Introduction

The period of "emerging adulthood," which includes late adolescence and early adulthood, (generally including ages 16 or 17 up through age 25), is a time of life when young people typically experience many changes and challenges. Challenges are exacerbated by the presence of a serious mental health condition. In fact, emerging adulthood is the time of life during which people are most likely to experience a serious mental health condition. Challenges related to having a mental health condition can disrupt a young person's development during this period of life; however, the services that are available for this population were developed either for children or older adults and have not been modified to match young people's needs and preferences. It is in this time of life when young people are least likely to access mental health services or remain in services if they do access them. Barriers to accessing services include the fear of stigmatization of their mental health challenge, as well as the perception that the services are not engaging, helpful, or relevant to them. The Healthy Transition Initiative was created to address these barriers and others related to young adults with serious mental health conditions accessing services.

In 2009, the U.S. Substance Abuse and Mental Health Administration (SAMHSA) funded the Healthy Transition Initiative (HTI). This was SAMHSA's second initiative focused on youth and young adults with mental health disabilities. The first initiative was the Partnership for Youth Transition Initiative which served to develop program models that were adopted and adapted in the HTI grants. The states that were awarded HTI grants were

- Georgia
- Maine
- Maryland
- Missouri
- Oklahoma
- Utah
- Wisconsin

The seven HTI jurisdictions received funding beginning In October of 2009 and ending in September 2014. The Goals of the HTI are to:

- Identify and implement evidence based models for service delivery to young adults with serious mental health challenges in at least one local implementation community
- Bring together relevant stakeholders at both community and state levels
- Identify system level issues and set in place action plans to affect change to state and local policies
- Involve young adults and their families in the process.

Each HTI jurisdiction met these goals with a unique combination of state and local activity. The seven states implemented HTI services in 10 implementation communities; four states implemented in one local community while three states implemented in two local communities. During the fifth year of funding, Principal Investigators and Program Directors

from the HTI jurisdictions advocated for the development of a Tool Kit as a way of passing on the lessons they had learned about effectively supporting young adults. With support from the Child, Adolescent and Family Branch, SAMHSA and the National Technical Assistance Center for Children's Mental Health, Georgetown University, Pathways RTC received resources to facilitate the compilation of the items for the Tool Kit and to develop several Issue Briefs, focused on the impact of HTI at state and local levels.

This Tool Kit was developed to display documents developed and/or used by HTI jurisdictions at both the state and community level. Each document was nominated because an HTI staff had found it useful in the process of developing services for youth and young adults. The Tool Kit provides an organized, central location for others to easily find these documents in the future. As an adaptable and versatile educational resource, this serves as a starting place for those states and communities who are beginning to plan for ways of better meeting the needs of young adults with mental health challenges.

Acknowledgements

This compilation of tools for the Tool Kit was funded by a contract between the Research and Training Center for Pathways to Positive Futures, Portland State University, Portland, Oregon and the National Technical Assistance Center for Children's Mental Health, Georgetown University Center for Child and Human Development, Washington, D.C. The views expressed do not necessarily reflect the views or policies of the funding agency and should not be regarded as such.

The tools that appear in this Tool Kit were developed by or nominated by a staff member from one of the Healthy Transition Initiative States. We thank the many HTI staff who identified the tools and made them available to us for use in the Tool Kit. The contact information for the Principal Investigators and Program Directors for each of the seven grantees is provided in the "Resources" section of the Tool Kit.

We also acknowledge the contributions of Julie McGinty, Nicole Aue, and Janet Walker of the Pathways RTC and Gwen White from the National Technical Assistance Center. Our profound thanks go to Diane Sondheimer, SAMHSA, whose vision and persistence made HTI possible.