

Final Project Report
Promoting Transition to Adulthood
for Youth with SED
in Rural Kansas

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Executive Summary

The purpose of the transition to adulthood project was to develop, implement and evaluate a Transition to Adulthood program to serve transition age youth who experience Serious Emotional Disturbance (SED) and live in rural areas of Kansas. Rural areas pose particular challenges to youth with SED, and those setting out to assist them. The lack of accessible transportation, and few employment opportunities in economically depressed areas add barriers to find and access resources that would further successful transition to adulthood.

The Program

The transition program, for which data collection began October 2002 and ended July 2004, served 29 youth with SED (11 females and 18 males) between the ages of 13 to 21 years (mean age 15.7 years). Two full time transition coordinators facilitated psychosocial group services and provided specialized transition case management (including the development of individualized transition goals). By design, intense year-round psychosocial group services called LifeQuest were at the core of the program and focused on social skills. The group met throughout the year, four days a week for two and a half hours after-school, and during the summer four days a week for 6 hours a day. The students had some supervised practical responsibilities in the program and community such as custodial tasks or gardening intended as a quasi-work experience.

Other transition related services included Targeted Case Management and Community Psychiatric Supportive Treatment (provided by transition coordinators), and Individual Community Support (ICS) workers who served as work coaches for some of the youth. In addition, commonly available community-based mental health services such as attendant care, individual therapy, Home-Based Family Therapy, parent support and medication management were provided based on youths' individual needs.

Evaluation

Research staff at the School of Social Welfare collected and analyzed (a) data about the type and amount of services received, (b) scores of individualized Goal Attainment Scales (GAS) administered by on-site program staff, and (c) scores of the Community Adjustment Rating for Transition Success (CARTS) Progress Tracker, an interview tool measuring youths' objective progress toward independence and their subjective satisfaction. Results of Goal Attainment Scales and of CARTS interviews were aggregated and periodically presented to transition coordinators and the program manager in order to provide ongoing feedback about program outcomes and aid improvements. In addition a qualitative program evaluation with youth, parents and staff was conducted in May 2004.

Findings

The transition program overall did not yield the intended results, although services may have helped to maintain youth in the community. Some individual youth were successful in achieving their transition goals. On average, however, neither short-term goal attainment nor intermediate progress on transition to adulthood goals, as defined and measured in this study, was furthered for participants in the program. Results of qualitative data also confirm that the program fell short in its efforts to advance youth's progress in key transition domains, especially in vocational areas. While parents were generally satisfied with the program's support for educational achievements and social skills, the program did not create enough opportunities for youth to learn concrete employment or independent living skills in real-life community settings. The design of the transition program, with this particular version of psychosocial group services as the centerpiece, did not sufficiently engage young people in learning activities of their own interest and choosing. The psychosocial group may have

otherwise provided valuable and useful services that were captured in this transition to adulthood program evaluation.

Lessons Learned and Recommendations for Future Transition to Adulthood Programs for SED Youth

- **Emphasize vocational skill training, concrete community employment opportunities and independent living skills.** The program lacked a strong focus on developing concrete vocational and independent living skills. Reliance on the this particular version of a psychosocial group as the core component of the transition to adulthood program did not create adequate real-life learning opportunities in the community. Group activities, according to participants, focused heavily on helping youth develop social skills and too little on vocational, prevocational, and independent living skills. Individual targeted case management should be used to identify and meet youths' individual goals and needs in the vocational domain. Group treatment can supplement the process allowing for specific skill training common to participants but an individualized experience-based approach to vocational and living skill development should take preeminence in a transition program.
- **Involve youth and families in program design, direction, and ongoing evaluation to foster ownership of the program.** Youth were not sufficiently involved in directing individual goals and program design. A blend of ongoing quantitative and qualitative assessments can provide program staff with input from youth and family, and can help identify strengths and needs in the program.
- **Make data collection procedures manageable, meaningful and useful to program staff.** Requests for additional record keeping must remain manageable for project staff. Research project staff need to be readily accessible to staff in order to provide technical assistance for data collection and relay how data collection can be utilized to assist program staff. A more integrated, on-site presence of researchers could increase the use of data to update youth, parents and transition staff on their progress and direct next steps.
- **Set the stage for successful community-based transition programs** by assessing and building community readiness for a transition to adulthood program, through identifying supportive individuals and organizations in the community, providing education to community members, and connecting early with key resources.

Transition to Adulthood for Youth with SED in Rural Kansas

Background: Project Development and Implementation

The Transition to Adulthood grant project officially began in July 2001 (FY 2002) with the intent to develop, implement, and evaluate a Transition to Adulthood Model targeting young people at rural Community Mental Health Center. Rural areas pose particular challenges to youth with SED, and those setting out to assist them in transition to adulthood. The lack of accessible transportation, and few employment opportunities especially in economically depressed areas, add barriers to find and access resources that would further successful transition to adulthood.

The Request for Proposal process was completed in October 2001 and awarded the grant to the Community Mental Health Center of Crawford County (CMHCCC). From November 2001 through March 2002 project activities included hiring project staff, developing data collection procedures and evaluation protocols, visits from KU staff to observe and learn about procedures at CMHCCC, securing interagency cooperation/agreements, and obtaining technical assistance from nationally known experts in the field of transition to adulthood at the University of Kansas, Schiefelbusch Institute for Life Span Studies.

In April 2002, there was a change in staff assigned to the project necessitating additional time and effort to train CMHCCC staff for program implementation and data collection. In the summer of 2002, data collection tools were tested. Official data collection began in September 2002. From October 2002 until July 2004, project staff from KU and CMHCCC staff met bi-monthly to review data collection, address themes and patterns, and review progress on program development.

