

Assessing State Support for Communities Providing Comprehensive Care for Youth and Young Adults with Serious Mental Health Conditions:

Results of the *State Supports for Transition Inventory* for
the State of “X”

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Highlights of Findings

In the spring of 20XX, the State of X elected to use the **State Supports for Transition Inventory** (SSTI) to assess the extent to which the state is supporting local service systems to develop their capacity to collaborate in providing comprehensive care for youth and young adults with serious mental health conditions. State-level stakeholders responded to the SSTI assessment from April – June 20XX. Simultaneously, one or more communities within the state responded to the companion assessment, the Community Supports for Transition Inventory, which measures community capacity to provide comprehensive care. This report includes data from the state-level survey only: Findings from the community survey(s) are reported separately.

This report provides background information on the SSTI and findings from the assessment.

Highlights from the findings include the following:

- The final list of potential respondents from the State of X included [X] people for the SSTI. Of these, [X] responded, and [X] either declined or did not respond. This represents an overall response rate of [X]%.
- Three of the respondents said they had roles in state mental health administration, while two identified themselves as having other positions in state-level administration. However, the largest number (n=6) of respondents identified themselves as having “other” roles. These included roles such as evaluator and family member.
- For the entire SSTI, the State of X had an overall grand mean (or average) item score of 1.96. On the scale of the SSTI, respondents rate each item from 0 (least developed) to 4

(fully developed). A grand mean score of 1.96 corresponds to an overall level of development that is just below “midway” on the developmental scale.

- Means for the individual themes on the SSTI showed levels of development ranging from slightly below to slightly above the “midway” point. The highest score was in the theme of *partnerships* (theme 1), while the lowest score was in *access to supports and services* (theme 5).
- The State of X had its highest scores on two items from theme 1, *partnerships*. These items were *awareness and partnering* (item 1A) and *influential family/ally voice* (item 1D). A third item from theme 1—*forum for collaborative work* (item 1B)—was among the next highest scoring items.
- The three lowest scoring items each came from different themes. Least development was perceived by respondents for *access to peer support* (item 5F), followed by *disparities monitoring* (item 6E) and fiscal understanding (item 4A). Special attention to these areas may thus be warranted.

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Background on the SSTI

Why is it important to measure how well a state is supporting its local communities to provide care for youth and young adults in the “transition” years? Youth and young adults with serious mental health conditions typically have complex needs that cannot be met within a single agency or organization. Instead, a comprehensive approach usually includes services and supports from a variety of sources, including agencies or organizations focused on mental health, education/vocation, housing, justice/corrections, developmental disabilities, and others. Other organizations and agencies—including provider agencies and community organizations—may also be involved. Furthermore, depending on the young person’s age, the services and supports received may be provided through child systems or adult systems.

Providing comprehensive, effective services and supports to this population requires that local agencies and organizations make some fundamental changes in their approach to serving this population. For example, these various agencies and organizations need to be able to collaborate and coordinate their efforts so that they can meet the particular needs of individual young people. Additionally, the agencies and organizations need to hire staff that has expertise in providing developmentally appropriate care for this population. Perhaps most obviously, child- and adult-serving systems need to be able to work together to overcome discontinuities and service gaps that often occur when young people pass certain milestones such as their 18th birthday.

State support and policies can play an important role in helping—or hindering—local efforts to make these fundamental changes. The SSTI is an assessment that is designed to give stakeholders reliable, objective feedback about the extent to which the state has developed the capacity to support local efforts.

What is the format for the SSTI? The SSTI is a web-based survey. State-level administrators and policy makers—as well as others who have requisite knowledge—respond to the items on the SSTI. The SSTI includes 26 items grouped into six themes:

Theme 1: Partnerships. *Collective awareness of and responsibility for the service needs of transition-aged youth with serious mental health conditions have been built across key state agencies.*

Theme 2: Collaborative Action. *Stakeholders take steps to translate transition values and principles into concrete policies and practices.*

Theme 3: Workforce. *The state actively plans for the development of a skilled workforce and supports employment practices that allow local staff to work in a manner that reflects transition values and principles.*

Theme 4: Fiscal Policies and Sustainability. *The State has developed fiscal strategies to support and sustain transition services and methods to collect and use data on expenditures for services for transition aged youth and young adults.*

Theme 5: Access to Needed Supports & Services. *There is statewide capacity to provide the services and supports that promote successful transitions.*

Theme 6: Accountability. *The state has implemented mechanisms to monitor the quality and outcomes of services for young people with serious mental health conditions.*

What information does the SSTI provide? The SSTI provides an overall score—for all themes combined—as well as a score for each theme and each item. Scores are computed by averaging respondents’ ratings for the appropriate item(s) on the SSTI. Respondents are asked to provide ratings for each item on the assessment; however, if they do not have information to rate a particular item, they are encouraged to provide a “don’t know” response.

What else should I know about the SSTI?

