revisited.

It is important to use a person-centered planning approach that includes the active involvement of the youth in developing transition plans, selecting program options, and making informed career decisions. The person-centered planning process is

driven by the youth's individual needs and desires. In transition, person-centered planning focuses on the interests, aptitudes, knowledge, and skills of the youth, not on his or her perceived deficiencies. It also involves the people who are active in the life of a youth, including family members, caregivers, educators, and community service professionals.

The purposes of person-centered planning are to identify desires and outcomes that have meaning to the youth and to develop individualized support plans to achieve them. The process closely examines the interests and abilities of each youth in order to establish a basis for identifying employment, training, and career development possibilities. A person-centered career plan identifies marketable job skills and career choices, establishes individual outcome objectives, and maps specific action plans to achieve them. Effective assessment, both formal and informal, can play an important part in this process. (For more information on career assessment, see *Career planning begins with assessment: A guide for professionals serving youth with educational and career development challenges*, available online at <http://www.ncwd-youth.info/resources_&_Publications/assessment.html>.)

As the person-centered planning process progresses, youth should take increasing responsibility for researching and making informed career decisions. For this process of self-determination and empowerment to be effective, youth will need a safe environment, support, and training, as well as opportunities to exercise and grow their knowledge and skills. The National Youth Development Board for Mental Health Transformation's framework for active youth involvement (Exhibit 3.2) describes a progression of leadership skills that moves from youth-guided, to youth-directed, to youth-driven at the individual youth level, the community level, and the policy-making level as the young person transitions into adulthood.

Prior to beginning formal or informal testing or performance reviews, youth service practitioners can gather information by observing and interviewing a youth and by reviewing his or her records. Privacy and confidentiality must be maintained, and securing information from other agencies must be done ethically and legally, using signed consent forms when

these are needed. See Exhibit 3.3 for a sample release of records form.

Care should be taken to ensure that forms and procedures comply with applicable federal and state laws and regulations. Federal laws, such as the Family Educational Rights and Privacy Act (Exhibit 4.2) and the privacy rule of the Health Insurance Portability and Accountability Act (Exhibit 4.3), set guidelines regarding the release of educational and health information. State law sets the age of majority (the age at which a person acquires the full legal rights of an adult), which varies from state to state and which determines whether a youth will need a guardian to co-sign legal documents and record releases.

The initial interview should establish rapport with the youth and his or her family, and should help everyone develop a realistic understanding of what an agency has to offer. Personal information about health or disability issues may be part of the interview process and should be handled with tact and sensitivity.

Whether or not to disclose a disability to prospective employers, teachers, or others is an important decision that can have both short and long term ramifications. To help youth understand the complex issues involved, NCWD/Youth has published *The 411 on disability disclosure: A workbook for youth with disabilities*, available at <http://www.ncwdyouth.info/resources_&_Publications/411.html>. This workbook was developed with youth to help young people and the adults who work with them make informed decisions about disclosure. It also shows how these decisions can affect their education, employment, and social lives.

While an interview should not be overly rigid, all youth should be asked essentially the same questions. To comply with nondiscrimination requirements, it is acceptable to ask questions about possible disabilities only if the same initial questions are asked of everyone. Depending on the answer to a given question, there may be a need for follow-up questions to probe for further details. Some questions may uncover a need for testing or referral for additional services.

Exhibit 3.4 is a form that can be adapted for use when interviewing youth who are known or thought to have disabilities. With the youth's permission, many of these

questions can also be asked of parents or family members to verify the information provided by the youth. With proper releases, teachers or other adults who have worked with the youth can also be part of the interview process.

Youth service providers, One-Stop Career Centers, and other entities funded by the Workforce Investment Act need to be aware of the nondiscrimination requirements of WIA Section 188. A Section 188 Disability Checklist is available from the Office of Disability Employment Policy in the U.S. Department of Labor to assist in compliance when conducting initial interviews and administering subsequent assessments (available online at <<http://www.dol.gov/oasam/programs/crc/section188.htm>>). The following elements of the checklist apply specifically to the intake process:

5.1.9 The recipient [of WIA Title I funding] must not impose or apply eligibility criteria that screen out or tend to screen out an individual with a disability or class of individuals with disabilities unless such criteria can be shown to be necessary for the provision of the aid, benefit, service, training, program or activity being offered.

5.1.12 An individual with a disability is not required to accept an accommodation, aid, benefit, service, training, or opportunity that such individual chooses not to accept.

The checklist also requires staff to know and comply with what constitutes legal and illegal inquiries in a pre-employment interview and to ensure that records and medical information are kept confidential:

5.8.3 For employment-related training, does the recipient review selection criteria to ensure that they do not screen out or tend to screen out an individual with a disability or any class of individuals with disabilities from fully and equally enjoying the training unless the criteria can be shown to be necessary for the training being offered?

5.8.4 Does the recipient prohibit pre-employment inquiries and pre-selection inquiries regarding disability? Note: Pre-employment and pre-selection inquiries are permissible if they are required or necessitated by another federal law or regulation.

Family members or caregivers have very important roles in supporting and preparing youth for adulthood. As youth make this transition, there is a natural tendency to seek independence and to rely less and less on parents and other family members. Youth service practitioners must be aware that there is often a tension between a youth's wants and needs and those of the rest of the family as each are defining their new roles: families' role to respect the youth as an emerging adult; youth's role to be respected as an adult; and the role of both to develop agreement on when help is needed and how to receive it. Both the family and the youth may need support in the transition process. Additionally, parents and youth may have different expectations of schools and workforce development programs as well as different access to information about transition and career planning. All participants in a youth's transition team should have a clear understanding of the ongoing and evolving roles they play in this process.

Youth with no family, from non-traditional family settings, or from families that are not engaged, may not have adults in their lives who can give guidance and support. For example, some youth may live with grandparents, a court-appointed guardian, foster parents, or in homeless shelters. In these cases, extra care must be taken to ensure that the youth has access to caring adults to help make decisions (and sometimes share responsibilities) that are customarily handled by parents or other family members and to increase the information capacity and support of those adults who are involved in the life of the youth.

DETERMINING WHETHER A YOUTH HAS A MENTAL HEALTH NEED

A youth's records, behavior, assessment results, or interview responses may suggest previously unidentified or undiagnosed problems that may affect career planning and career development. These problems may include low literacy levels, inconsistent academic performance, and limited vocabulary. Learning disabilities, behavior disorders, mental and physical health problems, or other hidden (non-apparent) disabilities may be present. A screening process may be needed to determine whether further diagnostic assessment, conducted by a trained specialist, should be provided.

TABLE 3.4

Signs of Potential Mental Illness in Adolescents

There are several indicators that may signal potential mental health needs in youth. One or two alone are not enough to indicate this potential, but combinations of these behaviors coupled with problems getting along with family member or peers or doing well at school may indicate a need for further evaluation.

The National Alliance for the Mentally Ill (NAMI) has identified behaviors that may indicate a mental illness in teenagers:

- truancy, school failure, frequent expulsion from school;
- encounters with the juvenile justice system;
- reckless, accident-prone behavior;
- risky behaviors such as sexual activity or drug and alcohol abuse;
- persistent crying;
- lethargy or fatigue;
- irritability or grouchiness;
- over-reactions to disappointments or failures;
- isolation from friends and family;
- sleep difficulties;
- hyperactivity or agitation;
- separation anxiety;
- panic attacks;
- social phobias;
- sudden weight loss or lack of hygiene;
- repetitive, ritualistic behaviors (hand-washing, counting, writing/rewriting);
- obsessive fears, doubts, or thoughts;
- changes in speech (rapidity, brevity, incoherence);
- changes in behavior (disorganization, pacing, rocking, grimacing);
- delusions, paranoia, or hallucinations;
- lack of motivation;
- flat emotional responses; and
- low self-esteem that may be masked by a "tough" demeanor.

Source: Burland, J. (2003). *Parents and teachers as allies: Recognizing early-onset mental illness in children and adolescents* (2nd Ed.). Arlington, VA: National Alliance for the Mentally Ill.

See also Chapter 1 of this guide.

Determining whether a youth’s behavior indicates a mental health need or is a result of the normal, albeit turbulent, process of adolescent development can be challenging. This is particularly important because many youth with mental health needs receiving special education services are identified in elementary school. In spite of their large numbers, youth who develop a mental health need in adolescence are often not identified at all, although some research indicates that several mental health syndromes tend to appear first during that timeframe. Racial bias, language, and cultural factors also affect the accuracy of identifying mental health needs and determining service needs. Therefore, youth service practitioners need to be familiar with the warning signs that may signal a mental health need (Table 3.4 provides a sample list of potential indicators of mental health needs), the culturally and linguistically appropriate screening tools available for determining if further evaluation is necessary, and culturally competent practices. The expertise of practitioners from other agencies is often needed to determine whether a genuine mental health need is present. Collaboration across agencies is essential.