Description of the Transition Program

The transition program targeted youth 13 to 21 years of age, who experienced severe emotional disturbances (SED). Two full time transition coordinators provided psycho-social group services and specialized transition case management focusing on goals in five domains of transition (Deschênes & Clark, 2001): (1) education; (2) living situation; (3) community life adjustment; (4) vocation; and (5) health.

By design of the CMHCC, the model consisted primarily of intense, year-round psycho-social group services. The coordinators assessed the development of individualized treatment goals and facilitated an after-school and summer psychosocial group called "LifeQuest" which served as the core intervention in the transition to adulthood program. The curriculum used in LifeQuest was loosely based on the "Girls and Boys Town Model of Basic Social Skills Instruction" (Father Flanagan's Boys Home, 1992). Each week youth set goals for the group to work on one of eight social skills (following instructions, disagreeing appropriately, accepting criticism or a consequence, talking with others, showing respect, accepting "no" for an answer, introducing yourself, and showing sensitivity to others).

The group met throughout the year, four days a week for two and a half hours after-school (Fridays were reserved for program planning, staffing and documentation). During the eight week summer session participants met four days a week for six hours a day. The students had some work related responsibilities in the community. The group experience was structured to include quasi-work experiences: Four youth were assigned to one staff member forming a "pod group." A staff member served a supervisory function coaching youth as they performed duties assigned for the day. During the school year the LifeQuest group performed custodial functions such as cleaning the restrooms and sweeping/mopping the floors. During

the summer youth were given the opportunity to work on a community landscaping projects, sorting, cleaning the Parks and Recreation Centers and sorting donations at the Salvation Army. Youth earned income for work completed in the form of “Walmart dollars.” The group would go to Walmart to purchase items of their choice on a monthly basis.

Other transition related services included Targeted Case Management and Community Psychiatric Supportive Treatment (two forms of case management provided by transition coordinators), as well as Attendant Care (AC) or Individual Community Support (ICS) workers who occasionally assisted some of the youth as work coaches or during their participation in psychosocial groups. Several months after the start of the program, transition coordinators sought to improve the vocational component of the program by adding vocational assessment as part of the Targeted Case Management and Community Psychiatric Support. The assessment, which was completed with only four youth, provided an inventory to identify the youths’ key areas of interest and measured critical aptitudes such as general learning ability, verbal and special aptitude as well as form and clerical perception.

In addition, commonly available community-based mental health services such as attendant care, individual therapy, Home-Based Family Therapy, parent support and medication management were provided based on youths’ individual needs. Case managers and transition coordinators also provided coordination with schools and other community agencies.

Participants

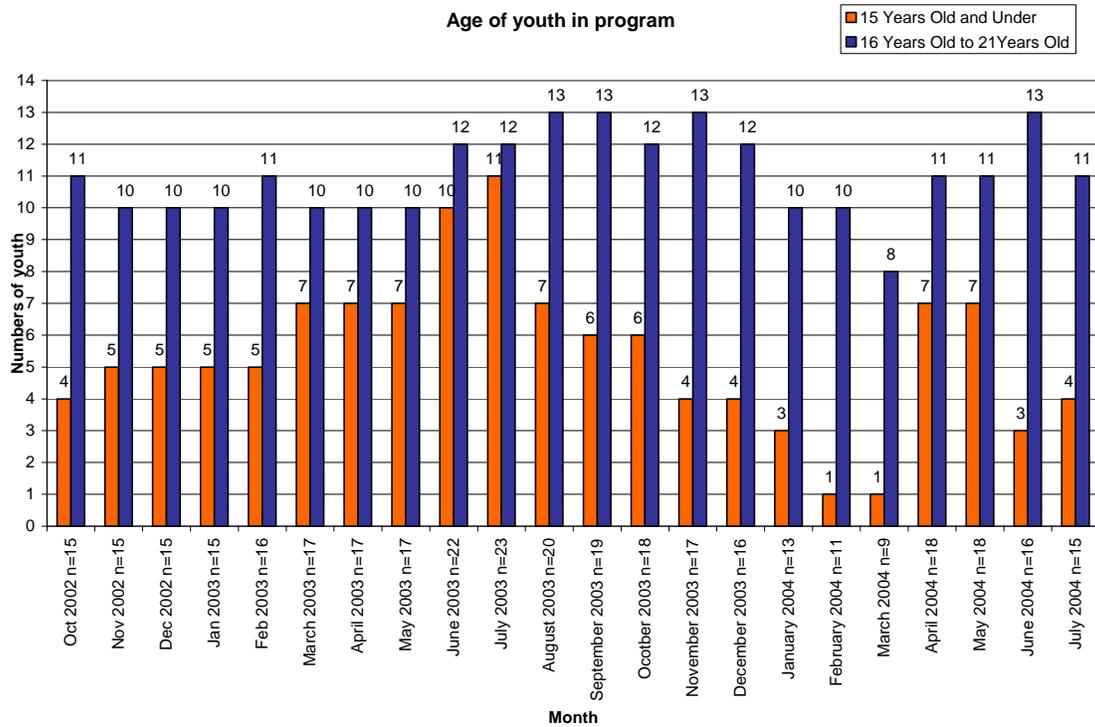
A total of 29 youth (11 females, 18 males, all Caucasian) participated in the program at some point in time. The number of youth in the group varied over time as new members were referred and others dropped out. The most frequently listed diagnosis was Attention Deficit/Hyperactivity Disorder (ADD/ADHD) which was given to 14 of the participants (48%), followed by depressive disorders (major depression or depressive disorder NOS) for six youth (20.6 %). 69% of all participants (n=20) had an Individualized Education Plan (IEP) at school, and all of them had Medicaid medical cards. Youths’ length of participation in the program overall averaged 14.2 months, ranging from 3 weeks to 23 months (see table 1).