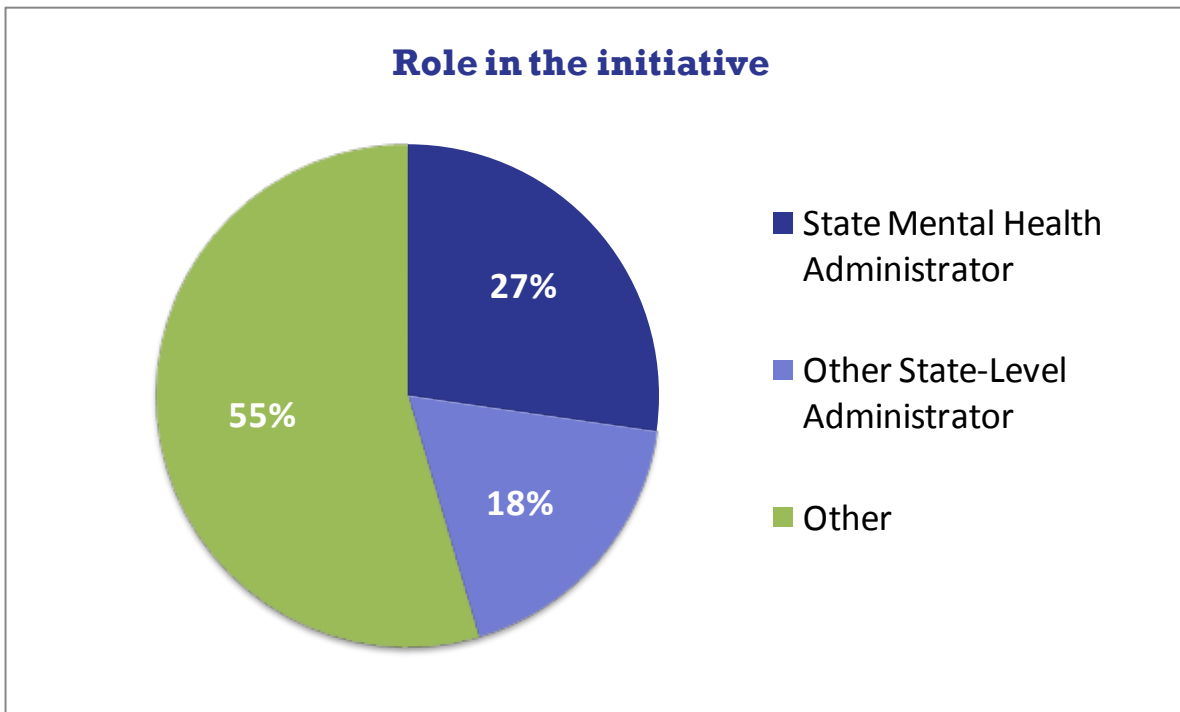
Further detail on how data for the SSTI is gathered and how the SSTI was developed is included in Appendix A of this report.

State of X

Response Rate and Respondent Characteristics

Response rate. The final list of potential respondents from the State of X included [X] people for the SSTI. Of these, [X] responded, and [X] either declined or did not respond. This represents an overall response rate of [X]%.

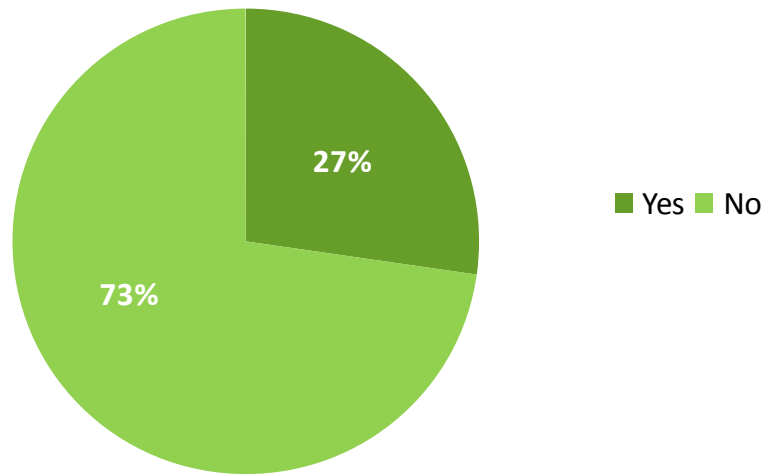
Respondent characteristics. Response rates are calculated from information provided by the local coordinator. Further information about the respondents is gathered during the survey. Respondents were asked to describe their primary role in state efforts to improve outcomes for youth and young adults with serious mental health conditions. Three of the respondents said they had roles in state mental health administration, while two identified themselves as having other positions in state-level administration. However, the largest number (n=6) of respondents identified themselves as having “other” roles. These included roles such as evaluator and family member.



In response to the question “Have you or your child ever received intensive mental health or related services?” 27% (n=3) indicated that they had.

□

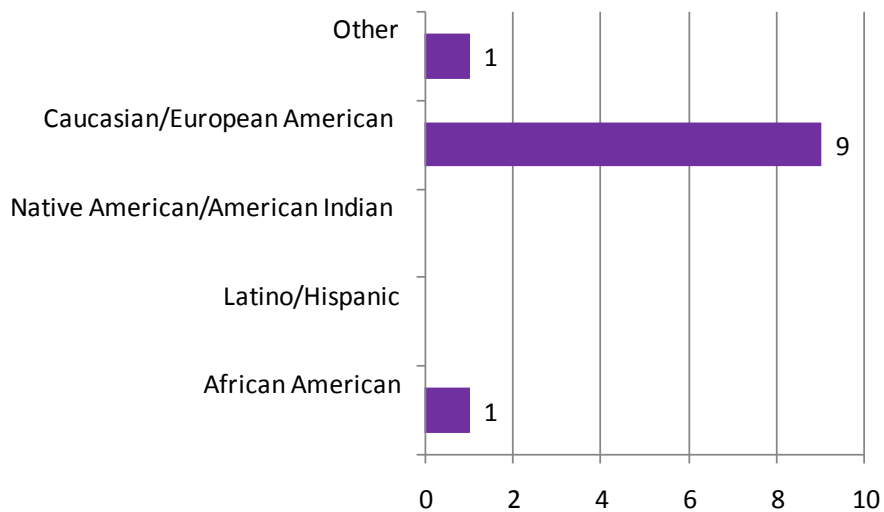
Ever received intensive services



When asked about their racial or ethnic background, all but two of the respondents identified themselves as Caucasian.

