Continuous Quality Improvement with Transition Programs: Illustration of CQI Data Impact on Programs

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Overview of Presentation

- What is CQI and why is it important to a program, agency, or system?
- What is the unique significance of the CQI process with respect to transition age youth and young adults?
- What are the operating features of a CQI system?
- What are some examples of the impact of a CQI system on TAYYA programs?
A Few Terms & Acronyms

- **TQM** _Total Quality Management_ = integrative philosophy of management for continuously improving quality of products and processes

- **QM** _Quality Management_ = quality planning, quality control, quality assurance and quality improvement

- **CQI** _Continuous Quality Improvements_ = iterative process through which people self-organize to recognize needs and challenges, envision alternatives, create desirable changes.

- **AI** _Appreciative Inquiry_ = value orientation and strategy for working with people to create change by focusing on what is working, building on strengths and capacities for collaboration.

- **QIT** _Quality Improvement Team_ = small group process for generating specific ideas for addressing an identified quality concern, for monitoring implementation and results over time.
Key Features of CQI

- CQI is an **organized process** through which stakeholders come together to identify challenges, analyze contributing factors, recommend alternative approaches, and implement strategies to enhance performance and quality.

- CQI involves **participatory decision making** and encourages, stimulates, and models **sharing power and influence**.

- CQI is **data driven** providing a bridge between agency mission and the operational mechanics of achieving agency goals.

- CQI is **results oriented and iterative** through **incremental steps and process improvements** until desired results are achieved.

- Done well, CQI is **hopeful and affirmative**. Even when data are discouraging, the focus is not on blame or fault finding, but rather on what can be done to move forward and create change for improved outcomes.
CQI System Decisions

- Who are the stakeholders?
- How will information and communication flow?
- What resources are needed to effect and sustain quality changes?
- What facilitative processes are best used to plan, monitor, and evaluate?
- What types of data, information systems, and analyses are needed?
<table>
<thead>
<tr>
<th>PLANNING QUESTION</th>
<th>OUR ANSWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who are the stakeholders?</td>
<td>Varies, generally a “big tent” at quarterly CQI Councils</td>
</tr>
<tr>
<td>How will information and communication flow?</td>
<td>Program Teams &amp; QA/Research Dept ↔ Standing CQI Committees ↔ Management Team ↔ Quarterly CQI Council ↔ Executives/Board</td>
</tr>
<tr>
<td>What resources are needed to effect and sustain quality changes?</td>
<td>QA personnel, Staff training in TQM/CQI, Research department support, QI responsibilities in every job description, Simple methods to analyze data and trends</td>
</tr>
<tr>
<td>What facilitative processes are best used to plan, monitor, and evaluate?</td>
<td>Leadership training in basic good meeting practices and participatory decision making. QIT tracking templates. Quarterly CQI Councils.</td>
</tr>
<tr>
<td>What types of data, information systems, and analyses are needed?</td>
<td>Multiple and varied: classic quality control and quality assurance, EBP fidelity and best practices checklists, peer reviews, outcome measures, satisfaction surveys, qualitative reports.</td>
</tr>
</tbody>
</table>
Sample of SBHG TQM Program – Outpatient & Field-Based Services

KEY INDICATOR TRACKING
- Management Practices CQI Committee
- Safety & Security CQI Committee
- Human Resources CQI Committee
- PROGRAM MANAGEMENT TEAM
- Clinical & Program Practices CQI Committee
- Medical Practices CQI Committee
- Consumer Quality of Life CQI Committee

FIDELITY & QUALITY PROBES

CLIENT AND FAMILY OUTCOMES

SATISFACTION SURVEYS

PEER REVIEWS

SBHG Corporate Consulting Team Support to TQM
Quality Improvement Team Steps

1. Baseline key indicator(s)
2. Engage stakeholders in goal setting
3. Talk through all relevant issues
4. Prioritize and select intervention(s)
5. Develop and communicate implementation plan
6. Implement and monitor follow-through
7. Re-measure key indicator(s)
8. Repeat loop or part of loop as needed to institutionalize change
9. Document and disseminate
10. Celebrate results!
What to Measure?

HOW TO DECIDE:
- Know your stakeholders
- Know the contract and governing regulations
- Include EBP fidelity and/or “best practice” standards related to practices being used
- Review relevant empirical literature
- Identify compelling management needs
- Gather participatory input

TAY MEASUREMENT SYSTEMS:
- National Network on Youth Transition (NNYT) Transition to Adulthood Program Information System (TAPIS) Progress Tracker & TIP Fidelity and QI Tools
- California State Department of Mental Health Mental Health Services Act Outcomes Measures Application (OMA)

Develop and/or apply indicators and measurements that map to the Transition to Independence Process (TIP) five transition domains.
Ways to Involve TAY in CQI

- Paid TAY peer roles that include evaluation and/or quality assurance functions
- Membership on standing quality committees and/or evaluation steering committees
- Presentations/participation in periodic CQI councils
- Ad hoc participation in QIT processes
- Gathering TAY input through focus groups, interviews, surveys, and/or consumer kiosks
Considerations when Involving TAY in CQI

- **TAY input** is the foundation for meaningfully improving program quality, creating “We’re not in Kansas” moments for staff.

