Healthy Transitions INITIATIVE

ISSUE BRIEF 4

IMPROVING LIFE TRAJECTORIES FOR YOUNG ADULTS WITH MENTAL HEALTH CHALLENGES

An Exploration of Structures and Processes at State and Local Levels That Foster Sustainability

Sustainability is the continued use of program components and activities for the continued achievement of desirable program and population outcomes. (Scheirer, M.A. & Dearing, J.W., 2011)

SAMHSA's grants to promote successful transition to adulthood delineate clear expectations that grantees will create, expand, and sustain youth and young adult-driven and family-supported services and infrastructure that leverage state-of-the-art program implementation. (Note: These grants provide venture capital to launch and sustain structural changes at the system level that result in improved services and supports for young adults with mental health concerns.)

This issue brief discusses how two states and one county were able to sustain services and supports for young adults of transition age beyond federal grant dollars and expands upon effective strategies for establishing developmentally appropriate, responsive, and youth and young adult-driven approaches for this population.

Methodology

Information obtained for this brief was gathered through semi-structured phone interviews with key informants from state and local jurisdictions that previously received federal funding to establish policies and practices that support improved life trajectories for young adults 16-25 experiencing mental health challenges. Jurisdictions were identified based on having received federal grant funds specific to young adults that were able to sustain efforts through practice and policy change post award for more than one year. Jurisdictions selected for interviews were:

- Allegheny County, PA, Partnerships for Youth in Transition (2002-2006)
- Georgia, Department of Behavioral Health and Developmental Disabilities, Healthy Transitions Initiative (2009-2014)
- Vermont, Department of Mental Health, System of Care (2009-2012)

[1]The grants to be described were funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) under these titles: Healthy Transitions Initiatives (HTI) and Partnerships for Youth Transitions (PYT) both of which were modeled on Systems of Care (SOC) Expansion and Sustainability Initiatives.

PREPARED BY

Evelyn Frankford, MSW, *Frankford Consulting*

Kristin Thorp, BSW, *Youth MOVE National*

Gwen White, MSW, *Georgetown Technical Assistance Center*

Brianne Masselli, MA, *Youth MOVE National*

Diane L. Sondheimer, M.S.N., M.P.H., C.P.N.P., *Center for Mental Health Services, SAMHSA*

Interview questions were consistent with SAMHSA's Theory of Change, grounded in key principles and strategies to guide grantees with implementing and sustaining innovations in behavioral health services beyond the life of direct federal financial supports (Substance Abuse and Mental Health Services Administration, 2015). Five critical areas were covered in each interview and responses were provided by key personnel such as state level leadership, program administrators, and young adult staff:

• Leadership, Management, and Oversight
• Policies and Procedures
• Financing
• Services and Supports
• Youth and Young Adult-Driven Practice

Leadership, Management and Oversight

In order to move grant efforts forward, each jurisdiction developed a core team of stakeholders including public officials, community-based organizations, providers, youth and young adults, and family members. These core teams, often the governance bodies providing the vision and direction for grant activities, identified key strategies to address multiple intersecting challenges: capacity building, infrastructure development, policy change, and the development of a new workforce that includes young adults. The aim of grant leadership was to support youth and young adults as they transition into adulthood and create productive and satisfying lives.

Each governance body was tasked with creating a **change management plan** to enhance interagency

relationships and collaborative partnerships and to monitor, change, and sustain innovative services and supports. While each jurisdiction had its own unique governance structure, several critical themes emerged among former grantees: The commitment to increase interagency collaboration and communication between systems, the larger provider network, and youth and families; identification of champions to serve as leaders and committed change agents; and the inclusion of youth, young adult and family voice.

During the grant cycle, Georgia established an Interagency Director's Team (IDT) which was committed to revising infrastructure focused on children's services. A decision was made to incorporate young adult issues into the existing Office of Children and Adolescence, which eventually was restructured to the Office of Children, Young Adults, and Families (OCYF). The IDT redefined age eligibility language to expand services for 0-18 year olds to 0-21 year olds. However, for planning and programming purposes OCYF retains responsibility for the young adult population up to age 26. The ultimate goal is to ensure a warm hand-off between child and adult behavioral health services.