□

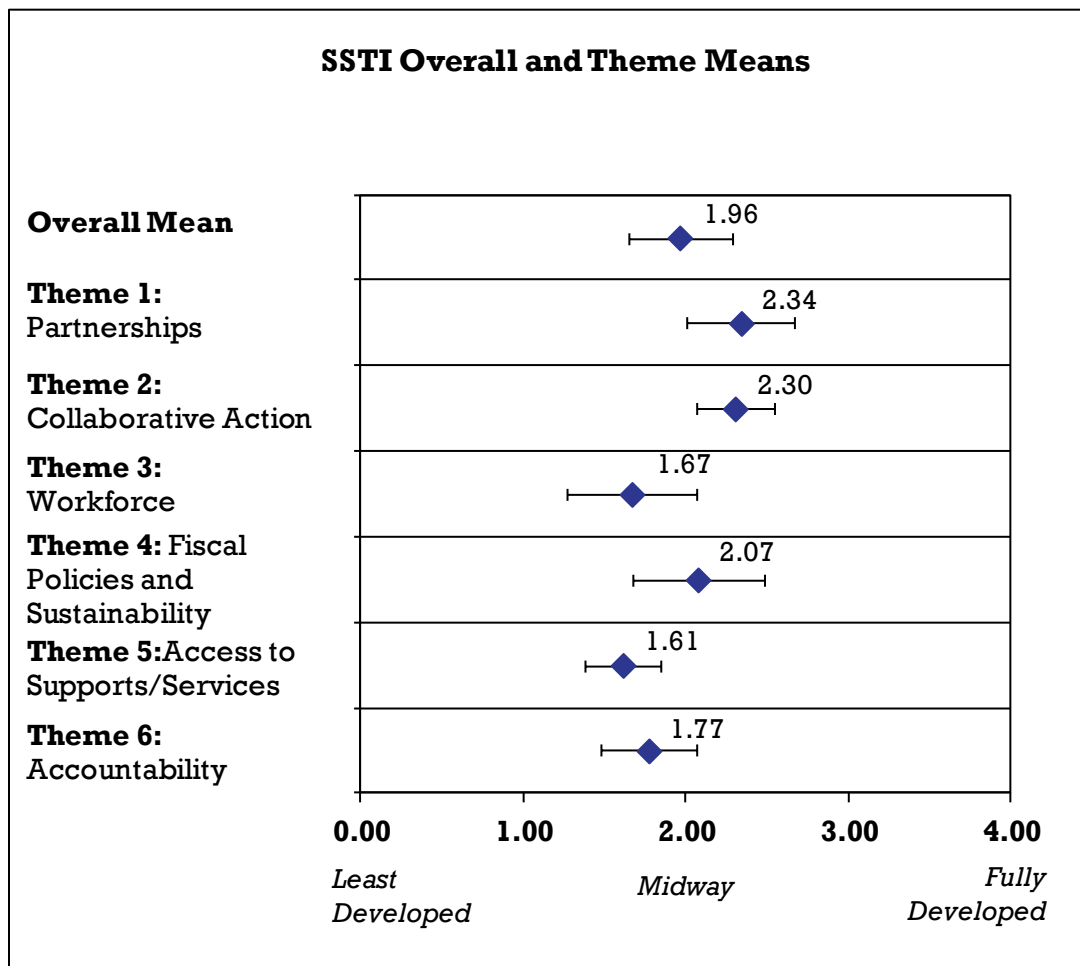
Racial or ethnic background



Overall Score and Theme Scores

It is easiest to interpret SSTI scores when thought of as mean scores on items or groups of items. For the entire SSTI, the State of X had an overall grand mean (or average) item score of 1.96. On the scale of the SSTI, respondents rate each item from 0 (least developed) to 4 (fully developed). A grand mean score of 1.96 corresponds to an overall level of development that is just below “midway” on the developmental scale. (The horizontal bars to the left and right of the markers showing the score are a confidence interval for the score.)

Means for the individual themes on the SSTI showed levels of development ranging from slightly below to slightly above the “midway” point. The highest score was in the theme of *partnerships*, while the lowest score was in *access to supports and services*. Each theme is discussed in more detail in the sections that follow.

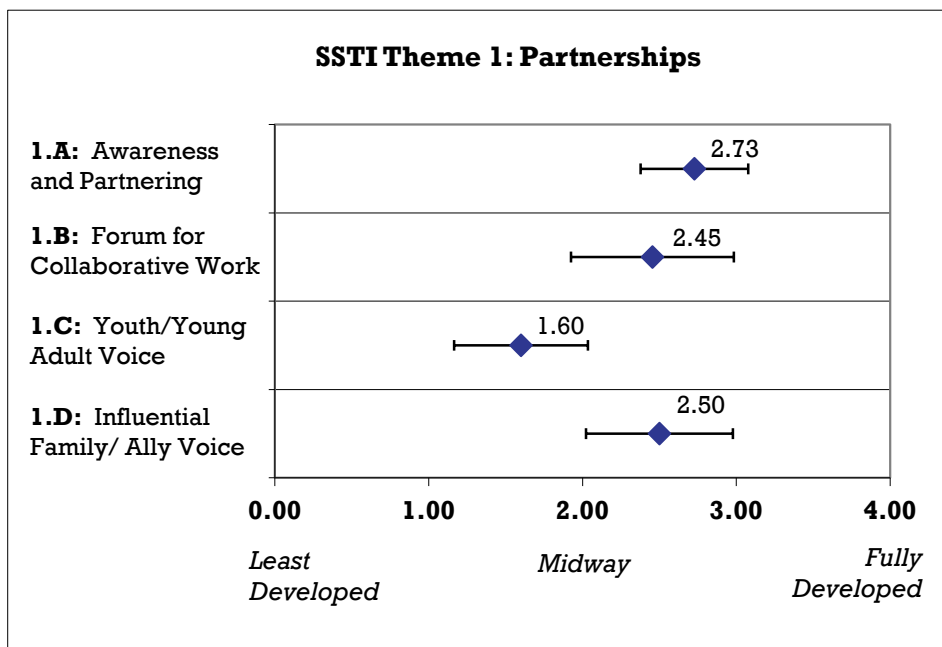


Theme 1: Partnerships

Collective awareness of and responsibility for the service needs of transition-aged youth with serious mental health conditions have been built across key state agencies.