Screening instruments may point to previously undiscovered physical problems (such as vision or hearing loss), academic problems (such as learning disabilities), mental health needs, or substance use problems. Screens should be used only to identify potential problems that require referral for more in-depth evaluation by a psychologist, physician, or other

professional (see Table 3.5). Screens should never be used to classify a youth with a disability or to deny services or program access. Therefore, schools, workforce programs, and service providers should have specific policies about when and how to screen and about the process of referral for further assessment.

Screeners need to be properly trained to be sensitive to developmental, cultural, linguistic, and individual differences among youth in order to accurately estimate the significance of the indicators identified through the screen. Screening instruments should be carefully selected based on their specificity, sensitivity, and positive predictive value as well as their appropriateness for the youth population being served. Active parental consent, in the form of written permission to administer the screen, should be mandatory.

Since some youth may need additional assessment and subsequent treatment as a result of the screening process, the availability of mental health professionals to whom youth may be referred for in-depth diagnosis, as well as the availability of treatment options and follow-up for students who are diagnosed, should also be considered in developing an effective screening program.

Screening programs should be regularly assessed to determine (1) the extent to which youth and families follow through with referrals, (2) the results of mental health assessments and diagnoses, and (3) the relationship between the screens used (and resulting referrals) and the success of youth in education or vocational training. Screening programs should be

TABLE 3.5

Mental Health Screens vs. Evaluations

| Mental Health Screen | Mental Health Evaluation |
|---|---|
| A brief process or instrument that provides preliminary information on risk factors, behaviors, or other issues that may indicate the presence of a mental health need. | An in-depth evaluation for diagnosing a mental health need and its severity, often requiring a combination of record reviews, assessment instruments, interviews, and observations. |
| May take as little as 8 to 10 minutes to administer and 5 to 10 minutes to score. | May take days or weeks to collect information and interpret the results. |
| May be administered by properly trained youth service practitioners. | Must be administered by specialists such as psychologists, psychiatrists, or others with graduate-level training in the mental health discipline. |
| Used to decide if referral for a mental health evaluation is needed. | Used to determine if a disability is present and the level of its severity. |

updated or procedures should be redesigned as needed.

The Columbia University TeenScreen Program has developed three research-based screening instruments that include a general purpose screen for mental health disorders and specific screens for depression and the risk factors of suicide (see Table 3.6). These instruments do not diagnose mental health needs but identify risk factors that may be associated with depression and other mental health needs. Organizations or agencies who become TeenScreen sites must reflect quality principles in their policies and practices, such as those described above, as well as complete a site development process that includes gathering support,

developing a plan, and training personnel to administer, score, and interpret screening results.

If, after proper screening and evaluation, a youth is identified as having a mental health need, services may be needed through the mental health system. Career preparation can be an important part of the mental health recovery process, although it may be temporarily interrupted for intensive or initial mental health services for some youth. The importance of proper screening and evaluation cannot be overemphasized – they may be the difference between success and a tragic outcome such as suicide, incarceration, or homelessness for an affected youth.

TABLE 3.6

Columbia University TeenScreen Program Tools

Diagnostic Predictive Scales (DPS-2)

- General purpose screen to identify youth with a mental health disorder
- 52-item, computerized interview (via headphones) available in English and Spanish
- For youth ages 9 to 18
- Usually takes 10 minutes to complete
- About 30% of youth are screened “positive” and should be referred to a clinician
- Columbia University can also provide information on a more comprehensive diagnostic interview called the Voice DISC

Columbia Depression Scale (CDS)

- Screens for child and adolescent depression
- One page, 22 item, paper and pencil questionnaire
- Usually takes less than 8 minutes to complete
- For youth ages 11 to 17 who read at a 6th grade level or higher
- About 35% of youth are screened “positive” and should be referred to a clinician

Columbia Health Screen (CHS)

- Screens for the risk factors of suicide
- 14 item, paper and pencil questionnaire
- Usually takes 10 minutes to complete
- For youth 11 to 18 who read at a 6th grade level or higher
- About 30% of youth are screened “positive” and should be referred to a clinician

Source: Columbia University TeenScreen Program. (n.d.). *Screening instruments*. New York, NY: Author. Available online at <<http://www.teenscreen.org/cms/content/view/49/78/>>.

TeenScreen Quality Principles

- Screening must always be voluntary
- Approval to conduct a screening project must be obtained from appropriate organizational leadership
- All screening staff and volunteers must be qualified and trained
- Confidentiality must be protected
- Youth identified through the screening as needing further evaluations must be offered a referral to an appropriate mental health service provider
- Parents of identified youth must be provided information on the screening results and referral recommendations and provided assistance with securing an appointment with a qualified professional for further evaluation.

Source: Columbia University TeenScreen Program. (n.d.). *Principles of quality screening programs*. New York, NY: Author. Available online at <<http://www.teenscreen.org/cms/content/view/110/143/>>.

CULTURALLY AND LINGUISTICALLY COMPETENT PRACTICES

America today is characterized by an increasingly diverse array of cultures and languages. This diversity is reflected in different cultural views of mental health issues and career preparation. Some cultures view MHN in much the same manner as physical health needs, while others associate MHN with shame and/or fear. As a result, some families may not consider career preparation as an option for youth with MHN, just as some cultures view women working outside the home in a negative way.

To show respect for cultural beliefs and traditions while providing appropriate career preparation services, youth service practitioners should seek training and resources on culturally and linguistically competent practices. The National Mental Health Information Center suggests that culturally competent practitioners

- be aware and respectful of the importance of the values, beliefs, traditions, customs, and parenting styles of the people they serve;
- learn as much as they can about an individual's or family's culture, while recognizing the influence of their own background on their responses to cultural differences;
- include neighborhood and community outreach efforts and involve community cultural leaders if possible;
- work within each person's family structure, which may include grandparents, other relatives, and friends;
- recognize, accept, and, when appropriate, incorporate the role of natural helpers from the youth's community;
- understand the different expectations people may have about the way services are offered (for example, sharing a meal may be an essential feature of home-based mental health services; a period of social conversation may be necessary before each contact; or access to a family may be gained only through a specific family member such as a grandfather);

- know that many people will need help with problems such as obtaining housing, clothing, and transportation or resolving a problem with a child's school, and work with other community agencies to make sure these services are provided; and
- adhere to traditions relating to gender and age that may play a part in certain cultures (for example, in many racial and ethnic groups, elders are highly respected). With an awareness of how different groups show respect, providers can properly interpret the various ways people communicate.

Youth service practitioners should also create a local reference list of culturally and linguistically relevant contacts and resources to assist the youth they serve. Contacts may be developed through a number of local organizations such as schools, colleges, and universities; faith-based groups; community centers; cultural heritage groups; and businesses that are owned by or that serve members of different cultural groups.

Local resources for addressing clothing, housing, and transportation needs include (1) state and local government offices, such as social services, mental health, housing authority, community services, and transportation; (2) community-based organizations, such as emergency and transitional shelters, Goodwill, the Salvation Army, Catholic Charities, and food and clothes banks; and (3) business and fraternal organizations, such as the Chamber of Commerce, Rotary Club, Lion's Club, and various trade and professional associations, which are often willing to help a young person of any culture.

TRANSITION STRATEGIES FOR YOUTH WITH MENTAL HEALTH NEEDS

Youth service practitioners, mental health professionals, other service providers involved in the youth's mental health plan, the family or caregiver, and the youth will need to work closely together to ensure that essential services – as well as needed modifications or accommodations to the career preparation process – are available. An interagency/cross-organizational case management team, as referenced in Table 2.2, is one way to ensure that this process is initiated and implemented.

The interagency team can be particularly helpful in discussing the impact of competitive employment on Supplemental Security Income (SSI) and other disability-related services. Many families are concerned about the loss of these benefits, so benefits counseling may be needed as part of the youth's transition plan in order to ensure that the youth and family members understand any changes in health care, housing, SSI, or other services as a result of employment (T-TAP, 2005).

For many youth with mental health needs, minimal or no modifications will be needed in an organization's usual career preparation process. For other youth with MHN, modifications or accommodations will need to be individually determined. Some youth may need relatively simple modifications, such as the job site accommodations described in Table 3.7.

TABLE 3.7

Accommodating Youth with Mental Health Needs

Youth with mental health needs may have difficulty in a work environment with activities such as communicating with co-workers or supervisors, concentrating on work assignments, remembering instructions or task sequences, making decisions, dealing with interruptions or changes in routine, problem-solving, and critical thinking skills. The Job Accommodation Network (JAN) can suggest accommodations that comply with the Americans with Disabilities Act and that have been proven effective. Examples of effective workplace accommodations include the following:

An employee had difficulty completing paper work on time because he continually checked and rechecked it. JAN suggested making a checklist for each report and checking off items as they were completed. When he felt the urge to recheck the report, he could do it quickly by using his checklist. JAN also suggested allowing him time off the telephone each day to complete paperwork and file information.