Table 1. Participant Demographics (N=29)

| | |
|--|---|
| Gender | 62% (n=18) male; 38% (n=11) female |
| Ethnicity | 100% Caucasian |
| Diagnoses | |
| <i>ADD/ADHD</i> | 48% (n=14) |
| <i>depressive disorders</i> | 20.6% (n=6) |
| <i>Oppositional Defiant Disorder</i> | 10.3% (n=3) |
| <i>Bipolar Disorder</i> | 31% (n=9) |
| <i>Other</i> | |
| Individual Education Plan (IEP) | 69% (n=20) |
| Medicaid | 100% |
| Age at entry into program | mean 16 years |
| | 44.8% 13-15 years (m: 14 years ;n=13) |
| | 55.2% 16-20 years (m: 17.4 years ;n=16) |
| Mean length of participation | 14.2 months |

At the point of entry into the program, the mean age of youth overall was 16 years. At the time they entered into the program, 13 youth were between the ages of 13 and 15 years (mean age 14 years), and 16 youth were between 16 and 20 years of age (mean age 17.4 years). The younger group participated for an average of 14.77 months in the program and was on average 15.5 years old at the end of data collection. The older group participated on average one month less (13.75 months) then their younger counterparts and was an average 18.5 years old when data collection ended. Throughout the course of the program the majority of participants were ages 16 and over (see graph 1.) indicating that the program engaged mostly transition age youth, but also younger adolescents about to grow into transitional age.

Graph 1. Age distribution over time



Evaluation Methods

Evaluation methods used quantitative and qualitative measures that were collected and analyzed throughout the year. *Quantitative* data included:

- (1) The amount and type of services provided in the form of service activity data for the months October 2002 to July 2004. Units of services provided to each youth were tracked and forwarded to researchers monthly.
- (2) Individual goal attainment data using the Goal Attainment Scale (GAS) (Kiresuk, Smith, & Cardillo, 1994), an individualized tool to assess short-term progress on identified goals in five core domains, namely (a) education, (b) living situation; (c) community life adjustment; (d) vocation; and (e) health. For each participant, an overall treatment plan identified personal goals in each domain, and translated goals into measurable behavioral indicators. Case managers and/or transition coordinators completed GAS on a monthly basis rating youths’ progress toward each goal based on a five-point scale (1 much less than expected, 2 somewhat less than expected, 3

expected level, 4 somewhat more than expected level, and 5 much more than expected level). GAS scores were entered into a database every three months.

- (3) The Community Adjustment Rating for Transition Success (CARTS) Progress Tracker is a structured interview tool assessing youths' progress and satisfaction with transition to adulthood (Clark, Knapp, & Corbett, 2001). Administered every three months by phone, the CARTS Progress Tracker elicits self-reports from youth in four domains of transition to adulthood, specifically (a) employment, (b) education, (c) living situation, and (d) community life adjustment (including social/community responsibility, friends and mentors, health responsibilities, and quality of life). The instrument contains objective and subjective items for each domain. Objective items measure progress while subjective indicators elicit youth's satisfaction or confidence in the transition domain with higher scores indicating more progress or satisfaction respectively. The level of progress or satisfaction is expressed in percentages with 100% indicating the highest level of success. Content validity of the CARTS progress tracker was established from an extensive empirical literature review (Baker & Clark, 2001). The CARTS progress tracker has been pilot-tested on youth and young adults (14-30 years of age) with emotional/behavioral difficulties (EBD). At the time of this evaluation, statistical results on internal validity and inter-rater reliability have not been published yet but data is currently being compiled and analyzed from a multi-site national study (Clark & Davis, 2005). Upon completion of each phone interview program, youth in this study received a \$10.00 for their participation. Results of the ongoing analyses were periodically shared with program staff.

The *qualitative* evaluation component for the program was initiated in May 2004. Eighteen adolescents participated in interviews, as well as 14 parents, 14 staff members (12 program staff and two CMHCCC administrators), resulting in a total of 46 interviews. All participants responded to an eight or nine item questionnaire designed for staff, parent or youth, respectively. Questions elicited responses about services received, helpfulness of the services, and perception of goal attainment. Most of the parent and youth interviews were conducted in family homes. A summary of findings was prepared and presented to CMHCCC staff for feedback in June 2004.

Findings

A) Results of Quantitative Data Evaluation

Service Activity Data

Data about services provided for each youth indicate that participants in the program received most of their services through the psychosocial group confirming the basic design of the program which put LifeQuest at the core. For the 29 participants, a total of 9459 hours (or an average of 326 hours per youth) of LifeQuest group services were provided between October 2002 to July 2004 while all other typical mental health services (including admission evaluations, attendant care/ICS, case management, case conferences, individual and group therapy, wraparound, screening, and medication services) combined amounted to 6102 total hours (or an average of 210 hours per youth) in the same time period.

Among the other services, two forms of attendant care services (Attendant Care Services and Individual Community Support) combined were the most frequently provided service totaling 3150 hours (or an average of 108.6 per youth), followed by case management with 2150 hours (74.1 hours per youth) [See Table 2].