The overall mean for this theme (2.34) showed the State of X to have higher scores in the theme of *partnerships* than in other areas assessed by the SSTI, although in most cases this difference was not statistically significant. The figure below shows individual item means for theme 1. Within this theme, the State of X appears to have made the most progress in *awareness and partnering*, and least progress in developing a *youth and young adult voice* on the state-level forum that plans and oversees the transition effort.

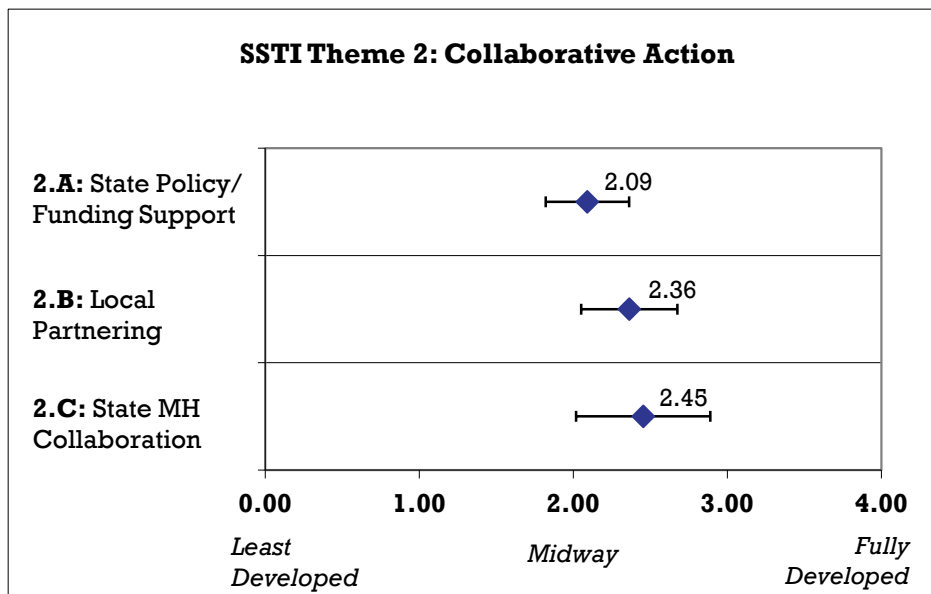
The full wording for each item on the SSTI is shown in Appendix B.



Theme 2: Collaborative Action

Stakeholders take steps to translate transition values and principles into concrete policies and practices.

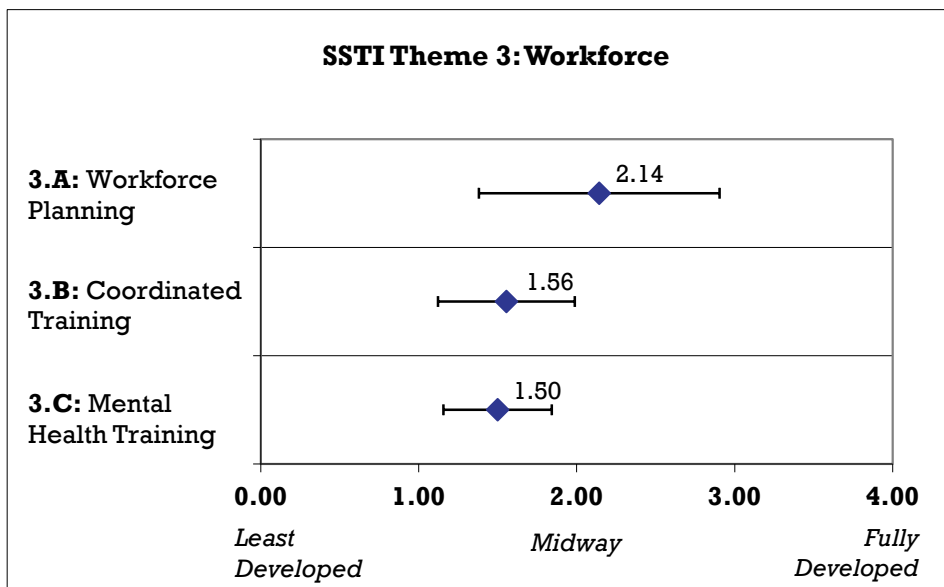
For this theme as a whole, the mean theme score (2.30) for the State of X was somewhat higher than its overall mean for the entire SSTI (1.96), but this difference was not statistically significant. Within the theme, the means of the individual items were not significantly different from one another (i.e., there is overlap between the confidence intervals for the means. The size of a confidence interval is affected by the number of people answering the item, and their level of agreement.)



Theme 3: Workforce

The state actively plans for the development of a skilled workforce and supports employment practices that allow local staff to work in a manner that reflects transition values and principles.