Across the jurisdictions, strong leadership provided vision and supported ongoing momentum of grant initiatives. In Vermont, champions within government were considered essential to sustaining grant activities beyond the life of the grant. Stakeholders from Vermont identified that having *believers* in the work at the state and local levels who were willing to educate their peers encouraged a culture shift within the overall system. Critical to

A **change management plan** defines activities and roles to manage and control change that might occur during the implementation of a project. Change is often inevitable throughout the life cycle of a project and having a plan in place helps control the effects of those potential changes.

sustaining the work was the process of relationship building between young people and adult partners. Once adults, particularly those in government, were able to experience youth as community builders interested in being a positive force, a mutual respect developed, leading to a commitment to empower and listen to young adult voice.

"The grant strengthened all stakeholders' sense of purpose. There was meaning to the work which needs believers. There is a huge benefit to having people in power to advocate for this work." — VERMONT

Each jurisdiction emphasized the importance of creating space for youth and young adults to advise and support decision making through the stages of development, implementation, and evaluation of grant activities. For example, in Allegheny County, the Children's Cabinet, which drives policy and practice changes, is composed of 51% youth and family members. Young adults are able to provide recommendations and guidance to system leaders, and while they serve in an advisory capacity, concerns and suggestions of youth are taken seriously as every effort to build consensus is undertaken. The Children's Cabinet also works closely

with System Improvement Through Youth (SITY) which has transitioned from being a youth advisory board to a local Youth MOVE Chapter. Partnering with an existing youth advocacy program or organization, such as SITY, was a common strategy employed by all three grantees.

Policies and Procedures

Policy and procedure changes are fundamental to sustainability efforts. Although policy change can be a challenging process, it often has the most lasting and significant impact. Each jurisdiction shared experiences with implementing unique policy strategies to achieve goals necessary to building a responsive system for youth and young adults. Policy change was consistently utilized by each site to encourage better collaboration and communication between systems and to offer guidance to provider agencies on best practices for engaging and serving youth of transition age. The development and maintenance of these cross-systems partnerships was vital to creating long-lasting system changes. Another common feature was to establish workforce development opportunities for contracted agencies and in some cases, the incorporation of standards and requirements into contract language for providers serving the population of focus. Further, it was common for provider agencies to develop individualized policy changes within their organization to accommodate local government-issued guidelines and enhanced services such as peer supports.

Allegheny County took steps to develop comprehensive communications and interagency collaboration policies to ensure the integration of services. Throughout the duration of their Partnerships for Youth in Transition (PYT) grant, Allegheny County identified the challenge of interagency communications, specifically around the confidentiality policies and regulations within individual systems. In order to adapt to this challenge, officials worked to identify a structure that upheld the legal requirements of confidentiality yet allowed for information sharing between agency offices. They were able to do this by developing an information system that includes a plan to develop an outward facing client view so young people have access to their information and records. Similarly, Allegheny County created "Steel City Safe," an electronic repository for youth and young adults to use to keep track of private documents such as birth certificates, social security numbers, or personal items like baby pictures. This approach enabled Allegheny to streamline communications between systems and more effectively serve the population of focus.

Vermont similarly experienced communication challenges, specifically related to confidentiality concerns. Mental health agencies providing services under the grant needed to adapt communication strategies for serving youth of transition age; however, social workers, case managers, and clinicians were concerned about the use of text messages, email, or social media as a means of communicating with young people. The state's initiative leaders worked closely with agencies to develop a comprehensive social media policy to enable a more responsive strategy for communicating with young people. In addition, leaders worked with mental health agencies on developing policies that allowed for the inclusion of a peer workforce at the local level. One respondent emphasized that throughout the grant, significant effort went into developing and incorporating young adult peers and outreach workers. Local providers were less familiar with utilizing a lived experience approach versus clinical treatment, therefore embracing the service took time, advocacy, and education. This support has been sustained and is now integrated into Vermont's service array for youth of transition age.