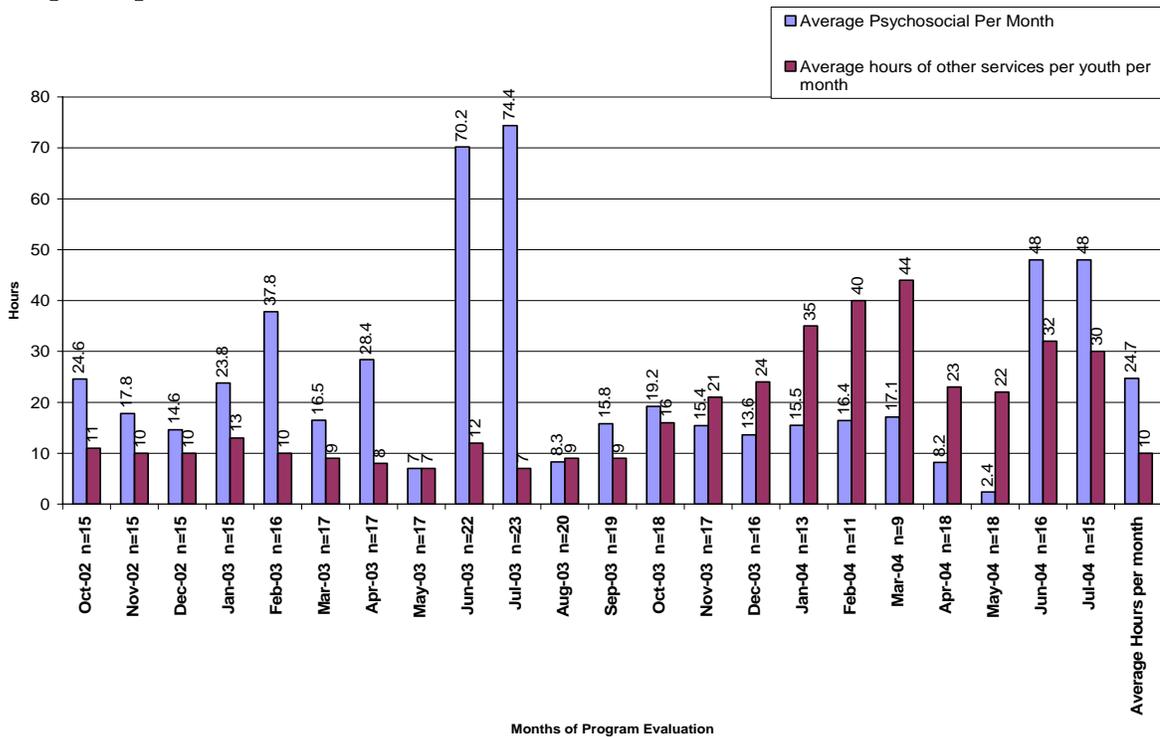
Table 2. Services Provided

| Type of Service | Total Hours | Average hours per youth (n=29) |
|-----------------------------|-------------|--------------------------------|
| Psychosocial Group | 9458.8 | 326 |
| All Other Services combined | 6102 | 210 |
| Other Services: | | |
| Attendant Care | 3150 | 108.6 |
| Case Management | 2150 | 74.1 |
| Individual Therapy | 212 | 7.3 |
| Parent Support | 176 | 6.1 |
| Family Therapy | 144 | 5.0 |
| Medication Services | 93 | 3.2 |
| Admissions & Assessments | 74 | 2.6 |
| Case Conference | 53 | 1.8 |
| Group Therapy | 53 | 1.8 |

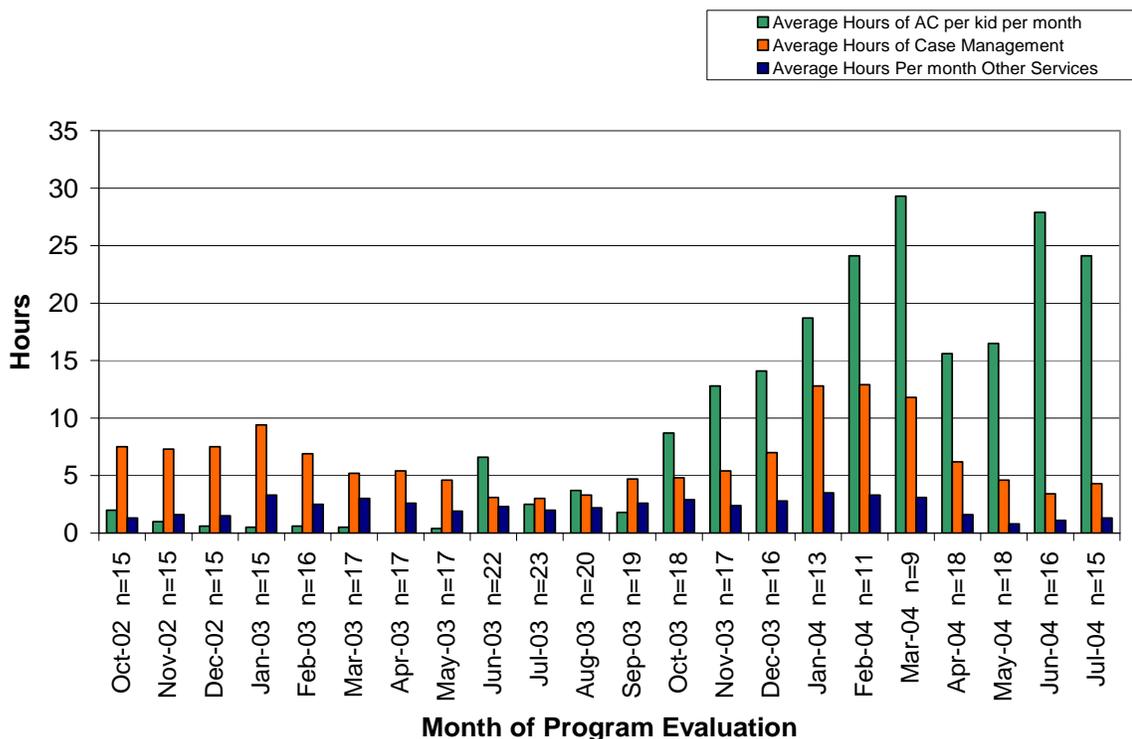
Over the course of the program, 86 % (n=25) of youth participants received psychosocial group services and case management; 31% (n= 9) received attendant care services.