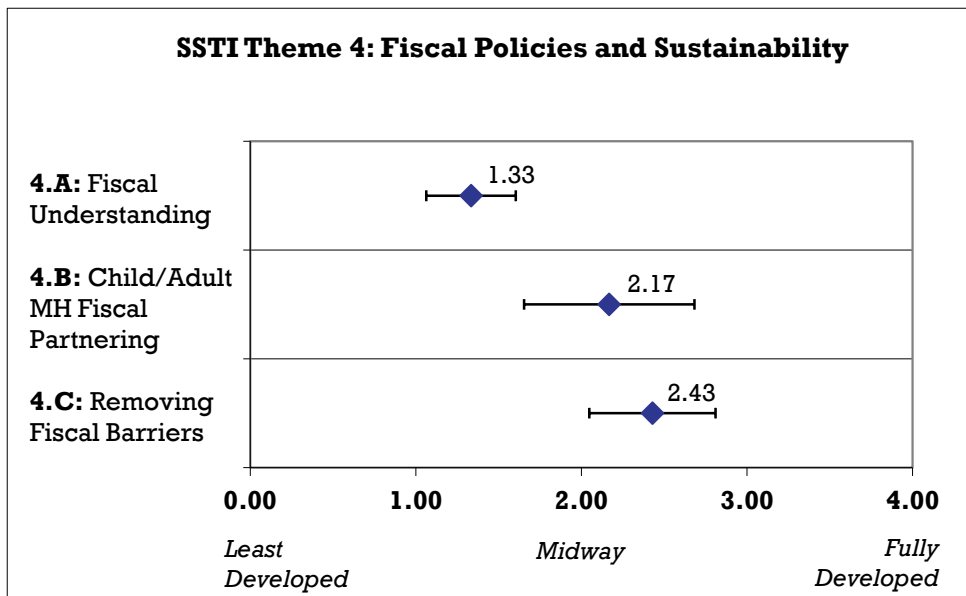
The overall theme mean for workforce (1.67) was lower, but not significantly different from the grand mean on the SSTI (1.96). For item 3A, workforce planning, there was little agreement among respondents about the level of state development (and hence a relatively large confidence interval). This may indicate a lack of communication around this topic.



Theme 4: Fiscal Policies and Sustainability

The State has developed fiscal strategies to support and sustain transition services and methods to collect and use data on expenditures for services for transition aged youth and young adults.

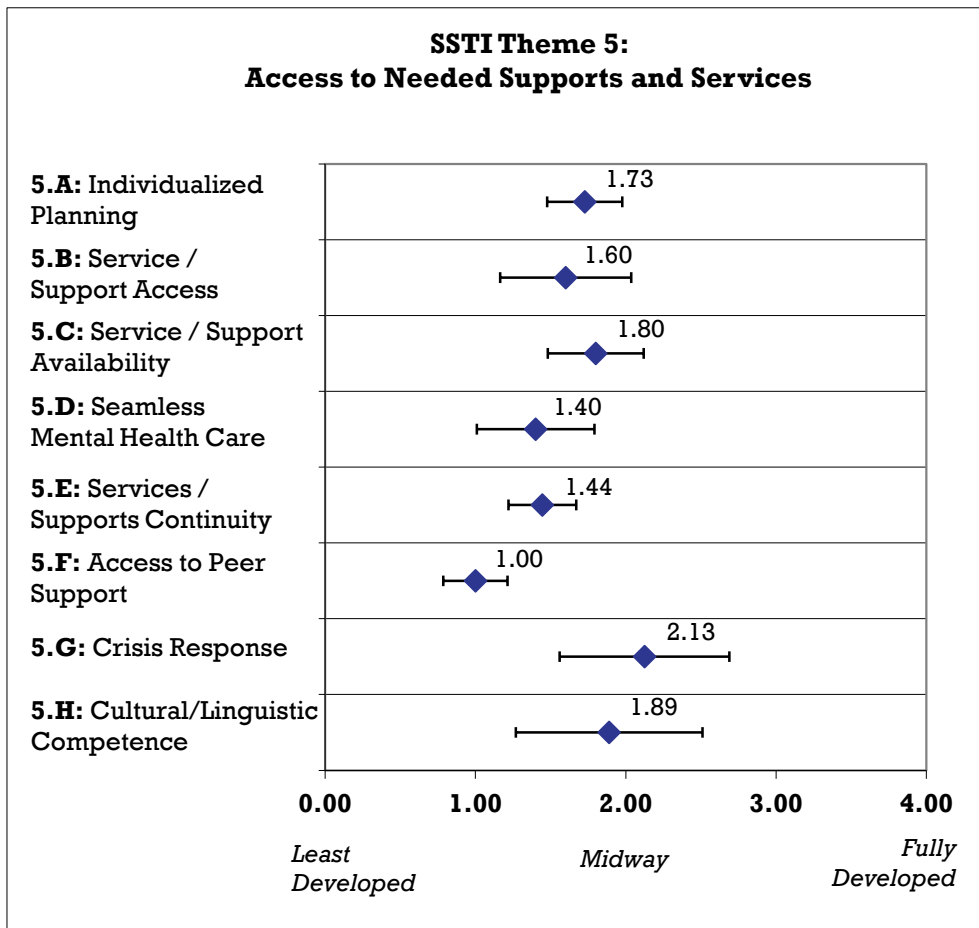
The State of X's score on this theme (2.07) is just above, and not significantly different from, its mean score for the entire SSTI. However, within this theme, the state's efforts in the specific area of *fiscal understanding* received a lower score than other items, and appear to be a particular challenge.



Theme 5: Access to Needed Supports and Services

There is statewide capacity to provide the services and supports that promote successful transitions.