Georgia's approach to improving services was a contracting policy change and the allocation of state general funds to support efforts related to youth and young adults of transition age. One particular strategy was to shift how Requests For Proposals (RFPs) are solicited and incorporate requirements for best practice approaches into RFPs. The purpose of this shift was to ensure the provider network is trained and knowledgeable about young adult issues. RFPs look for applicants to respond to various engagement methods for serving youth and young adults. For example, applicants must identify how technology will be utilized to serve the population. Contract deliverables also require provider staff to be trained in using Georgia's Provider Toolkit for Emerging Adults with Serious Mental Health Conditions. In order to support providers in meeting contract requirements, Georgia hosts an annual Provider Symposium and System of Care (SOC) Academy with sessions related to youth and young adults. Local providers have access to training on the **Transition to Independence Process (TIP)** model and Hi-Fidelity Wraparound (among others) and receive manuals and tools with guidelines for engaging this population.

TIP is an evidence-supported case management model that prepares youth and young adults experiencing mental health challenged for their transition into adulthood. One of few existing models for transition age youth (14-29), the TIP process encourages youth to move toward greater self-sufficiency and achievement of their personal goals related to TIP's identified transition domains:

- Employment and career;
- Education;
- Living situation;
- Personal effectiveness and well-being; and
- Community-life functioning

(Clark, 2004)

Financing

With many jurisdictions facing budget limitations, grant initiatives must thoughtfully plan for sustaining the work with available and ongoing funding sources. Stakeholders from each of the three jurisdictions shared the challenge of implementing a new service that could potentially be cost prohibitive for long-term sustainability. Each site built upon previous grants and existing infrastructure in order to further develop programs and accomplish lasting systems change. A respondent from Allegheny stressed that the philosophical approach of systems transformation work is crucial. Each jurisdiction demonstrated a range of strategies to prioritize the services and supports they felt were most critical to sustain. Frequently cited were adjustments to state or county general fund dollars, capitalizing on state mental health block grant dollars, and partnering with Medicaid Authority to expand the service array. Evaluation data was

also seen as a tool for policy advocacy and decision making.

Throughout the duration of their SOC grant, Vermont emphasized the importance of data collection and evaluation. Evaluators from the University of Vermont partnered with the state team to build relationships with local communities to train and develop providers' understanding of why data collection is important. One respondent articulated that changing the relationship with evaluation was integral to their sustainability efforts. When federal funding ended, initiative leaders and over 120 youth and family members advocated before their state legislature for a continuation of funding. Youth and family presented evaluation outcome data and provided personal testimonials to justify continuing ongoing funding of the services and supports developed under the SOC initiative. This advocacy resulted in the legislature appropriating 75% of the original SOC budget, despite a state budget deficit. This has allowed for a continuation of services in 9 of the 12 original sites. State general fund dollars also continue to pay for a full-time Youth Coordinator. In addition to general funds, Vermont also heavily relies on its unique **Global Commitment Waiver Medicaid** program, which allows flexible spending and

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"Because we built off prior grants and processes, we were able to achieve sustainability. Systems change is a change in philosophy, not a service. One needs a shared vision, strong leadership from top down and bottom up, and a minimum of 10 years to change culture and processes." — ALLEGHENY COUNTY

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funding of non-traditional services and supports, including youth peer support. Local youth groups, like Vermont's successful Teens 4 Change Youth MOVE Chapter, receive some state general funds, but primarily fundraise at the local level.

The **Global Commitment Waiver** imposes a cap on the amount of federal Medicaid funding available to the state of Vermont. In exchange for assuming the risk of receiving a fixed dollar amount, the waiver enables Vermont to use federal Medicaid funds for non-traditional services and supports, that are in line with the state's preventative, public health approach.