Controlling for the fluctuation in group membership over time, each youth on average received 25 hours per month of LifeQuest psychosocial group services while receiving 10 hours per month of all other services combined (see graphs 2 and 3.). The marked increase of attendant care services after October 2003 is accounted for by one youth participant who received 24/7 attendant care service following discharge from a hospital.

Graph 2. Average hours per month of psychosocial group service versus other services for a participant



Graph 3. Average hours per month of other services provided per participant



Goal Attainment Scale Outcomes

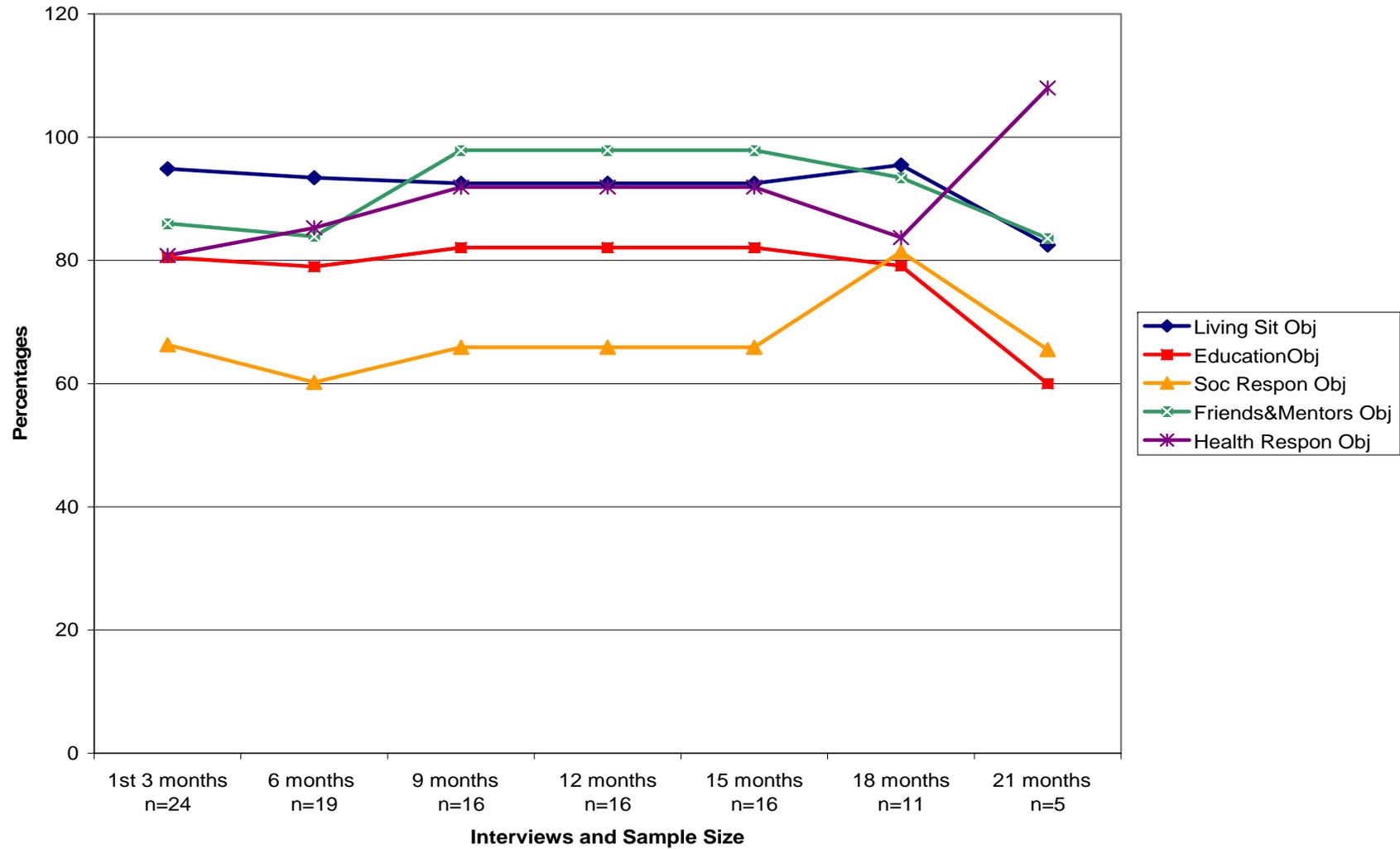
Overall, youth attained less than expected outcomes on their goals. A total of 60 goals were recorded and tracked on 19 (n) youth (for ten youth GAS scores were not consistently available). Goal attainment summaries indicate that youth scored “less than expected” outcomes on 39 goals and an “expected or above” outcomes on 21 goals.

GAS goals were transferred into the five domains of the CARTS progress tracker (whereby five identified goals were assigned to two domains). Most identified goals fell into the community life adjustment domain (33 goals) pertaining to social and relational skills, followed by vocational goals (13) and goals regarding the living situation (12 goals). Fewest goals fell into the domains of education (5 goals) and health (2 goals).