- **TAY participation** furthers program aims of coaching life skills, such as transforming complaints into solutions, collaborative teamwork, rational decision making, and perseverance toward goal obtainment.

- TAY and other stakeholders benefit from **preparatory training** on the CQI process.

- **Avoid tokenism** which is usually offensive to TAY.

- **Open-ended facilitation** processes for focus groups and QITs work best, so TAY are comfortable with how much sharing and disclosure they engage in. Also, using trained TAY as facilitators or co-facilitators can increase participation.

- In addition to basic good meeting practices, there are **practical considerations** for setting up group processes with TAY such as time of day, nature of setting, providing snacks, etc.

- Whenever possible, **compensate TAY** for their time!
### Examples of CQI with TAY

<table>
<thead>
<tr>
<th>SBHG Agencies</th>
<th>Oasis Full Service Partnership Peer Support and Recovery Center</th>
<th>Starlight Full Service Partnership</th>
<th>Star View Full Service Partnership (3 Centers)</th>
<th>STARS Transition-Age Youth Program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Model</strong></td>
<td>TIP Oriented Recovery Oriented Academy</td>
<td>TIP Full Fidelity Field-Based Multi-Disciplinary Teams Flex Funds</td>
<td>TIP Oriented Field-Based Multi-Disciplinary Teams Flex Funds</td>
<td>TIP Oriented Assertive Community Treatment</td>
</tr>
<tr>
<td><strong>QI TAY Participants</strong></td>
<td>Paid Peer Positions – Peer Coaches Peer Advisory Board</td>
<td>Paid Parent Partners TAY Clients</td>
<td>Paid Parent Partners TAY Clients</td>
<td>Paid Peer Position – Resource Coordinator</td>
</tr>
<tr>
<td><strong>Recent QI Topics</strong></td>
<td>Community Outreach, Visibility &amp; Use of Academy</td>
<td>Improve TAY Satisfaction with Services</td>
<td>Understand &amp; Improve TAY’s Housing Situations</td>
<td>Address Substance Abuse Among TAY</td>
</tr>
<tr>
<td><strong>QI Steps Taken</strong></td>
<td>“Harmony Center Ambassadors” “Desert Collaborative” “Self Directed Recovery Plan” [See Video, Handout]</td>
<td>Strengthened Leadership TIP Implementation – E.g., Staff Training &amp; Case Based Reviews [Slides to Follow]</td>
<td>Baseline of Housing Experiences Improved Focus of Resource Coord. Role More Community Collaborations</td>
<td>Implemented Staff Training on Motivational Interviewing</td>
</tr>
<tr>
<td><strong>QI Results to Date</strong></td>
<td>Increased member participation at Harmony Center Increased member perceived outcomes</td>
<td>Dramatic Improvement in TAY Satisfaction Initial Indications TIP Training is Taking Hold</td>
<td>Open/Pending</td>
<td>Increased completed COD protocols Doubled average amount of desirable GAF change scores</td>
</tr>
</tbody>
</table>
Starlight CQI Example... in the Data

SLCS TAY Satisfaction by Domain Over Time
ROUGHLY 60% TAY REPORTING AT EACH TIME PERIOD

Percent Very Satisfied & Satisfied

- Service Access & Process
- TAY Development
- Family and Community
- Overall Question

Spring 2008 (N=7)  Spring 2009 (N=7)  Spring 2010 (N=8)
<table>
<thead>
<tr>
<th>Age</th>
<th>Survey Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>The support is always available. The support staff always give to my Mom &amp; Dad too.</td>
</tr>
<tr>
<td>24</td>
<td>I require random shopping sprees and/or random gifts for no good reasons. At times, I might also need someone to hold me and tell me that everything will be ok. I like to be touched as much as possible.</td>
</tr>
<tr>
<td>19</td>
<td>The county can kiss my ass. Don't try to take my sword!</td>
</tr>
<tr>
<td>19</td>
<td>Be nice to XXXX, he's a good guy. Less I revoke my sanity and unrefile my blade to your jugular or femoral arteries!!!!!</td>
</tr>
<tr>
<td>18</td>
<td>I think that the services helped my family but I didn't want the services.</td>
</tr>
<tr>
<td>18</td>
<td>Sexual preference and frequency. Types of foreplay and drink. That’s about it. Oh and fears.. don't like camels much.</td>
</tr>
<tr>
<td>25</td>
<td>THAT'LL DO PIG. Poopy pants.</td>
</tr>
</tbody>
</table>

XXXX = Staff Name
### Starlight CQI Cycle... Data Cont’d.