(Guyer, 2006)

Georgia is currently operating with overlapping federal grants which has enabled them to carry over and integrate the Healthy Transitions Initiative (HTI) work into the state's current SOC expansion grant. The IDT did substantial ground work to incorporate and adjust funding that was within their own authority. State general funds have absorbed the cost of the TIP trainers and young adult services such as statewide club houses. OCYF has built both the Parent and Youth Coordinators into their budget line to ensure youth and family voice is sustained beyond federal funding initiatives. Georgia has both blended and braided funding with various other sources, including mental health block grant and Vocational Rehab. State leadership is currently working with Medicaid Authority to make youth peer services billable; however, to encourage a continuum of informal to formal supports, non-traditional services for young people, including the state's Youth MOVE Chapter, are

funded through general funds and mental health block grant dollars.

Allegheny's success with sustainability is multi-layered through leadership built upon previous grants which allowed for significant infrastructure and program development, particularly of the county's Youth Support Partner (YSP) Unit. A shared vision from both administration and youth and families helped advance Allegheny County's mission to strengthen coordination of services at the county level and to improve outcomes for youth of transition age. Administrative level champions helped to procure program funding through the county's child welfare needs-based funding budget. In addition, the cross-utilization of resources among systems tends to support ongoing funding of programming. Specifically, Allegheny County uses a bundled Medicaid rate to cover High Fidelity Wraparound which includes a YSP as a member of the Wraparound team. Currently, Medicaid does not cover YSPs for youth who are not enrolled in Wraparound services; however, officials are working on a Medicaid Waiver amendment that may allow for youth peer support to be a billable service in the future. Fortunately, the needs-based funding received from the Department of Public Welfare enables accessibility of peer support. PYT leadership used data-driven decision making to identify which programs and supports needed to be sustained based on their current level of impact.

Services and Supports

There are limited services and supports specific to youth and young adults of transition age (Singh & Tuomainen, 2015). Many providers adapt services developed for younger children or adolescents. For example, many communities adapt Wraparound, which is traditionally a family-centered case management approach, to serve the young adult population. In order to more effectively meet the needs of young adults, Wraparound facilitators modify their approach to be more youth-driven, enabling young adults to drive their treatment planning. The unique needs and experiences of this population require grant initiatives to build a more proactive system that will support young adults in improving their life trajectories. Each jurisdiction identified key strategies to support this effort. Most common was the incorporation of programming and treatment models that are specific to this population. Frequently cited was the use of the TIP Model, the adoption of leadership and skill development programming to encourage independent living, the use of youth peer supports, developing low barrier drop-in centers, and workforce development for both young people and the provider network.

While receiving HTI funding, Georgia incorporated the TIP model to serve young adults experiencing behavioral health challenges. Utilizing the TIP model as a framework, the state's Vocational Rehab and Supported Employment programs included **TIP's Community Life** Functioning domains to address the unique needs of youth of transition age. Throughout the grant, Georgia's statewide Youth Coordinator worked with young people to develop a curriculum for Certified Peer Specialists; the next step for full implementation of this program is making the service billable. However, the state has carved out

Youth and young adults of transition age have unique challenges to accessing mental health support:

- Imbalanced resources between the child and adult serving systems.
- Discontinuity of care due to varying eligibility (e.g. age) and different definitions of mental illness within the child and adult systems.
- Few, if any programs are specifically tailored to the young adult population, particularly in the adult system.
- Programs in the adult system rarely consider the different interests, lifestyles, activities, and needs of young adults.

(Davis, 2005)

general funds along with federal mental health block grant dollars for special initiatives for the young adult population. Further, to supplement funding for needs that are not deemed billable, the state has developed community partnerships to support these efforts. For example, the state currently partners with their local National Alliance on Mental Illness (NAMI) Chapter, Mental Health America Georgia, Georgia Parent Support Network, and Youth MOVE Georgia. These entities provide non-traditional support to youth and young adults including

Community Life Functioning Domains:

- Daily Living
- Leisure Activities
- Health
- Self-determination
- Communication
- Interpersonal Relationships

(Clark, 2004)

the Transitional Youth Peer Center, operated by the Georgia Parent Support Network, which develop youth leadership skills and supports young people in achieving their personal goals including education, employment, and independent living.