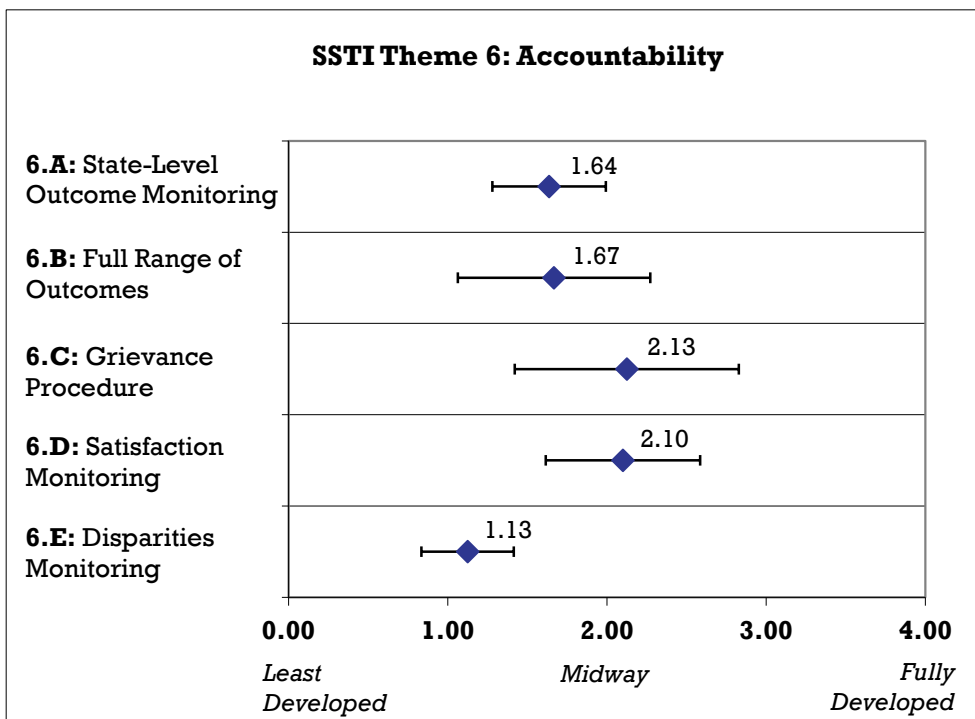
The items on this theme ask respondents to rate the extent to which certain types of services and supports are available statewide. The overall theme mean was lower (1.61) than the means for several other themes of the SSTI, indicating an area of relative challenge. Within the theme, however, the lack of *access to peer support* is quite pronounced. Respondents provided discrepant ratings of the extent to which crisis response and culturally/linguistically responsive services/supports (items 5G and 5H) are available in the state, suggesting that information and/or communication regarding these topics is not available to people planning the state transition initiative.



Theme 6: Accountability

The state has implemented mechanisms to monitor the quality and outcomes of services for young people with serious mental health conditions.

The overall mean for this theme (1.77) is below, but not significantly different from, the grand mean for the SSTI as a whole. Within the theme, the item for *disparities monitoring* actually has a mean substantially below the overall mean, pointing to this as a relative challenge. Respondents diverged in their ratings of the adequacy of grievance procedures around the state, indicating a lack of information or communication around this topic.



Specific Areas of Strength and Challenge

The State of X had its highest scores on two items from theme 1, *partnerships*. These items were *awareness and partnering* (item 1A) and *influential family/ally voice* (item 1D). A third item from theme 1—*forum for collaborative work* (item 1B)—was among the next highest scoring items.

The three lowest scoring items each came from different themes. Least development was perceived by respondents for *access to peer support* (item 5F), followed by *disparities monitoring* (item 6E) and fiscal understanding (item 4A). Special attention to these areas may thus be warranted.

Themes from open-ended questions

The SSTI concludes with open-ended questions that ask about successes and challenges. All responses to these open-ended questions are provided in Appendix C.

The first question reads as follows: *Please describe one or two things (programs, activities, policy changes) that your state has done recently to improve services to young people with serious mental health disorders.*

Several of the state participants reported that applying for and receiving the funding has been an important positive development:

“Of course applying for funding was one good step the State of X took to improve services for transition age youth with mental health challenges. The program is in two pilot counties and is youth guided. The young adult clients have a lot of input and are in charge of their services. They are also given a ‘voice’ from the evaluation which has service satisfaction questions.”

Other comments were diverse, but several indicated that important steps were being taken toward sustaining the efforts being initiated under grant funding.

The second question focuses on challenges: *What are the most pressing challenges that your state is trying to solve for this population?*

Several respondents pointed to the difficulty in ensuring smooth transitions between adult and child service systems, and getting these systems to work together to address the needs of the population, as major areas of challenge. Financing services for this population was also a challenge noted by several respondents.

The third question, which asked for additional comments, brought up a few more miscellaneous topics. The full text of these comments is provided in Appendix C.

Appendix A: Further Background on the SSTI

How was the SSTI developed? The SSTI is an extension of the CSTI, the *Community Supports for Transition Inventory*, which assesses the extent to which community partners have come together at the local level to provide comprehensive, community-based support for youth and young adults with serious mental health conditions. More information on the development of the CSTI can be found in the community stakeholder report(s).

Development of the content for the SSTI began with the generation of items. The research team at Portland State University created an initial set of items to reflect what states could do to support local efforts to develop the capacities described by the items in the CSTI. This was followed by several rounds of review and further adaptation. Feedback was sought from stakeholders with high levels of experience and expertise, representing different roles including young people and families, providers and state-level administrators and policy makers.