The duties of an employee who had difficulties with concentration and short-term memory included typing, word processing, filing, and answering the telephone. Her accommodations included assistance in organizing her work and a dual headset for her telephone that allowed her to listen to music when not talking on the telephone. This accommodation minimized distractions, increased concentration, and relaxed the employee. Weekly meetings were held with her supervisor to discuss workplace issues and were recorded so the employee could replay the information to improve her memory.

An employee needed to attend periodic work related seminars, but he had difficulty taking effective notes and paying attention in the meetings. JAN suggested that a coworker use a notebook that made a carbon copy of each page written. At the end of the session, the coworker gave the carbon copy of the notes to the employee. Once the employee was able to give full attention to the meetings, he was able to retain more information.

An employee was unable to meet crucial deadlines because she had difficulty maintaining her concentration and staying focused when trying to complete assignments. She discussed her performance problems with her supervisor, and accommodations were implemented that allowed her to organize her time by scheduling "off" times during the week during which she could work without interruptions. She was also provided a flexible schedule that gave her more time for counseling and exercise. The supervisor provided information about the company Employee Assistance Program and trained her coworkers on stress management.

An employee was experiencing difficulty staying on task and meeting deadlines. JAN suggested restructuring the job to eliminate nonessential job functions such as making copies of files and greeting walk-in customers. The JAN representative also suggested relocating her work station out of the front reception area to reduce distractions. The employee was scheduled one hour off the telephone every afternoon to complete tasks without interruption. She also met with her supervisor every Monday to set goals and discuss weekly projects.

An employee was experiencing reduced concentration and memory loss. His job required operating copy machines, maintaining the paper supply, filling orders, and checking the orders for accuracy. He was having difficulty staying on task and remembering what tasks he had completed. JAN suggested laminating a copy of his daily job tasks, checking items off with an erasable marker, and using a watch with an alarm to remind him to check his other job duties.

(Source: Job Accommodation Network. (2005). *Employees with psychiatric impairments*. Accommodation and Compliance Series. Available online at <<http://www.jan.wvu.edu/media/Psychiatric.html>>.

Modifications and accommodations are of particular concern when placing youth with mental health needs on worksites with employers. Exhibits 3.5A, B, and C contain a profile of an employer who would be receptive and supportive of a youth with MHN on his or her worksite, the Vocational Phase System for supporting a youth with potentially disruptive MHN on a jobsite, and an informal behavior management system that can be implemented by job site supervisors or employers. The materials provided in Exhibits 3.5 are adapted from Bullis and Fredericks (2002) with permission from the publisher.

SUPPORTED EDUCATION AND SUPPORTED EMPLOYMENT

The two primary workforce development goals for youth, as described in the WIA common performance measures and in the Individuals with Disabilities Education Act, are (1) enrollment in postsecondary education or training, and (2) unsubsidized employment. Youth with mental health needs may need accommodations or supports in order to be successful in both of these environments. As a result, supported education and supported employment models have been developed to maximize successful outcomes for youth with MHN. Both strategies are tailored to the informed choices, assets, and individual needs of the youth involved.

Supported education may be helpful for some youth with mental health needs who are entering postsecondary education or training. Supported education encompasses a number of support services and options such as pre-admission counseling and financial planning, peer support groups, and training and information-sharing among staff and service providers. Institutional strategies identified by the Institute for Community Inclusion include (1) implementing a universal instructional design that incorporates accommodations and individual differences; (2) creating student sub-communities to encourage social connections; (3) improving clarity, coordination, and communication among stakeholders; and (4) promoting access to resources. Youth service practitioners working with transitioning youth are stakeholders and should be active participants in the coordination and communication process.

Employment supports for youth with mild to

moderate mental health needs may be minimal or even unnecessary. “Natural” supports, such as a supportive supervisor or a quiet work-station, may be all that is needed. Supported employment for youth with more severe MHN includes the active involvement of an employment support team of youth service practitioners, case managers, mental health professionals, and workplace personnel to ensure that

Sam’s Story

At the age of 14, I started having serious hallucinations and blackouts. I’m half African American and half Native American, and I didn’t try to get help because, in both communities, they called that “going to the white man.” But I became an outcast, because my symptoms got so bad that none of my friends wanted to have anything to do with me.

Instead, I lived with these symptoms for four years. My mental illness got so bad that I couldn’t cope with school and they asked me to leave. I went to Miami to live with my father, but he threw me out; and from the age of 15 until I was 18 I lived on the streets of Miami, with constant hallucinations and delusions.

At 19, I joined the military. But I was still sick and, after basic training, they gave me an honorable discharge and directed me to get mental health treatment, so I did. After taking medication and seeing therapists, I went back to work two years later, as a cook. Four years after that, I got an associate’s degree from the Restaurant School of Philadelphia and became a chef.

I worked as a chef for about 15 years. But there was a lot of stigma around mental illness in the restaurant business. Every restaurant I worked at, I saw other people disclose about themselves, and they wound up being badly harassed and losing their jobs. So I hid my illness.

In 1995 I started working part time for the Chester City Consumer Center. After attending the Center for six months, I asked the director if there were openings and she said she had wanted to hire me for the last six months. I’m still at the Center, now as its director, and it will be 10 years in November. Working with the Mental Health Association of Southeastern Pennsylvania, which is out there advocating for consumers, has helped me. Until I started working here, I felt like no one really cared.

Substance Abuse and Mental Health Services Administration. *Mental health – It’s part of all our lives*. Rockville, MD: Center for Mental Health Services, U.S. Department of Health and Human Services. Retrieved February 8, 2006, from <http://www.allmentalhealth.samhsa.gov/story_samharris.html>.

accommodations and supports are on-going and integrated with mental health treatment.

The Vocational Phase System describes a supported employment program for high school students in which a transition specialist prepares a youth with mental health needs for employment, supports the student on the job every day, and then gradually withdraws from the worksite as the student gains knowledge, skills, and confidence and is able to work independently. An outline for this system is provided in Exhibit 3.5B at the end of the chapter.

PROMISING AND EFFECTIVE PRACTICES

There are several youth workforce development programs that are effectively guiding youth with mental health needs to successful career outcomes. Table 3.8 highlights 18 Pro-Bank programs that either serve youth with mental health needs exclusively or include significant percentages of youth with MHN among their participants.

Pro-Bank is an online database of promising programs and practices in the workforce development system that effectively address the needs of youth with disabilities. It was developed by NCWD/Youth and ODEP to promote quality program services to youth with disabilities throughout the workforce development system. Programs selected for inclusion in Pro-Bank are (1) pilot demonstration projects, funded by ODEP, which are undergoing or have completed an independent evaluation by an independent research organization; and (2) programs with proven records of success, whose effectiveness has been validated by an outside source and which include or specifically serve youth with disabilities.

The programs listed in Table 3.8 include youth with MHN among their participants and are run primarily by workforce development and educational organizations. They reflect a number of funding sources and sites, including public schools, non-profit agencies, Vocational Rehabilitation agencies, Job Corps Centers, and partnerships with the private sector.

TABLE 3.8

Pro-Bank Promising Transition Programs Serving Youth with Mental Health Needs <http://www.ncwd-youth.info/promising_Practices/index.html>

Access Living's YIELD the Power Program, Chicago, IL

Access Living's YIELD (Youth for Integration through Education, Leadership and Discovery) the Power Project increased the participation of youth with disabilities in mainstream workforce development activities through a variety of youth-led systems change initiatives. YIELD the Power Project offered participants referrals when mental health or physical health services were needed and structured post-program support was arranged through postsecondary institutions and adult-serving agencies.

Innovative Practices

- Career Preparation & Work-Based Learning
- Youth Development & Leadership

Bay Cove Academy, Boston, MA

Bay Cove Academy (BCA) is a psychoeducational program that serves an urban adolescent population (ages 13 to 21) from the greater Boston area with severe emotional, behavioral, and learning disabilities. The Career Development Program (CDP) provides students with classroom and real-world employment skills training and community job placement, supported by employment training specialists. CDP also helps students research and explore post-school career options. Under CDP, job placement and career development are highly individualized, and appropriate job matching is emphasized for successful placement.

Innovative Practices

- Program Structure & Design
- Career Preparation & Work-based Learning
- Individual & Support Services (Connecting Activities)
- School-based Preparatory Experiences
- Youth Development & Leadership

TABLE 3.8

**Pro-Bank Promising Transition Programs
Serving Youth with Mental Health Needs**
<http://www.ncwd-youth.info/promising_Practices/index.html>

Blackstone Valley Regional Vocational Technical High School, MA

Blackstone Valley Regional Vocational Technical High School serves 13 towns in central Massachusetts. It provides students with a safe learning environment with an emphasis on integrating specialized vocational and technical training and academic learning. A specialized curriculum called “Across the Curriculum” focuses on reading, math, study strategies, and respect. Instruction is individualized and recognizes diverse learning styles while incorporating state-of-the art technology. A comprehensive counseling program and a wide array of extracurricular activities are available to all students. The school actively participates with government agencies, chambers of commerce, educational collaboratives, and the media. It also sponsors local, regional, and state level conferences on the economy, technology, and education.