"Long standing relationships among team members and stakeholders in other agencies provide opportunities." — GEORGIA

Much like Georgia, Vermont enhanced their service array with the implementation of the TIP model. Over time, administration found maintaining fidelity to TIP became cost prohibitive; nonetheless, they embedded similar philosophies and principles throughout their programs. Leadership also implemented the **Youth Thrive Framework**, a model based on the tenets of Positive Youth Development, resilience, brain development, and stress and the impact of trauma. This accessible framework has been infused into all practices and continues to be embedded in their system's organizational culture. Like the other jurisdictions, Vermont has also incorporated the use of drop-in centers to engage and serve young people. Throughout the grant, a system was developed for youth and young adults to become mentors and peer supports. They have connected the peer workforce to the drop-in centers to increase service accessibility. Leadership has encouraged a street outreach approach with both young adult peers and case managers. These peer-based outreach workers are able to educate at-risk youth on the fundamentals of mental health, as well as the availability of services. Because they often do not tap into

Youth Thrive has identified protective and promotive factors that increase the likelihood that youth will develop into healthy, thriving adults. These factors are:

- Youth Resilience
- Social Connection
- Knowledge of Adolescent Development
- Concrete Support in Times of Need
- Cognitive and Social-Emotional Competence

traditional service supports, special attention has been paid to Vermont's immigrant and refugee resettlement community. To address this need, state funds were used to develop the Diversity Rocks International Youth Group. Diversity Rocks is a youth-driven group whose goals are to support immigrant integration, create cultural awareness, and minimize stereotypes aimed at the immigrant and refugee population. Diversity Rocks continues to be an active group, working to support youth and young adults throughout Vermont.

Allegheny County has developed a culture of using data for learning and opted to focus on expanding the most successful and innovative services. Allegheny uses High Fidelity Wraparound and has emphasized the growth and expansion of their YSP Unit. This has enabled the YSP Unit to bolster capacity; the unit now employs 28 YSPs with capacity for 35 and serves approximately 500 youth per year. Additionally, the county has allocated resources to build in services that support successful transition including housing support, education, and life skills development opportunities. Many of these additional resources can be

accessed at the 412 Youth Zone, a one stop shop youth center created for young adults who are homeless or at risk of homelessness, and/or graduates of the foster care system. The goals of the center are to prepare youth and young adults with independent living skills and to also provide a place for youth to receive medical and behavioral health services through a **trauma-informed approach**. In order to better assess the needs of young adults, leadership modified the Child and Adolescent Needs and Strengths (CANS) tool to be more developmentally appropriate for youth of transition age. Allegheny's modified tool is now utilized nationwide. Workforce development was a cornerstone of the PYT work, and the county highlighted educating other systems (e.g., judicial, juvenile justice, law enforcement) on best practice for engaging this population. For example, grant leadership provided Crisis Intervention Training for local law enforcement.

A **trauma-informed approach** realizes the widespread impact of trauma; recognizes the signs and symptoms of trauma; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to avoid re-traumatization.

A trauma-informed approach adheres to six key principles:

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice, and
- Cultural, historical and gender issues.

(SAMHSA, 2014)

Youth-Driven Practice

Youth-driven practice is a critical component of engaging youth of transition age. Young people need to feel their voice is valued, whether in program development or individual treatment planning. Youth MOVE National (2011) has identified key features in youth-driven practice that include young people being empowered, educated, and given a role in decision making. Each jurisdiction embraced youth-driven practices as a sustainability strategy. Respondents found that capitalizing on relationships with young people could lead to stronger advocacy efforts as well as the development of systems and programs that more effectively meet the needs of youth. Each grant community adopted various methods for engaging in youth-driven practice. Common features were the inclusion of youth in governance and advisory boards, offering leadership development, life skills and education opportunities, including youth in the workforce, and partnering with existing youth programs to drive planning and implementation of youth programming.