How is data for the SSTI gathered? In the first step for the SSTI, a state selects a local coordinator to work with the research team from Portland State University. The local coordinator has two main responsibilities for the SSTI. First, he or she works with the research team to compile a list of potential respondents for the SSTI. Second, the local coordinator is responsible for working to ensure that respondents do indeed complete the SSTI. The goal is to ensure a good response rate, so that stakeholders can have confidence that the findings from the SSTI are indeed an accurate representation of perceptions. States responding to the CSWI have compiled lists of anywhere between about 15 and 60 respondents. Exactly how many respondents are nominated depends on the size of the state, the extent of collaboration to focus on the transition population, and to some extent on how much work in this area has already taken place.

The local coordinator provides the list of potential respondents to the research team, and the team then creates an online version of the SSTI. The research team then sends an email invitation to each potential respondent. Potential respondents are given about three weeks to complete the SSTI, and they are sent weekly email reminders. People can take the survey, or they can choose to “decline” the survey. People who decline the survey and people who complete the survey do not receive further reminders. Other people from the list are considered “nonresponders” and receive emails and, perhaps, follow-up calls asking them to respond or decline.

After three weeks, the research team and the local coordinator check the response rate. If the response rate is not high enough—75% is considered the minimum acceptable rate—the research team and the local coordinator work together to encourage further responses. Usually, this involves making reminder phone calls to nonresponders.

Appendix B: Text of SSTI Items

Theme 1: Partnerships

Item	State of X
<p>1.A Awareness and Partnering</p> <p>Leaders of state agencies that support services to youth and young adults are aware of the needs of transition-aged youth with serious mental health conditions and support transition values and principles.</p>	2.73
<p>1.B Forum for Collaborative Work</p> <p>State-level representatives from relevant public agencies (e.g., child and adult mental health, substance abuse, child welfare, juvenile/criminal justice, secondary and post-secondary education providers, vocational rehabilitation, etc.) have a forum in which to meet for joint planning and problem solving regarding services for transition-aged young people.</p>	2.45
<p>1.C Influential Youth/Young Adult Voice</p> <p>Youth and young adults with significant experience in systems and/or services are influential members of the state-level forum and they take active roles in decisions and discussions.</p>	1.60
<p>1.D Influential Family/Ally Voice</p> <p>Families and other adult “allies” of young people with significant experience in the mental health system, including people in recovery, are influential members of the state level forum and they participate actively in discussions and decisions.</p>	2.50

Theme 2: Collaborative Action

Item	State of X
2.A State Policy and Funding Support Leaders of state agencies and their staff are active in helping to identify and initiate policy, practice and funding changes that support the delivery of transition services in local communities.	2.09
2.B Local Partnering State agencies maintain active and productive partnerships with local transition project(s) and are open to their recommendations.	2.36
2.C State Mental Health Collaboration State-level staff responsible for child and adult mental health services work together to integrate their efforts to improve services and outcomes for young people.	2.45

Theme 3: Workforce

Item	State of X
3.A Workforce Planning State leaders are informed about workforce issues related to services for transition-aged youth and actively support the development of post-secondary and in-service training opportunities.	2.14
3.B Coordinated Training There is a coordinated statewide effort to ensure that staff across all relevant agencies who work with transition-aged young people are trained so that they have specific skills to work with this population.	1.56
3.C Mental Health Training There is a coordinated statewide effort to ensure that staff from both adult and child mental health settings who work with transition-aged young people are trained so that they have specific skills to work with this population.	1.50

Theme 4: Fiscal Policies and Sustainability

Item	State of X
<p>4.A Fiscal Understanding</p> <p>State leaders and their staff have access to accurate information about the types and amounts of expenditures from all funding streams (e.g., mental health, juvenile justice/corrections, child welfare, developmental disabilities) for services and supports for transition-aged young people with serious mental health conditions.</p>	1.33
<p>4.B Child and Adult Mental Health Fiscal Partnering</p> <p>The state-level child and adult mental health systems integrate their funding to finance transition services and/ or have worked together to create policies that outline each system’s financial contributions to services for youth and young adults.</p>	2.17
<p>4.C Removing Fiscal Barriers</p> <p>State leaders have a process for identifying and changing fiscal policies that impede delivery of services to transition-aged young people at the community level.</p>	2.43

Theme 5: Access to Needed Supports and Services

Item	State of X
<p>5.A Capacity for Individualized Planning</p> <p>There is a statewide capacity to offer individualized transition planning to youth and young adults who need it in a manner that is consistent with transition values and principles.</p>	1.73
<p>5.B Service/Support Access</p> <p>Across the state, services and supports needed by young people are available at the times and locations that are convenient for the young people. If the young people have constraints around times/locations, providers are flexible and work with young people to find alternatives.</p>	1.60
<p>5.C Service/Support Availability</p> <p>Across the state, young people can access transition-related services and supports (e.g., housing, employment supports, peer support) in a timely way.</p>	1.80
<p>5.D Seamless Mental Health Care</p> <p>Across the state, young people’s mental health services are not disrupted or radically changed just because they reach a certain age (e.g. 18).</p>	1.40
<p>5.E Transition Services/Supports Continuity</p> <p>Across the state, young people’s transition related services (e.g., housing, employment supports, peer support) are not disrupted or radically changed just because they reach a certain age (e.g. 18).</p>	1.44
<p>5.F Access to Peer Support</p> <p>There is a statewide capacity to offer peer-delivered services and supports. Peer supporters have clearly defined roles, their activities are integrated with other transition services and they are paid appropriately.</p>	1.00
<p>5.G Crisis Response</p> <p>Effective support for averting and managing crises is available statewide. Communities are required to provide crisis response in a way that is consistent with preferences expressed in the young person’s safety/crisis plan.</p>	2.13
<p>5.H Building Cultural and Linguistic Competence</p> <p>The state devotes resources to developing or ensures access to services and supports that reflect the young person’s cultural and linguistic preferences, and that are respectful of his/her personal and sexual identity.</p>	1.89