Innovative Practices

- Program Structure & Design
- Career Preparation & Work-based Learning
- Individual & Support Services (Connecting Activities)
- School-based Preparatory Experiences
- Youth Development & Leadership

Circle Seven Workforce Investment Board, Greenfield, IN

Circle Seven Workforce Investment Board’s mission is to become the focal point for all workforce related activity, bringing together the collective resources of all existing services within the seven central Indiana counties that surround Indianapolis. It supports capacity building of those within the workforce development system that serve youth with disabilities in order to expand the number and enhance the quality of services provided. Among the training topics provided to stakeholders was “Effective Transition & Community-Based Employment Supports for Youth with Emotional & Behavioral Challenges.”

Innovative Practices

- Program Structure & Design
- Youth Development & Leadership
- Family Involvement & Supports
- Career Preparation & Work-Based Learning
- Individual & Support Services (Connecting Activities)

Imua Project, Honolulu, HI

In the Hawaiian language, “Imua” means the act of moving forward in a proactive and positive way despite existing barriers. Imua is therefore an appropriate descriptive name for the project whose objective was to support youth pushing forward or transitioning from school to employment or higher education with an additional focus on self-advocacy and leadership training. Youth received postsecondary education, employment transition services, and supportive services, and participated in in-school and out-of-school workshops focusing on self-advocacy and leadership training. Imua also trained hundreds of staff from Workforce Investment Act (WIA) youth service providers, vocational rehabilitation, and education and partner agencies.

Innovative Practices

- Career Preparation & Work-based Learning
- Individual & Support Services (Connecting Activities)
- Youth Development & Leadership

ISUS Institutes of Construction Technology, Manufacturing, and Health Care, Dayton, OH

Improved Solutions for Urban Systems (ISUS) operates three state-chartered high schools for youth ages 16-22, many of whom are returning high school dropouts, over age for grade level, and lacking basic skills. The schools combine rigorous academics and occupational skills with youth development and community development leading to high school diplomas, college credit, and nationally recognized skill certifications. Twenty-four percent of the students have disabilities, including emotional disturbance.

Innovative Practices

- Program Structure & Design
- Career Preparation & Work-Based Learning
- Individual & Support Services (Connecting Activities)
- School-Based Preparatory Experiences
- Youth Development & Leadership
- Family Involvement & Supports

TABLE 3.8

**Pro-Bank Promising Transition Programs
Serving Youth with Mental Health Needs**
<http://www.ncwd-youth.info/promising_Practices/index.html>

Jewish Vocational Services High School, High School/High Tech Program, San Francisco, CA

Jewish Vocational Services (JVS) operates several programs that help youth with disabilities explore, experience, and transition to the world of work, including the following:

- Work Resource Program or WRP, a nationally honored, year-long vocational training program for youth with disabilities offered in special education classrooms throughout the San Francisco Unified School District;
- Youth Employment Programs and Workforce Investment Act (WIA) services for in-school and out-of-school youth with disabilities;
- Mayor’s Youth Education and Employment Program (MYEEP), providing year-round internships in public and nonprofit agencies;
- REACH, an eight-week computer skills training program that covers Microsoft Word, Excel, PowerPoint, and Internet applications; and
- WorkLab, a High School/High Tech (HS/HT) Program that includes career exploration, job shadowing, employer site visits, and paid internships as well as job development, placement, and support activities for youth with disabilities.

Innovative Practices

- Program Structure & Design
- Youth Development & Leadership
- Career Preparation & Work-based Learning
- Individual & Support Services (Connecting Activities)

Job Link, Cleveland, OH

Job Link is a youth development and employment program of Linking Employment, Abilities, and Potential (LEAP), a Cleveland Center for Independent Living. LEAP’s mission is to “empower people with disabilities in making significant life choices and changes to enhance their employment and independent living opportunities.” Job Link is a year round transition program providing work-related and independent living skills training. It combines classroom instruction and community-based training to address individual student needs and goals.

Innovations

- Program Structure & Design
- Youth Development & Leadership
- Family Involvement & Supports
- Career Preparation & Work-Based Learning Experiences
- Individual & Support Services (Connecting Activities)

Marriott’s Bridges...from School to Work

Bridges programs operate in seven sites around the country: Washington, DC; Montgomery County, MD; Chicago, IL; Los Angeles, CA; San Francisco, CA; Philadelphia, PA; and Atlanta, GA. Bridges...from School to Work provides youth with disabilities job training and work experiences that enhance employment potential while helping local employers gain access to an often overlooked source of entry-level workers. It features paid internships to youth with disabilities (ages 17 to 22 years old) who are placed in local companies where employers pay the youth directly in a competitive work situation. A second program, Bridges Plus, supports program participants who need a longer period of time to achieve a positive outcome by focusing on vocational development for 18 to 24 months.

Innovative Practices

- Program Structure & Design
- Individual & Support Services (Connecting Activities)
- Career Preparation & Work-based Learning

TABLE 3.8

Pro-Bank Promising Transition Programs Serving Youth with Mental Health Needs

[<http://www.ncwd-youth.info/promising_Practices/index.html>](http://www.ncwd-youth.info/promising_Practices/index.html)

Montgomery Youth Work's Partnership for All Youth (MYW), Wheaton, MD

MYW is a partner in the Montgomery County One-Stop Career Center, and its services are available to all Montgomery County youth with and without disabilities. MYW's mission is to provide all youth with meaningful training and job opportunities aimed at facilitating a successful transition from school to work and to contribute to workforce development in Montgomery County. Services for youth include job placement assistance, generic job readiness training, customized job readiness training, career institutes, intensive career counseling, and referrals to community organizations such as mental health agencies.

Innovative Practices

- Career Preparation & Work-Based Learning
- Youth Development & Leadership
- Individual & Support Services (Connecting Activities)

MY TURN, Brockton, MA

MY TURN is a leading provider of vocational and education services for youth in small, urban communities. MY TURN helps underserved young people make a successful transition to adulthood, measured, in part, by job placement and retention, and postsecondary education enrollment and credential acquisition. MY TURN serves both in-school and out-of-school youth in the 16 – 21 age range and provides services such as academic and work place skills, interpersonal tools needed for success in postsecondary education and the workplace, a sequence of activities that prepare youth for the adult world, and referrals to social services such as mental health counseling.

Innovative Practices

- Program Structure & Design
- Career Preparation & Work-Based Learning Experiences
- Youth Development & Leadership
- Individual & Support Services (Connecting Activities)

Open Meadow Alternative School, Portland, OR

Open Meadow is one of Oregon's oldest alternative schools providing education and support services to youth who have not achieved success in traditional academic settings. Open Meadow educates youth in small relationship-based programs that emphasize personal responsibility, academics, and service to the community. Open Meadow works primarily with youth with mental and learning disabilities.

Innovative Practices

- Program Structure & Design
- Career Preparation & Work-Based Learning
- Youth Development & Leadership
- Individual & Support Services (Connecting Activities)

Pacer Center's Project SWIFT, Minneapolis, MN

One of the objectives of Project SWIFT (Strategies for Workforce Inclusion and Family Training) was to increase awareness of parents of transition-age youth with disabilities about the resources of WIA-funded youth programs, as well as assist families in their efforts to access these programs. Technical assistance and training was provided to youth, families, and youth service practitioners on a variety of topics including youth mental health needs. The staff also responded to individual advocacy and referral requests from youth, adults with disabilities, parents and other caregivers.

Innovative Practices

- Family Involvement & Supports

TABLE 3.8

**Pro-Bank Promising Transition Programs
Serving Youth with Mental Health Needs**
<http://www.ncwd-youth.info/promising_Practices/index.html>

Project COFFEE, Oxford, MA

Project COFFEE (Co-Operative Federation for Educational Experience) was created in 1979 to meet the academic, occupational, social, emotional, and employability needs of high school students considered significantly at risk of dropping out of school or becoming involved with the juvenile justice system. It is an alternative occupational education program that integrates academic and vocational instruction to increase the likelihood that participants will complete high school with a diploma (not a GED) and obtain employment. Over 75% of participants have or have had IEPs. Most students are between the ages of 16 and 19. The program also has a small middle school component called Project JOBS (Joining Occupational and Basic Skills) that tries to “catch” students with behavioral or emotional problems to re-engage them in school.

Innovative Practices

- Program Structure & Design
- Career Preparation & Work-based Learning
- School-based Preparatory Experiences

Project CRAFT

Project CRAFT (Community, Restitution, and Apprenticeship-Focused Training) is designed to improve educational levels, teach vocational skills and reduce recidivism among adjudicated youth, while addressing the home building industry’s need for entry level workers. The program incorporates the apprenticeship concept of hands-on training and academic instruction. Under the supervision of instructors, students learn residential construction skills while completing community service construction projects. Nearly 60% of participants have a disability, including mental health needs, and special education planning is a key component of the program. Project CRAFT has nine sites in four states, including Florida, Tennessee, New Jersey, and Mississippi.