Allegheny County leadership hired the first YSP in 2003. Administrators soon learned they were not providing an appropriate level of support to ensure success. This led to a departmental journey to build a more useful framework to support their efforts. This process of self-reflection and willingness to acknowledge areas of growth and opportunity, reflects a commitment to youth-driven practice. As their practices developed, the department began to utilize youth in a greater decision-making capacity. For example, Allegheny began involving youth in interview committees helping create real-time empowerment with immediate results for young people to experience. This process uses consensus building where youth are given equal decision-making power. Working with youth has changed dynamics with adult staff, who have learned to look at young people's assets, and has encouraged mutual respect and trust.

Georgia focused much of their energy on youth leadership development to build capacity in the next generation of youth leaders, behavioral health providers, and advocates. In order for youth to effectively participate in systems change, they must be supported in developing skills and confidence (Powers & Tiffany, 2006). During their HTI grant, Georgia developed a Certified Youth Peer Specialist Curriculum. This curriculum development was co-facilitated by the state level Youth Coordinator who engaged systems-involved youth throughout the process to solicit insight and feedback to inform content. Their youth voices were a pillar to the curriculum, having significant impact on the look of the content. This curriculum has been rolled out and training has been offered to providers.

During their SOC funding, Vermont articulated guiding principles to support the state in making the SOC efforts fruitful. Included within these principles is youth empowerment and leadership development. This philosophy permeated all of their grant activities and continues to be embedded within their system practices. This is exemplified with their strategy to build a youth workforce, particularly peer support and outreach workers. Lived experience was seen as a valuable asset that enabled youth and young adults with similar experiences to build rapport and connect with their youth peer support workers. The peer workforce enabled outreach to the most diverse youth and contributed to the ongoing engagement of youth accessing services.

Lessons Learned

The jurisdictions interviewed achieved sustainability by making certain adaptations to their pre-existing infrastructure, culture, and political climate. They also maximized federal investment by prioritizing innovative services and supports and policy and procedural changes. Adaptivity enabled each jurisdiction to create developmentally appropriate, responsive, youth-driven systems.

Although these jurisdictions successfully implemented strategies to achieve better outcomes for youth, the bridge between child and adult systems remains one of the most challenging issues for all three jurisdictions interviewed, as it is across the nation. Nationally, half of adult service sectors in mental health authorities do not provide transition services for young adults.

Many efforts were made to engage the adult system and develop processes that ensured a warm handoff from the child to adult system. Each jurisdiction took proactive steps to plan and prepare young people for the transition into the adult system; yet, the restrictive eligibility criteria in the adult system related to Serious Mental Illness remains a significant challenge and barrier (U.S. Government Accountability Office, 2008). In order to address this challenge, each jurisdiction increased age eligibility within their child-serving systems; however, gaps remain for older youth and young adults.

A cornerstone of the sustainability of each jurisdiction's initiative was the willingness to change policies

and procedures within their authority. Respondents found that the necessary intervention is not always a new service. In fact, throughout the inquiry, it became clear that changing processes rather than establishing new programs is an effective sustainability strategy. Policy and procedural changes are practical ways to ensure fundamental shifts, such as youth-driven practice that are embedded within daily routines which are part of the system. These changes can be sustained even under fiscal limitations. With the knowledge that not everything would be sustained, each jurisdiction prioritized the most innovative services and supports developed with their federal grant dollars.

SAMHSA grants provided each community with the opportunity to further develop their infrastructure and make choices on administrative reorganizations to most effectively meet the needs of youth of transition age. These administrative shifts often coincided with committed champions serving as leaders of a grant team. These champions, both inside and outside of government, were effective advocates who supported ongoing momentum of the work. Not only did they campaign for system change strategies such as the inclusion of youth and family voice, hiring youth as staff, and offering workforce development, they also served as liaisons between agencies, working to educate those involved in work with transition-age youth about the philosophies and values of SOC and youth-driven practice.

These jurisdictions highlight the opportunities to adapt knowledge about sustainability within diverse contexts and the benefits of federal investment in building systems that support youth of transition age to live purposeful, fulfilling lives.

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