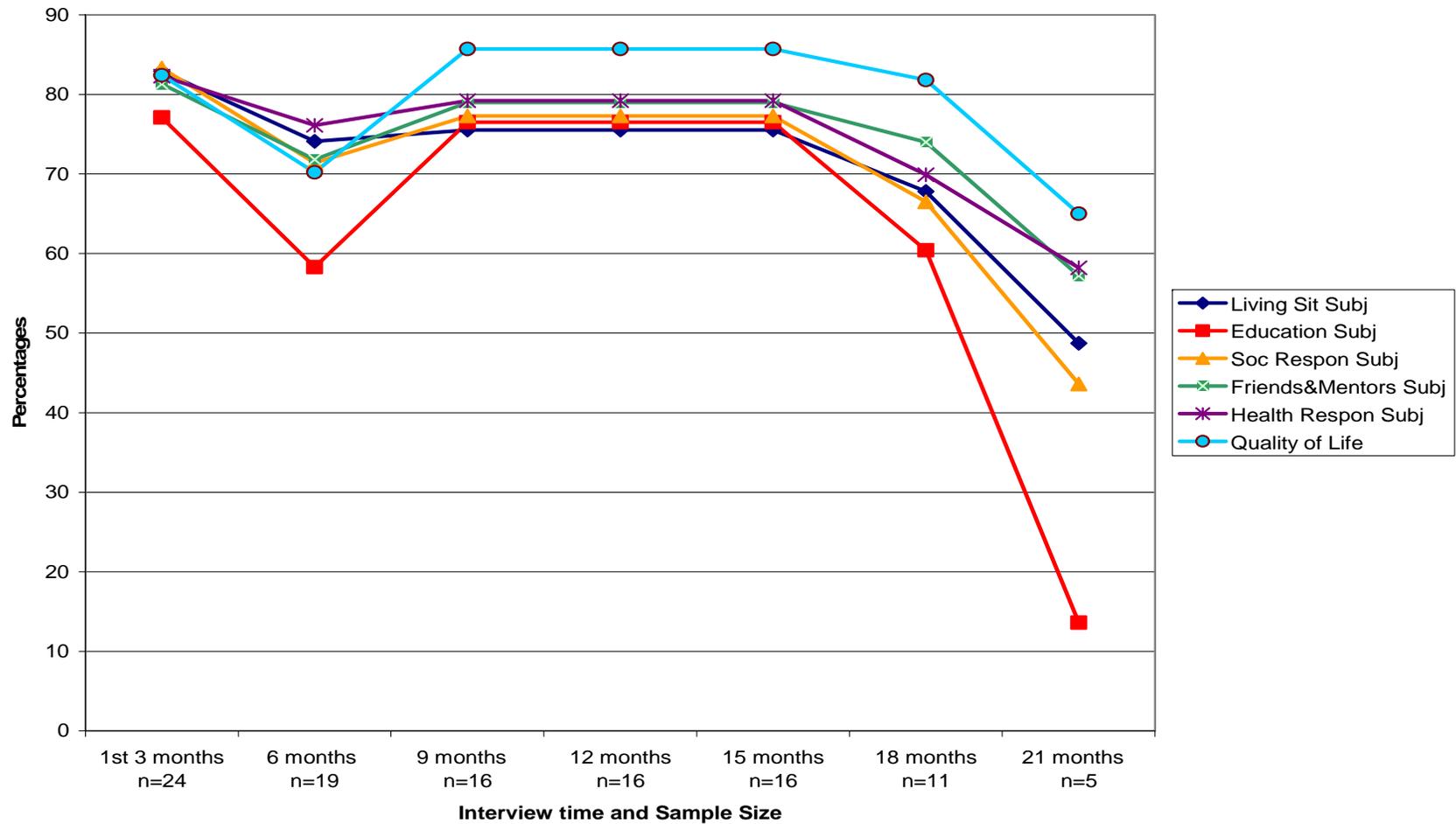
CARTS Progress Tracker

Scores on the CARTS Progress Tracker indicate that youth did not make objective progress in their transition to independence over time (see graph 4 objective CARTS outcomes). Overall satisfaction with each domain (subjective outcome scores) remained fairly constant (see graph 5 subjective CARTS outcomes). Due to the small sample size, and a lack of normal distribution of CARTS scores within each domain, statistical tests to determine changes over time were deemed inappropriate.

Graph 4. CARTS objective progress scores over time over time



Graph 5. CARTS subjective satisfaction scores over time



(a) Employment

Objective scores of employment remained consistently low on the CARTS instrument because more than half of the youth (52 %) never held jobs that paid a wage. In response to initial findings, the program purchased and began to implement a vocational assessment software. Fourteen youth completed a vocational assessment, and four of them were subsequently placed in jobs that paid a wage. Item scores pertaining to productivity (the number of weeks a youth spent in employment or education settings) tended to be stable because youth enrolled in schools attended most days. As youth graduated productivity scores dropped because a majority of the youth did not pursue higher education, additional vocational training, or employment. Youth subjective experiences of vocational skill development were more adequately captured in a subsequent qualitative inquiry (see section below).

(b) Education

Objective measures show that education scores remained stable (between 79 to 82%) for the first 15 months of data collection. In the 18 month to 21 month interview period more youth left services, graduated and were not pursuing higher education or additional vocational training resulting in a sharp drop of the score.

Subjective education measures also remained relatively stable for the first 15 months (84 to 60%). In the last three month intervals of data collection scores dropped sharply in large part due to one very dissatisfied young person. Excluding this outlier score, satisfaction remained stable at 75%.

(c) Living Situation

Objective measures show that overall living situation for youth remained the same (between 82 to 95%). Subjective measures indicate that youth in the study were relatively satisfied and felt safe in their living situation (between 67 to 82 %).

(d) Community Life Adjustment

Overall objective scores on community adjustment scores indicated no significant changes. Youth scored highest on subcategories pertaining to friends and mentors (83% to 97%), followed by health responsibilities (80% to 100%) and social responsibility (60% to 81%). Subjective measures show that over time show that satisfaction within Community Life Adjustment remained the same. Overall youth were most satisfied with friends and mentors followed by social and health responsibility.

Overall, results of quantitative data show that the transition program did not yield the intended results. While some individual youth were successful in achieving their transition goals, on average neither short-term goal attainment nor intermediate progress on transition to adulthood was furthered although the program may have helped maintain youth in the community or support their development of psychosocial skills. The program, with this particular version of psychosocial group service at its core, did not translate into gains for youths' transition to adulthood outcomes as defined and measured in this study, although services may have helped to maintain youth in the community.