Innovative Practices

- Program Structure & Design
- Career Preparation & Work-Based Learning
- Individual & Support Services (Connecting Activities)
- School-Based Preparatory Experiences
- Youth Development & Leadership

Tucson Job Corps Center, Tucson, AZ

The Fred G. Acosta Job Corps Center serves youth between the ages of 16 and 24 from Tucson and Southern Arizona, with about two-thirds of the youth residing at the Center. The Center teaches marketable skills in a safe and supportive setting and finds meaningful employment for students when they leave the program. Several programs are available, including basic education leading to a GED or high school diploma, vocational training in eight skill areas, basic computer skills, basic employment skills, health and wellness education, and training in cultural diversity. High school diplomas are also available on campus. Numerous partnerships with community organizations and agencies provide opportunities for cultural, recreational, and community service activities. The Center emphasizes early identification of disabilities and the development of a comprehensive accommodation plan that meets each youth’s needs.

Innovative Practices

- Program Structure & Design
- Youth Development & Leadership
- School-based Preparatory Experiences
- Individual & Support Services (Connecting Activities)

TABLE 3.8

**Pro-Bank Promising Transition Programs
Serving Youth with Mental Health Needs**
<http://www.ncwd-youth.info/promising_Practices/index.html>

WAVE and PAVE Services for Youth, Mount Pleasant, MI

In 1998, Mid-Michigan Industries began programs designed specifically to transition youth from school to work. WAVE (Work and Vocational Exploration) is a seven-week summer program primarily for 14- and 15-year olds. PAVE (Personal and Vocational Exploration) takes place during the school year and is designed to instruct youth who are new to the program and to provide ongoing support to youth who have participated in WAVE. Both WAVE and PAVE work with middle school and high school youth who meet program criteria through referrals made chiefly by school counselors and teachers. WAVE and PAVE participants can attend for two years and complete a wide range of activities to help them identify career choices. Specialized supports include job coaching for work experience, modified lesson plans for non-readers, specialized career interest assessments, and individualized mentoring. Youth also work together to support each other and learn to respect each other's differences.

Innovative Practices

- Career Preparation & Work-based Learning
- Youth Development & Leadership
- Individual & Support Services (Connecting Activities)

Youth with Disabilities Demonstration Project, Seattle, WA

The Youth with Disabilities Demonstration Project was intended to complement and support existing youth programming under the Workforce Investment Act (WIA) for in-school and out-of-school youth. WIA youth case managers identified youth potentially in need of mental health care and referred them to care coordinators. Linkages were established with mental health agencies so that youth in need of services could be referred.

Innovative Practices

- Program Structure & Design
- Career Preparation & Work-Based Learning
- Individual & Support Services (Connecting Activities)

YouthBuild McLean County, Bloomington, IL

YouthBuild McLean County is affiliated with YouthBuild USA and AmeriCorps and serves Bloomington and Normal, Illinois, and the surrounding rural areas. Unemployed and undereducated young people ages 16 to 24 work toward their GED or high school diploma while learning construction skills by building affordable housing for homeless and low-income people. Strong emphasis is placed on leadership development, community service, and the creation of a positive mini-community of adults and youth committed to success. Since 1994, participants have built or renovated over 17 affordable residences in McLean County.

Innovative Practices

- Program Structure & Design
- School-based Preparatory Experiences
- Career Preparation & Work-based Learning
- Youth Development & Leadership
- Individual & Support Services (Connecting Activities)

Additional information on these and other youth programs is available through Pro-Bank, NCWD/Youth's online database of promising workforce development programs and practices that effectively address the needs of youth with disabilities. Pro-Bank can be accessed online at <http://www.ncwd-youth.info/promising_Practices/index.html>.

The programs listed in Table 3.9 provide mental health services to transition-age youth. Some of these programs provide transition services to youth while others provide services and supports (Connecting

Activities) as part of a coordinated interagency plan. These programs are operated by mental health organizations and most are supported by federal and state mental health funds.

TABLE 3.9

**Promising Mental Health Programs
Serving Transition-Age Youth**
<<http://www.nasmhpd.org/publications.cfm>>

Transitional Community Treatment Team, Columbus, OH

This program uses the evidence-based Assertive Community Treatment (ACT) model to provide transition support to youth with mental health needs ages 16-22 who are at high risk for institutional placement, suicide, or homelessness. A supervised and unsupervised housing program is also available.

Our Town Integrated Service Agency, Indianapolis, IN

This program combines an ACT approach with psychosocial rehabilitation for youth ages 18-25 with serious mental health needs using a consumer-led planning team approach. Individual strengths and abilities are emphasized, and links to psychiatric and substance abuse treatment and housing supports are provided.

Transition-Age Project, Delaware/Chester County, PA

This program serves youth ages 14-22 with mental health needs using a Person Centered Planning (PCP) approach with intensive support for case managers.

Youth In Transition Case Management Teams, VT

These teams provide intensive case management to youth who are crossing the boundary between child and adult services with access to mental health services, roommate services, vocational and educational services. Funding is provided through Medicaid.

Peer Support, GA

The adult mental health system and the Georgia Parent Support Network combined forces to provide peer support to youth ages 17-25 who are eligible for adult mental health services. Contracted peers are supervised by a mental health professional.

Comprehensive State System, MD

Using legislation passed in 1996 to improve transition services for children and youth in the education and health systems, Maryland has eliminated most of the demarcation between adult and child mental health services. A diverse range of programs and expertise was created that local mental health authorities could access to expand their own transition programs. The system focuses on capacity-building and overcoming the obstacles to service coordination during the transition period.

For more information on these and other programs, contact the State Mental Health Program Director, listed in Appendix E of the source document: Davis, M. & Hunt, B. (2005). *State efforts to expand transition supports for young adults receiving adult public mental health services: Report on a survey of members of the National Association of State Mental Health Program Directors*. Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, U.S. Department of Health and Human Services. Available at <<http://www.nasmhpd.org/publications.cfm>>.

Please see Appendix B for the list of references.

Supporting Research

As noted earlier in this chapter, the *Guideposts for Success* are evidence-based. The Institute for Educational Leadership's Center for Workforce Development, in collaboration with ODEP and the National Center on Secondary Education and Transition, took the lead in collecting and compiling the research for NCWD/Youth's Guideposts for all youth and the corresponding National Alliance for Secondary Education and Transition's national standards and quality indicators. The resulting 40-page document, *Supporting Evidence and Research*, will be updated as needed and includes research on school-based preparatory experiences, career preparation and work-based learning, youth development and leadership, family involvement and supports, and connecting activities. It is available online in Adobe PDF and Microsoft Word format at http://www.ncwd-youth.info/resources_&_Publications/guideposts/index.html.

The following section contains research specifically related to direct *services* for youth with mental health needs. Chapter 4 contains information and research related to effective transition *systems* for youth with mental health needs.

Despite the fact that many youth with MHN possess average or above average intellectual skills, youth labeled as ED frequently experience more academic difficulty than other youth with MHN. Effective, evidence-based instructional procedures called "learning strategies" have been developed to address these difficulties for use with low-achieving youth, including those with MHN, through the University of Kansas (Alley, Deshler, Clark, Schumaker, & Warner, 1983; Deshler, & Schumaker, 1986). There is a parallel line of research and development on the "direct instruction" model (Becker, Engelmann, & Thomas, 1975; Gersten, Woodward, & Darch, 1986). Essentially, both instructional approaches seek to clarify instructional goals and to teach academic content in clear and discrete units of instruction, through structured teaching procedures including advance planning, problem-solving, and repeated practice and review. These procedures are focused primarily on academic instruction offered in the classroom, but could be adapted to teaching transition skills.

Coordinating academic instruction with community and work-based learning has been called "contextualized learning." Benz, Yovanoff, & Doren (1997) suggested that structured activities such as apprenticeships, paid work experience, and continuing education following dropping out of school should all be considered and explored as viable educational options.

Because most youth with MHN may have minimal work experience and ill-defined career goals and aspirations, work samples, skill assessments, and career interest inventories may not reflect their true interests and abilities (Sitlington, Brolin, Clark, & Vacanti, 1985). Accordingly, such measures should be used as one part of a transition planning process that includes a number of experiences such as interviews, work experiences, record reviews, and behavioral observations (Timmons, Podmostko, Bremer, Lavin, & Wills, 2004).

Successful work experiences during the high school years are strongly associated with both high school completion (Thornton & Zigmond, 1988; Weber, 1987) and work success after leaving high school (Benz, Yovanoff, & Doren, 1997; Hasazi, Gordon, & Roe, 1985). Moreover, studies of now-successful adults with MHN conducted during their adolescence supported the importance of work and identified job experiences beginning in adolescence and continuing after high school as a key element of becoming successful later in life (Werner & Smith, 1992).