Theme 6: Accountability

Item	State of X
<p>6.A State-Level Outcome Monitoring</p> <p>There is a mechanism at the state level for reviewing data from all relevant agencies—including both child and adult services—about outcomes and service utilization by transition-aged youth and young adults. This information is used as the basis for strategic planning and quality improvement.</p>	1.64
<p>6.B Full Range of Outcomes</p> <p>The outcomes monitored at the state level reflect a full range of outcomes, including those consistent with young people’s goals and the transition values and principles (e.g., progress in education/training, housing stability, emotional well-being, social connectedness).</p>	1.67
<p>6.C Grievance Procedure</p> <p>There is a state-level policy that requires a grievance procedure at the community level. The grievance procedure is easily available to young people, grievances are resolved in a timely manner, and young people are not penalized for using the procedure.</p>	2.13
<p>6.D Satisfaction Monitoring</p> <p>There is a systematic state-level process to monitor satisfaction with transition services among young people and their families. Concerns and barriers have been identified and addressed.</p>	2.10
<p>6.E Disparities Monitoring</p> <p>There is a systematic statewide process for identifying and addressing barriers in access, quality and outcomes of youth based on racial, ethnic, sexual or other personal or cultural identities.</p>	1.13

Appendix C: Responses from the Open-Ended Questions

Open-ended responses are shown exactly as they were entered on the survey. Information that might compromise confidentiality has been deleted.

Please describe one or two things (programs, activities, policy changes) that your state has done recently to improve services to young people with serious mental health disorders.

- State of X provides for supported employment beginning at age 16. partnership between [X] and [X] is very strong and is moving towards evidence-based practice for transitioning youth.
- 1. State agency has begun a project to evaluate the Medicaid reimbursement structure for various transition services with the goal of identifying and addressing gaps in reimbursement. The primary goal here is to secure sustainability of TAY services after the life of the grant. /
- Grant in 2 counties is improving services to youth in those counties. / Ensuring that youth who qualify for state's voc/rehab agency get supported employment services.
- Implementation of two Federally-funded initiatives that could potentially impact the entire state – [X] and [X] - both address transition needs of TAY with significant mental health conditions and both are focused on statewide sustainability.
- Of course applying for the grant was one good step the State of X took to improve services for transition age youth with mental health challenges. The program is in two pilot counties and is youth guided. The young adult clients have a lot of input and are in charge of their services. They are also given a "voice" from the evaluation which has service satisfaction questions. The evaluators are also planning three focus groups. One for clients, one for caregivers of clients, and one for service provider staff. The focus groups with the various stake holders will provide useful qualitative data from different perspectives. It will help us learn about what is useful and what did not work when starting and running transition age youth services. State of X also has the first state chapter of [X]. This has helped to empower youth across the state and give them a "voice" but funding it adequately has been a major issue.
- 1. Developed draft TAY medical necessity Criteria to serve as target population for services. / 2. Participation in the [X] and [X] / 3. That they are in process of mandating [X] for TAY programs
- We have put forth a set of utilization review criteria that strike a common ground between adolescent and adult standards
- participating in the grant to improve transition services and systems for young people.
- Begun evaluating outcomes for participants. / Established the [X] within two counties' core service agencies.

What are the most pressing challenges that your state is trying to solve for this population?

- HOw to provide for therapeutic services as students transition out of school.
- 1. Smooth transition of mental health services and housing from child to adult systems. / 2. Sustainability of appropriate services. / 3. Workforce training and capacity building, statewide.
- Ensuring that all youth have a paid work experience before exiting high school. / Improving the drop-out rate (which is about [X]%).

- Ensuring transition needs are addressed before the youth leave secondary school or reach a crisis point. Funding for mental health services to ensure this happens.
- Getting the child and adult mental health systems to work together collaboratively. They are very used to being siloed and have different ways of doing things. Funding has also been a major issue. The state has a budget shortfall and mental health funding has been cut. Figuring out funding models for programs that cut across the child and adult systems has been challenging.
- 1. Funding / 2. How much services cost. / 3. How to pay for non face to face services / 4. How to integrate Transition services into the Public School system to promote a seamless transition
- The historical underservice of this population makes redirection of funding very difficult... thus financing is a major challenge
- Transitioning young people into adult services when needed. We do not have a smooth process to ensure that when needed, a young person can easily access adult services after the age of 18.
- Aligning child and adult mental health and other service systems. / Establishing an efficient and comprehensive outcomes monitoring system that follows youth and young adults across systems.

Additional feedback:

- To my knowledge, quality and availability of developmentally-sensitive transition services is highly variable across the state, by county.
- I would be interested in seeing the results of this survey.
- As someone who has both personal experience and professional experience in transition age youth mental health services, I think this is by far the most important mental health services we can develop at this point. The transition time is even a struggle for young adults without mental health challenges. These challenges are magnified for youth who struggle with mental health issues. The transition from the child mental health system (youth are typically put into services by an agency or family) to the adult mental health system (young adults need to advocate for themselves and take the initiative to find services) is a BIG one. If we can make this time of great change a more seamless and provide transition age youth with a good head start into adult life (education/employment/life skills), adult mental health outcomes will be improved (i.e. less hospitalizations and incarcerations, better jobs and more income). These improved outcomes will save Federal/State/Local governments money by reducing the need for expensive deep end interventions and provide extra revenue for governments by increasing tax revenue (thru Transition age youth obtaining better education and higher paying jobs)
- 1. We need a TAY checkbox for our MH carve out / 2. To highlight TAY youth needs in National health Care transition /