B) Results of Qualitative Data Evaluation

Youth (n=18)

Although many youth in the program shared the same goals, such as “graduating from high school,” “attending college or vocational school,” “finding a job I like,” “attaining a driver’s license,” and “saving money to buy a car,” most found the program not particularly helpful in attaining these goals. All but two youth agreed with the goals that were set forth on their behalf, yet only few (3) stated that the program helped teach them how to interview for a job and how to secure employment. Other goals cited by youth included getting married, working in the community, staying on medications, finishing the school year, and joining the Navy.

Youth had mixed experiences with the LifeQuest group. Two youth stated that they thought the group was boring citing poor exposure to educational and vocational opportunities. Youth frequently said they needed assistance in developing an established regular daily routine. They found watching videos “dumb” and going to the Salvation Army every day “boring.” Others found their peers in the program were a bad influence. Six youth reported learning new skills like gardening, painting, and cleaning as a result of their participation in the group and several reported that they liked meeting new people and learning skills needed to maintain employment such as punctuality and personal hygiene.

Two youth stated that participation in the program helped to get them out of the house, and two youth reported that services helped them to deal more effectively with their money and one found it helpful with anger problems. Youth expressed that they would have preferred being paid cash for their work so that they can save for a car instead of going to use a Wal-Mart Card in exchange for their work. An adult cooking class was also requested.

Youth further expressed they wished they had been treated more like adults, and would have liked more hands-on experiences, such as learning how to fix a broken lawn mower. Youth also would have preferred if staff had focused more on what they are doing right rather than on what they are doing wrong. One youth indicated that he could have worked harder in order to be more successful. Some youth also requested that Telemedicine (medication) appointments be easier to access to assist their overall functioning.

Youth rated the program a “7.6” out of ten. In their words, the program could be improved in the following ways:

- ☹ *Make it more exciting, not so boring*
- ☹ *Help more with peer issues in group*
- ☹ *Give us actual money for our work*
- ☹ *Spend more time 1:1 with each of us*
- ☹ *mediate group conflict more effectively to encourage participants to stay in the group*
- ☹ *Provide exposure to jobs that spark our individual interests*
- ☹ *Ask us what we want: “If they asked us we wanted to do I would have given it a ten”*
- ☹ *Don’t treat us like elementary school kids*
- ☹ *Offer more variety of activities*

Parents (n=14)

Most parents were complimentary of some aspects of the program finding that services assisted their child in acting more responsibly, and created structure for the youth. Asked about transition goals for their children, parents cited “independent living,” “graduating from high school,” “getting a job,” “going to college,” and “joining the military.” They also had goals pertaining to their children’s emotional development and quality of life, such as “having a better life than I had,” “moving along with life,” “being happy,” or “having confidence.” Many parents reported that their children were able to manage their behaviors more effectively as a result of their child’s participation in the program, thus improving social interactions with others. Many parents also commended group leaders for their assistance in their child’s school setting. Some of the parents stated that their children would not have graduated from high school had it not been for the mental health center’s persistent commitment.

Parents were least satisfied with the program’s job preparation component, expressing concern about the program’s lack of focus on job training and employment outcomes. Parents suggested to prioritize the work component of the program so as to encourage adulthood independence. They recommended job coaching services, and assistance with activities of daily living, as well as more effectively collaborating with community leaders and employers in an effort to dispel the widespread community stigma against youth with SED. Other suggestions emphasized more school collaboration and continued assistance in helping the youth to develop healthy peer relationships.

In order to secure long-term success, parents requested that their children be given more guidance and counseling in addition to broader access to community resources, such as more accessible counseling in addition to participation in the LifeQuest program. Some of the other necessary resources cited by parents included daycare and reliable transportation.

Overall, parents rated the program a “7” out of ten. For a “10” response the program would require:

- more job focused services,
- better communication with parents,
- more evidence of progress,
- more mental health counseling,
- and more funding.

Staff (n=14)

Asked about which mental health services seemed most helpful for youth to reach their goals, staff listed wraparound services, providing services in the community, collaboration with schools, learning money management, intensive case management, and the LifeQuest psychosocial group to help youth to develop more positive social and work skills. Still, staff also found that the LifeQuest group inadequately involved youth and their parents in the process of designing and directing the program.

Administrative and program staff believed that four factors positively impacted a youth’s success in the program: (1) higher level of functioning; (2) less severe diagnosis and better prognosis; (3) higher parent support/involvement; and (4) younger age. Barriers to success as identified by staff members included: lack of family support; lack of friends; multiple foster care placements; limited resources (transportation and lack of after school programming); multi-problem families; poor parenting skills; severe school problems; and stigma in the community against youth with SED.

For future transition programs, administrators and staff suggested

- better collaboration with community employers to more effectively assist youth in securing jobs on their path to becoming more self-reliant
- expanding of employment and job opportunities
- job training
- housing assistance
- exploring educational options
- more reality based life skills lessons such as cooking, balancing a checkbook, paying bills
- driving lessons
- securing administrator's investment in the program
- and having committed leadership.

Meeting notes and impressions of research staff, gathered throughout program development, data collection, and evaluation, served as a final source of qualitative data illuminating the process of the project. (These impressions were confirmed in a phone conversation with project staff.)

Transition coordinators expressed concerns about being overwhelmed by multiple expectations and a lack of consistent clinical supervision and peer support. Transition coordinators reported that they were expected to meet the same direct service obligations as other staff which did not allow for the enough time to develop contacts within the community on behalf of the youth served. Transition coordinators were left with the challenge to provide quality services to a vulnerable population, meeting evaluator's expectations of program development and data collection, meeting regular agency expectations of direct service time including paperwork requirements, as well as educate staff within the agency about the program. Periodic feedback meetings between researcher and transition coordinators, meant to be focused on data collection methods and discussion of potential improvements, became times for transition coordinators to process daily experiences of managing a psychosocial group for transition age youth. In the end, coordinators' sense of being overwhelmed led to tensions which may have been felt by youth and families participating in the program.