There is a growing body of research that recognizes that youth need to be exposed to an array of leadership development opportunities. Self-advocacy and self-determination skills instruction have been found to be important components of leadership development for youth with disabilities (Agran, 1997; Sands & Wehmeyer, 1996; Van Reusen, Bos, Schumaker, & Deshler, 1994; Wehmeyer, Agran, & Hughes, 1998). Wehmeyer and Schwartz (1997) found that students with disabilities who have self-determination skills are more likely to be successful in making the transition to adulthood, including employment and community independence, and have increased positive educational outcomes, than students with disabilities who lack these skills. These skills are especially important for young people with disabilities to develop in order to be able to advocate on their own behalf for adult services and basic civil and legal rights and protections (Sands & Wehmeyer, 1996; Wehmeyer, Agran, & Hughes, 1998), and workplace and educational accommodations.

In addition to leadership development activities, mentoring is an important component of successful transition support. Research findings corroborate the positive impact of mentoring in helping youth with mental health needs to achieve goals that are part of the transition process such as "succeeding in school, understanding the adult world, developing career awareness, accepting support while

EXHIBIT 3.1: SUPPORTING RESEARCH

accepting responsibility, communicating effectively, overcoming barriers and developing social skills” (Moccia, Schumacher, Hazel, Vernon, & Dessler, 1989; Rhodes, Grossman, & Resch. 2002).

The critical role decision-making plays in the general well-being and adjustment of all people has been discussed and studied for some time (D’Zurilla, 1986), as has the importance of choosing a meaningful and personally rewarding career (Dawis & Loftquist, 1976, 1984). Self-determination skills are especially important for young people with MHN so that they may advocate on their own behalf for adult services and basic civil and legal rights and protections (Sands & Wehmeyer, 1996; Wehmeyer, Agran, & Hughes, 1998). An experimental, treatment-control group study (Powers, Turner, Westwood, Matuszewski, Wilson, & Phillips, 2001) conducted with adolescents with varying disabilities, including ED, found that those individuals who received instruction in self-determination skills demonstrated significant increases in their involvement in transition planning activities, empowerment, transition activities, and level of participation in transition planning meetings.

Among adults with severe and persistent mental illnesses, the issue of disclosure is highly controversial and many adults with these conditions are unwilling to tell potential or current employers about their illness, thus precluding ADA protections (Goldberg, Killeen, & O’Day, 2005). There are no research data on exactly what proportion of youth with MHN in transition programs are willing to disclose their MHN to employers.

Competence in social interactions is crucial to peer acceptance and general life adjustment (Parker & Asher, 1987), as well as to transition success for persons with disabilities (Chadsey-Rusch, 1986, 1990) including those with MHN (Bullis, Nishioka-Evans, Fredericks, & Johnson, 1993; Bullis & Davis, 1996). Research has demonstrated that social skills instruction is one of the weakest interventions offered to students with disabilities (Forness, Kavale, Blum, & Lloyd, 1997) and specifically to children and youth with MHN (Magee-Quinn, Kavale, Mathur, Rutherford, & Forness, 1999).

The National Center on Youth Transition (NCYT) provides technical assistance to sites funded by SAMHSA’s Youth Transition Initiative which develop and implement transition programs for youth with emotional and behavioral difficulties as they enter adulthood. NCYT (n.d.) has identified research-based best practices in four domains of developmental outcomes that lead to successful adulthood for youth with MHN:

- **Being Autonomous:** Self-determined youth are responsible, determined citizens that create and strive to reach goals. They are also able to navigate the social resources made available to them.
- **Being Connected:** Youth that are connected actively engage in a 2-way dialogue with their friends, significant others, co-workers, teachers, families, and communities. They partner with others to achieve the changes they seek to make.
- **Being Educated:** Educated youth seek further instruction on areas of interest to enhance their competencies. Knowledge and experience are gained through this youth-pursued process.
- **Being Productive:** Physical, intellectual, and social accomplishments are gained through goal setting and achievements.

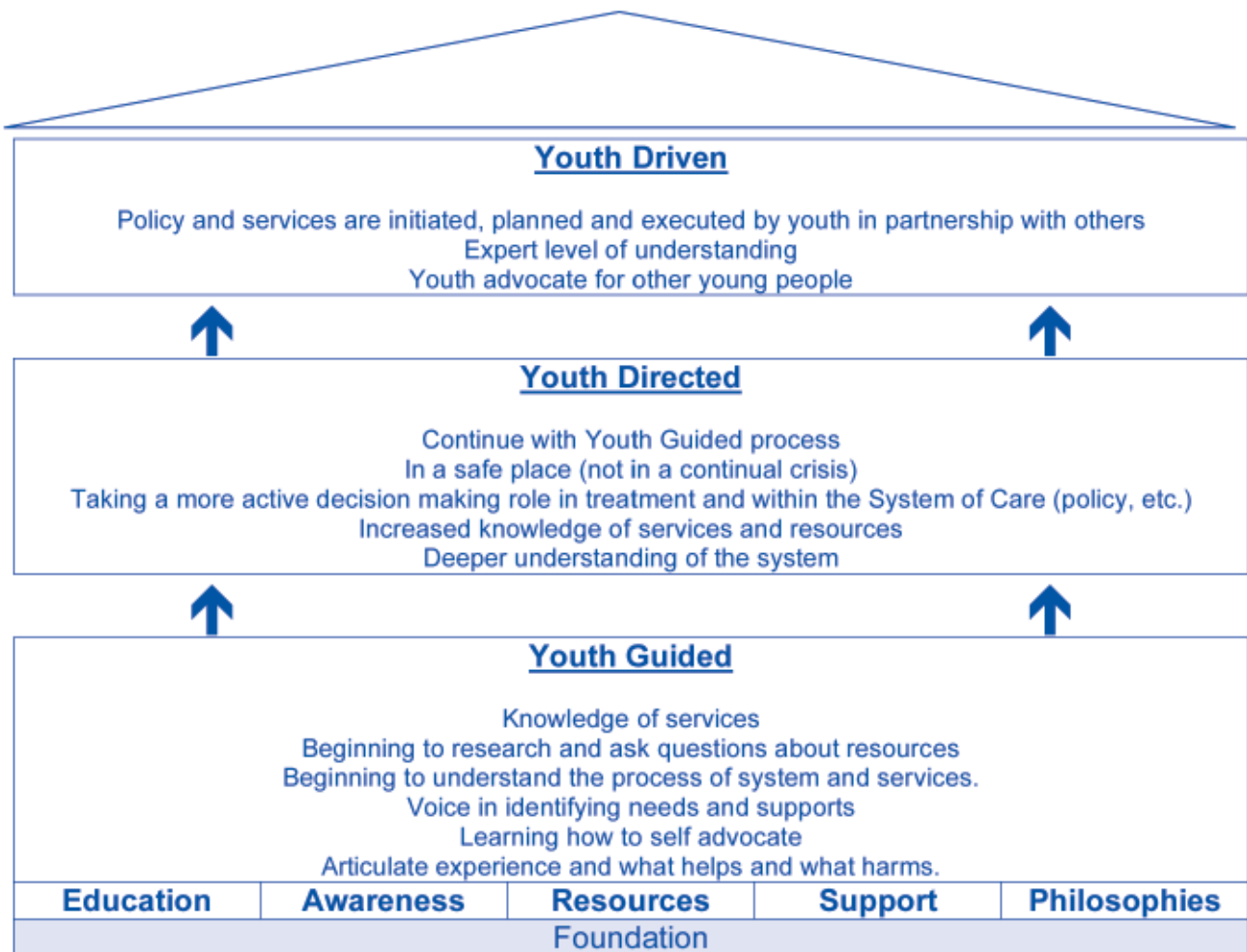
To view the four domains in more detail and the supporting research, go to <http://ntacyt.fmhi.usf.edu/promiseppractice/index.cfm>.

Please see Appendix B for the list of references.

National Youth Development Board for Mental Health Transformation Framework for Active Youth Involvement At the Individual, Community and Policy Making Levels (2006 Draft)

Young people have the right to be empowered, educated, and have a decision making role in their own lives as well as in the policies and procedures governing care in the community, state, and nation. This includes giving young people a sustainable voice with a focus on creating a safe environment enabling young people to gain self-sustainability in accordance

with their culture and beliefs. In this approach there is a continuum of power and choice that young people should have based on their understanding and maturity in this strength-based change process. This process should also be fun and worthwhile.



Youth involvement is a process that moves from youth guided, to youth directed, to youth driven at three levels: the individual youth level, the community level, and the policy making level. The following lists describe in more detail what should be

happening at each stage in the process as the young person transitions into adulthood. "Youth" are young people who have experience as consumers and are (or would be) the youth served in a System of Care (SOC) community.

EXHIBIT 3.2

Youth Guided

| | |
|---------------------------------------|--|
| <p>Youth Guided Individual</p> | <ul style="list-style-type: none"> • Youth is engaged in the idea that change is possible in his or her life and the systems that serve him or her. • Youth need to feel safe, cared for, valued, useful, and spiritually grounded. • The program needs to enable youth to learn and build skills that allow them to function and give back in their daily lives. • There is a development and practice of leadership and advocacy skills, and a place where equal partnership is valued. • Youth are empowered in their planning process from the beginning and have a voice in what will work for them. • Youth receive training on systems players, their rights, purpose of the system, and youth involvement and development opportunities. |
| <p>Youth Guided Community</p> | <p>Community partners and stakeholders have:</p> <ul style="list-style-type: none"> • An open minded viewpoint and there are decreased stereotypes about youth. • Prioritized youth involvement and input during planning and/or meetings. • A desire to involve youth. • Begun stages of partnerships with youth. • Begun to use language supporting youth engagement. • Taken the youth view and opinion into account. • A minimum of one youth partner with experience and/or expertise in the systems represented. • Begun to encourage and listen to the views and opinions of the involved youth, rather than minimize their importance. • Created open and safe spaces for youth. • Compensated youth for their work. |
| <p>Youth Guided Policy</p> | <ul style="list-style-type: none"> • Youth are invited to meetings. • Training and support is provided for youth on what the meeting is about. • Youth and board are beginning to understand the role of youth at the policy-making level. • Youth can speak on their experiences (even if it is not in perfect form) and talk about what's really going on with youth people. • Adults value what youth have to say in an advisory capacity. • Youth have limited power in decision making. • Youth have an appointed mentor who is a regular attendee of the meetings and makes sure that the youth feels comfortable to express him/herself and clearly understands the process. • Youth are compensated for their work. |

EXHIBIT 3.2

Youth Directed

| | |
|----------------------------------|--|
| Youth Directed Individual | <p>The young person is:</p> <ul style="list-style-type: none"> • Still in the learning process. • Forming relationships with people who are supporting him or her and is learning ways to communicate with team members. • Developing a deeper knowledge and understanding of the systems and processes. • Able to make decisions with team support in the treatment process and has a understanding of consequences. • In a place where he or she can share his or her story to create change. • Not in a consistent period of crisis and his/her basic needs are met. |
| Youth Directed Community | <ul style="list-style-type: none"> • Youth have positions and voting power on community boards and committees. • Youth are recruiting other youth to be involved throughout the community. • There is increased representation of youth advocates and board and committee members throughout the community. • Everyone is responsible for encouraging youth voice and active participation. • Community members respect the autonomy of youth voice. • The community is less judgmental about the youth in their community. • Youth are compensated for their work. |
| Youth Directed Policy | <ul style="list-style-type: none"> • Youth understand the power they have to create change at a policy- making level. • Youth are in a place where they understand the process behind developing policy and have experience being involved. • Youth have an enhanced skill set to direct change. • Youth have understanding of the current policy issues affecting young people and are able to articulate their opinion on the policy. • Policy makers are in a place where they respect youth opinions and make change based on their suggestions. • All parties are fully engaged in youth activities and make youth engagement a priority. • Youth receive increased training and support in their involvement. • There is increased dialogue during meetings about youth opinions, and action is taken. • There is increased representation of youth and a decrease in tokenism. • Equal partnership is evident. • Youth are compensated for their work. |

EXHIBIT 3.2

Youth Driven

| | |
|--------------------------------|---|
| Youth Driven Individual | <ul style="list-style-type: none"> • The youth describes his or her vision for the future. • The youth sets goals for treatment with input from team. • The youth is aware of his or her options and is able to utilize and apply his or her knowledge of resources. • The youth fully understands his or her roles and responsibilities on the team. • The youth and all members of the treatment team are equal partners and listen and act upon youth decisions. • The youth facilitates open lines of communication, and there is mutual respect between youth and adults. • The youth is able to stand on his or her own and take responsibility for his or her choices with the support of the team. • The youth knows how to communicate his or her needs. • Youth are mentors and peer advocates for other youth. • Youth give presentations based on personal experiences and knowledge. • The youth is making the transition into adulthood. |
| Youth Driven Community | <ul style="list-style-type: none"> • Community partners are dedicated to authentic youth involvement. • Community partners listen to youth and make changes accordingly. • Youth people have a safe place to go and be heard throughout the community. • There are multiple paid positions for youth in every decision making group throughout the system of care and in the community. • Youth are compensated for their work. • Youth form and facilitate youth groups in communities. • Youth provide training in the community based on personal experiences and knowledge. |
| Youth Driven Policy | <ul style="list-style-type: none"> • Youth are calling meetings and setting agendas in the policy- making arena. • Youth assign roles to collaboration members to follow through on policy. • Youth hold trainings on policy making for youth and adults. • Youth inform the public about current policies and have a position platform. • Youth lead research to drive policy change. • Youth have the knowledge and ability to educate the community on important youth issues. • Youth are able to be self advocates and peer advocates in the policy making process. • Youth are compensated for their work. • Community members and policy makers support youth to take the lead and make changes. |

EXHIBIT 3.3: SAMPLE RELEASE OF RECORDS

INTERAGENCY RELEASE OF INFORMATION

By signing and dating this release of information, I allow the persons or agencies listed below to share specific information, as checked, about my history. I understand that this is a cooperative effort by agencies involved to share information that will lead to better utilization of community resources and better cooperation amongst our agencies to best meet my needs.

Agencies or agency representatives that will be sharing information:

| Name | Address | Date |
|-------|---------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

The information to be released is:

| | |
|-----------------------------|--------------------------------|
| _____ History | _____ Lab Work |
| _____ Diagnosis | _____ Psychological Assessment |
| _____ Summary of Treatment | _____ Psychiatric Evaluation |
| _____ Medications | _____ Legal issues/concerns |
| _____ School Evaluation | _____ Performance |
| _____ Other (specify) _____ | |

and is to be released solely for the purpose of _____

This consent to release is valid for one year, or until otherwise specified, and thereafter is invalid. Specify date, event, or condition on which permission will expire: _____

I understand that at any time between the time of signing and the expiration date listed above I have the right to revoke this consent.

Student Name Date of Birth

Address City State Zip Code

Student Signature Date Witness Date

Guardian or Responsible Party Date Witness/Position
(if student is under legal age)

Guardian/Responsible Party's Relationship to Student

Sample contributed by Flint Hills Special Education Cooperative

EXHIBIT 3.4: COMPILING PERSONAL TRANSITION DATA

What follows are common starting points when compiling personal information for young people in career planning programs. Note that the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA) establish strict federal standards concerning the use of health, education, and human services

information. (See Chapter 4 for more information.) Programs or providers who are funded by the Workforce Investment Act should also review the Section 188 Disability Checklist and local service plans for guidelines on acceptable inquiries, confidentiality, accommodations, and universal access.

Transition Information Summary

Personal Information

Name _____ Date of Birth _____
Street Address _____ Telephone _____
City, State, Zip _____ E-mail _____

Support Network

Family Contacts/Roles _____

Other Adults/Roles _____

Friends/Roles _____

Living Arrangements

Current Situation _____

Education

Current Situation _____

Health

Current Situation _____

Transition Goals

Training/Education _____
Employment, Short-term _____
Employment, Long-term _____
Transportation _____
Independent Living _____
Recreation _____
Other _____

Personal Details

Living Arrangements

Stability _____

Independent Supports _____

Training Needs _____

Income/Monetary Status

Current Cost of Living _____

Current Expenses _____

Current Sources of Personal Income _____

Family/Other Sources of Income _____

Government Benefits _____

Transportation

Currently Uses: Public transportation Drives own car Drives family/other car Supported transportation