Overall, results of qualitative data confirm that the program fell short in its efforts to advance youth's progress in key transition domains, especially in vocational areas. While parents were generally satisfied with the program's support for youths' educational achievements and social skills, they also found that the program did not create enough opportunities for youth to learn concrete employment or independent living skills in real-life community settings. Youth expressed discontent with the design of the program, which put the psychosocial group at the center, and did not sufficiently engage young people in learning activities of their own interest and choosing. Staff concurred with these views and pointed to their need for adjustments of expectations and support from administrators in order to successfully develop and manage a transition program.

Limitations of the Study

This study involved a relatively small number of participants and had no control or comparison group. Meaningful statistical data analysis was hampered by the small sample size and fluctuating numbers of participants in the wake of new referrals and attrition. (Six participants left the program after less than three months of data collection. Three participants moved in less than six months of data collection.) Service data were the most reliably and

consistently provided for all 29 participants. Complete GAS and CARTS data were available for only 18 participants.

While the CARTS instrument is validated for its content areas, it relies exclusively on youth self-reports. Although outcome measures were somewhat triangulated by the GAS, which reflects the casemanagers' perception of youth's progress or difficulty, the GAS measured short-term goal attainment while the CARTS had a more intermediate focus. Because the CARTS is designed for transition age youth, it may not have captured outcomes for the younger group of program participants, such as improvements in prevocational skills. Family's perceptions of youth progress were not captured in quantitative measures. Qualitative interviews allowed an in-depth understanding of the program from various sources including parents but had to rely on a self-selected group of participants.

Lessons Learned

The program required a stronger focus on developing concrete vocational, prevocational and independent living skills. Reliance on this particular version of psychosocial group services as the core component of the transition to adulthood program apparently did not create sufficient real-life learning opportunities in the community, and did not lead to gains in transition domains. Group activities, according to participants, focused heavily on helping youth develop social skills and too little on vocational, prevocational, and independent living skills. Several months into the program, staff added vocational assessments, which were completed for 14 participants and led to employment placements of four youth. Earlier and higher emphasis on vocational areas could strengthen future programs.

Youth were not sufficiently involved in directing individual goals and program design. As the systems of care literature emphasizes, helping youth to become their own "life managers" (Deschênes & Clark, 2001) is an important ingredient in the transition to adulthood process. As the qualitative summary conveys, youth had clear ideas about what would make the services meaningful and useful to them, namely, concrete activities and experiences relating to employment and independent living.

Adequate administrative support and attention was needed to develop and implement a transition to adulthood program. Program staff needed more time dedicated to establishing and developing connections with community resources and employers. Consistent clinical supervision and peer support was also needed to assist transition coordinators.

A more integrated, on-site presence of researchers might have increased the use of data to update youth, parents and transition staff on their progress and direct next steps. Research staff had limited contact with youth and families except by phone when completing the CARTS interviews resulting in a lack of familiarity of youth with researchers. As a result, researchers opted not to share individual data with program staff or youth in a desire to maintain confidentiality and protect youth from potentially negative consequences. Thus CARTS data was not utilized for reflection and self-evaluation as recommended in the "Transition to Independence" (TIP) System (Clark & Deschênes, 2000).

When aggregate data trends were fed back, staff made efforts to address the needs and wishes expressed by youth. For example, after hearing many youth indicated they did not have jobs that paid a wage but would like to pursue this as a goal, transition coordinators established more community vocational contacts and purchased vocational assessment software. A more integrated role of researchers might have allowed for CARTS progress to be

shared with each youth, parents and transition staff. Periodically sharing results might have helped to empower youth and strengthen their voice in the direction of the program.

Recommendations for the Development of Future Transition to Adulthood Programs for SED Youth

- ***Emphasize vocational skill training, concrete community employment opportunities and independent living skills rather than general psycho-social skills.*** Individual targeted case management should be used to identify and meet youths' individual goals and needs in the vocational domain. Group treatment can supplement the process allowing for specific skill training common to participants but an individualized experience-based approach to vocational and living skill development should take preeminence in a transition program.
- ***Foster youth and family ownership of the program by maximizing consumer input in program development.*** Research and Training Centers for Children's Mental Health at the University of South Florida, and the University of Portland, OR., identify avenues for youth and families to become involved in program development and evaluation. Involving youth and families builds "resiliency, enhances protective factors, and leads to positive outcomes for children with emotional and behavioral disorders and their families" (Walker, 2001).
- ***Maximize youth and family input in ongoing program evaluation.*** A blend of quantitative and qualitative assessments provides program staff with youth and family voices and identifies strengths and needs in the program. Consistent feedback to youth and families should explain how gathered information is being used to shape the program.
- ***Make data collection procedures manageable, meaningful and useful to program staff.*** Requests for additional record keeping must remain manageable for project staff. Research project staff needs to be readily accessible to staff in order to provide technical assistance for data collection and relay how data collection can be utilized to assist program staff.
- ***Set the stage for successful community-based transition programs by assessing community readiness for a transition to adulthood program, identifying supportive individuals and organizations, and establishing connections with key individuals in the community.*** Building upon existing resources in the community includes identifying potential job training and employment sites, educating community members about the nature and purpose of the program, and about the population involved. Seven "Transition to Independence" (TIP) system guidelines (Clark & Deschênes, 2000) provide a basis for understanding how to assess a community's readiness to develop transition to adulthood programs.

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