Needs: Drivers license Buy car Orientation/Mobility training

Health/Behavior

Medical Conditions _____

Physical Conditions _____

Communication Issues _____

Medical Treatment _____

Medications/Side effects _____

History/Prognosis _____

Adaptive Equipment _____

Assistive Technology _____

Mental Health History _____

Substance Use History _____

Counseling _____

Behavior at School _____

Behavior at Work _____

Contact with Courts/Law Enforcement _____

Incarceration/Probation _____

Other _____

Education Details

Background

_____ In School Where/Grade _____

_____ Out of School Highest Level Completed _____

Assessments Completed

Reading Skills _____ Math Skills _____

Writing Skills _____ Other Skills _____

Memory Skills Issues _____ Speech Issues _____

Listening Skills Issues _____ Other _____

Schools/Colleges Attended

Most Recent _____

Plans for Additional Education/Training

_____ No _____ Yes

If yes, describe: _____

Personal Traits

Hobbies _____

Leisure Activities _____

Interpersonal Skills _____

Things that Motivate _____

Work History

Recent Employment

1. _____

2. _____

3. _____

4. _____

EXHIBIT 3.4: COMPILING PERSONAL TRANSITION DATA

Wages/Reasons for Leaving

1. _____
2. _____
3. _____
4. _____

Employment Details

_____ Resume completed _____ Letters of recommendation _____ Skills certification

Transferable Skills _____

Work Speed/Quality/Productivity _____

Learning Experiences _____

Volunteer/Other Positions _____

Disability Issues

Accommodations _____

Adaptive Equipment _____

Job Supports _____

Job Coach _____

Health Insurance Status _____

On-Going Medical Needs _____

Legal Issues _____

Other _____

Job Preferences

___ Using my hands

___ Working with computers

___ Daytime hours

___ Using my mind

___ Working outdoors

___ Early morning work

___ Driving a truck or car

___ Working for a large company

___ Evening hours

___ Working with tools

___ Working for a small company

___ Part-time hours

___ Working with machines

___ Consistent hours

___ Using my education/training

___ Working with advanced technology

___ Flexible hours

___ Jobs that require reading

EXHIBIT 3.4: COMPILING PERSONAL TRANSITION DATA

- | | | |
|--|---|--|
| <input type="checkbox"/> Jobs that require math | <input type="checkbox"/> Working in loud, noisy places | <input type="checkbox"/> Working toward a career goal |
| <input type="checkbox"/> Being challenged | <input type="checkbox"/> Being warm/hot | <input type="checkbox"/> Having the opportunity to be promoted |
| <input type="checkbox"/> Doing physical labor | <input type="checkbox"/> Being cold | <input type="checkbox"/> Earning a lot of money |
| <input type="checkbox"/> Doing repetitious tasks | <input type="checkbox"/> Getting my hands dirty | <input type="checkbox"/> Receiving company benefits |
| <input type="checkbox"/> Having a variety of duties | <input type="checkbox"/> Working alone | <input type="checkbox"/> Making new friends |
| <input type="checkbox"/> Having frequent changes in routine | <input type="checkbox"/> Working with others | <input type="checkbox"/> Being close to home |
| <input type="checkbox"/> Feeling needed | <input type="checkbox"/> Being my own boss | <input type="checkbox"/> Traveling |
| <input type="checkbox"/> Having others view my work as important | <input type="checkbox"/> Having close supervision | <input type="checkbox"/> Being home on weekends |
| <input type="checkbox"/> Waiting | <input type="checkbox"/> Having minimal supervision | <input type="checkbox"/> Working on weekends |
| <input type="checkbox"/> Sitting for long periods of time | <input type="checkbox"/> Being given detailed instructions | <input type="checkbox"/> Taking the bus to work |
| <input type="checkbox"/> Standing for long periods of time | <input type="checkbox"/> Being given orders with no explanation | <input type="checkbox"/> Traveling long distances to work |
| <input type="checkbox"/> Doing heavy lifting | <input type="checkbox"/> Working in a relaxed atmosphere | <input type="checkbox"/> Disclosing my disability |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Being pressured to work fast | |

Job Search Assistance Needed

- | | | |
|--|---|---|
| <input type="checkbox"/> Working independently | <input type="checkbox"/> Resume | <input type="checkbox"/> Reference letters |
| <input type="checkbox"/> Working with agencies | <input type="checkbox"/> Disclosure/Disability issues | <input type="checkbox"/> Finding job openings |
| <input type="checkbox"/> Working with schools | <input type="checkbox"/> Informational interviews | <input type="checkbox"/> Job interviews |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Applications | <input type="checkbox"/> Other support |

Materials from
Vocational and Transition Services for Adolescents
with Emotional and Behavioral Disorders:
Strategies and Best Practices

The following materials have been adapted, with permission from the publisher, from:

Bullis, M., & Fredericks, H. D. (Eds.). (2002). *Vocational and transition services for adolescents with emotional and behavioral disorders: Strategies and best practices*. Champaign, IL: Research Press, and Arden Hills, MN: Behavioral Institute for Children and Adolescents. Available online at <<http://www.researchpress.com>>.

Exhibit 3.5A – Employer Profile

Exhibit 3.5B – Vocational Phase System

Exhibit 3.5C – Informal Behavior Management System

Note: These materials were developed for students in school-based transition programs but are also applicable to youth in out-of-school or other settings.

Employer Profile

Acceptable Employer

- Interested in training job skills
- Willing to accept some behavior problems and work to remedy them
- Accepting of workers with physical/mental disabilities
- Willing to have a job trainer on-site
- Willing to adapt some parts of the worksite to accommodate workers with disabilities
- Monitors all workers, including student trainees
- Flexible in hours/day, and scheduling
- Maintains a good rapport with all employees
- Maintains adequate safety on the worksite
- General overall positive response to program needs

For information on an unacceptable employer profile, see Figure 4.3, page 67, in Nishioka, V. (2002). Chapter 4: Job development and placement. In M. Bullis & H. D. Fredericks (Eds.), *Vocational and transition services for adolescents with emotional and behavioral disorders: Strategies and best practices*. (55-67). Champaign, IL: Research Press, and Arden Hills, MN: Behavioral Institute for Children and Adolescents. Available online at <<http://www.researchpress.com>>.

Vocational Phase System

Phase I: Learning

1. The student is supervised and trained by the Transition Specialist (TS).
2. The student learns various job duties required at the worksite.
3. The student learns and follows all rules and regulations of the worksite.
4. The student begins to identify and work on skills and behaviors exhibited at the worksite.
5. The TS collects and records all data from skill and behavior programs.
6. The TS, in conjunction with the student, begins to explore transportation options, such as city buses, bicycling, walking.
7. The student begins bus training, if appropriate.
8. The student maintains a minimum of 3 working hours per week.
9. The TS delivers all consequences and makes all contacts with the student.

Phase II: Responsibility

1. The TS makes intermittent quality checks while remaining on the worksite.
2. The student begins to maintain various job duties independently.
3. The student begins to follow all rules and regulations of the worksite independently.
4. The student begins to set own goals with the TS and watches own behaviors.
5. The TS collects and records all data from skill and behavior programs.
6. The student begins traveling to and from work, using public transportation if available, with guidance and supervision by the TS.
7. The student uses vocational time wisely and maintains satisfactory work rate and quality.
8. The student maintains at least 5 working hours per week.
9. The student begins to receive and respond to occasional feedback from employer.
10. The TS delivers all consequences and maintains the majority of contacts with the [student] worker.

Phase III: Transition

1. The TS is not at the worksite but makes intermittent quality checks.
2. The student is independent in all job duties and tasks.
3. The student follows all rules and regulations of the worksite independently.
4. The student works toward vocational goals and maintains own behaviors.
5. The student's work skills and behavior data are monitored.
6. The student travels independently to and from work.
7. The student maintains work quality equal to that of regular employees.
8. The student maintains at least 10 working hours per week.
9. The student responds to the employer in all job-related matters.
10. The employer delivers the majority of consequences.

Phase IV: Independence

1. The TS makes intermittent quality checks by phone.
2. The student is independent in all job duties and tasks.
3. The student independently follows all rules and regulations of the worksite.
4. The student continues to work toward vocational goals and monitors own behaviors.
5. The student has no formal behavior programs.
6. The student travels independently to and from work.
7. The student maintains work quality equal to that of regular employees.
8. The student maintains at least 15-20 working hours per week.
9. The student responds to the employer in virtually all job-related matters.
10. The employer delivers nearly all consequences.
11. The student is eligible for placement in paid employment with TS support.

Phase V: Employability

1. The TS assists with administrative issues.
2. The employer trains and manages.
3. The student reaches vocational goals.
4. The student travels independently to and from work.
5. The student maintains at least 20 working hours per week for 6 months.
6. The student is able to gain paid employment independently.

For a complete explanation of the Vocation Phase System, see pages 83-87 in Nishioka, V. (2002). Chapter 5: Job training and support. In M. Bullis & H. D. Fredericks (Eds.), *Vocational and transition services for adolescents with emotional and behavioral disorders: Strategies and best practices*. (69-89). Champaign, IL: Research Press, and Arden Hills, MN: Behavioral Institute for Children and Adolescents. Available online at <<http://www.researchpress.com>>.

Informal Behavior Management System

| Category of Behavior | Examples | Treatment | |
|---------------------------------------|---|---|--------------------------------|
| | | When behavior occurs | When behavior does not occur |
| Failure to follow directions | Slow to comply Refusing to follow a directive Poor or incomplete job Breaking a known rule | Assist to comply or arrange natural consequence | Reinforce compliance |
| Self-indulgent behavior | Tantrums Whining Complaints Crying | Withdraw attention | Reinforce appropriate behavior |
| Aggressive behavior | Punching Stealing Lying Breaking or throwing objects | Time away from group | Reinforce prosocial behavior |
| Self-stimulation or self-abuse | Rocking Grinding teeth Biting self Head banging | Interrupt behavior | Reinforce appropriate behavior |

For more examples of these behaviors, see Figure 6.2, page 95, in Nishioka, V. (2002). Chapter 6: Behavioral interventions. In M. Bullis & H. D. Fredericks (Eds.), *Vocational and transition services for adolescents with emotional and behavioral disorders: Strategies and best practices*. (69-89). Champaign, IL: Research Press, and Arden Hills, MN: Behavioral Institute for Children and Adolescents. Available online at <<http://www.researchpress.com>>.