<table>
<thead>
<tr>
<th>Age</th>
<th>Survey Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>The help from FSP. Having someone to talk to about issues. Getting to go out into the community.</td>
</tr>
<tr>
<td>20</td>
<td>The staff are very helpful and caring. Very beneficial. I'm heard and understood by all staff.</td>
</tr>
<tr>
<td>20</td>
<td>1. Very open to my creative ideas. 2. Supportive 100% of the time when I need them. 3. My team is there for me almost always either by text or in person! PS - I ♥ XXXX and XXXX and XXXX they ROCK!</td>
</tr>
<tr>
<td>17</td>
<td>Support for goals, life skills.</td>
</tr>
<tr>
<td>18</td>
<td>There are always nice to me. They take me to court when I need a ride.</td>
</tr>
<tr>
<td>18</td>
<td>The help with time management, financial help &amp; the great wisdom that is given to me.</td>
</tr>
<tr>
<td>18</td>
<td>The counselors are always chill…. the youth functions, the support. [XXXX = Staff Name]</td>
</tr>
</tbody>
</table>
Starlight CQI Cycle...Possible Interpretations

- Measurement issues? The Spring 2009 survey was a different form. There was 40% overlap of item content and different domain structures...but... the “overall question” and the opportunity to comment were the same.

- Program began in Spring 2007 bringing new array of MHSA FSP services to TAY – initial year’s positive results likely contrast effect from what little was available before hand.

- As part of CQI program, feedback is always provided regarding the satisfaction survey results. The FSP team was dismayed by the Spring 2009 surveys....especially the hostility and immaturity of the comments.

- The survey results reinforced team efforts to intensify TIP training through regular use of Case-Based Reviews and other team-building activities.

- New team supervisor was hired Dec 2009 and has been an effective leader since. He has “street cred” and a very professional, button-down approach.... holds staff accountable and focused on TIP model implementation.
<table>
<thead>
<tr>
<th>TIP QI Transition Domain Probes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Sample Transition Facilitator’s (TF’s) knowledge of YP’s goals, strengths, skills, needs and/or risk factors.</td>
</tr>
<tr>
<td>• Separate probes to assess TF’s work with a YP in particular TIP Transition Domains (e.g., Employment; Personal Effectiveness/Wellbeing; Living Situation; Education).</td>
</tr>
<tr>
<td>• Periodic interviews of 3 TFs on quarterly or bi-annually.</td>
</tr>
<tr>
<td>• Concordance with TIP model principles and practices.</td>
</tr>
<tr>
<td>• Yields percentage rating for TFs’ knowledge of and responsiveness to YPs’ interests, needs, risks, and goals.</td>
</tr>
</tbody>
</table>
Starlight’s TIP Implementation...  
Results from TIP Domain Fidelity Tools
### Starlight’s TIP Fidelity Assessment by NNYT

#### TABLE A: Young People & Informal Key Player Participants

<table>
<thead>
<tr>
<th>Focus Group Sessions:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus Groups w/ Young People</td>
<td>1</td>
</tr>
<tr>
<td>Focus Groups w/ Informal Players</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Focus Group Participants:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Young People</td>
<td>7</td>
</tr>
<tr>
<td>Informal Key Players</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Participating Young People:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Males</td>
<td>5</td>
</tr>
<tr>
<td>Total Females</td>
<td>2</td>
</tr>
<tr>
<td>File Review</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age of Participating Young People:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>14-17</td>
<td>3</td>
</tr>
<tr>
<td>18-25</td>
<td>4</td>
</tr>
</tbody>
</table>

#### TABLE B: Administrators, Transition Personnel & Formal Provider Participants

<table>
<thead>
<tr>
<th>Administrators:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td># Interviews</td>
<td>3</td>
</tr>
<tr>
<td># Surveys</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transition Program Personnel (TPP):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td># Surveys</td>
<td>8</td>
</tr>
<tr>
<td># Interviews</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Formal Community Providers:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td># Interviews</td>
<td>2</td>
</tr>
</tbody>
</table>

### NNYT Fidelity Findings on SLCS:

- 95% of indicators rated 4 or 5
  [5-pt Likert Scale; 5 = Highest Fidelity]
Starlight’s Continuing Quality Improvement – Current Projects

- Staff training and QA monitoring regarding integration of TIP-focused charting into Medical billing framework
  - TRAINING DEVELOPED & DELIVERED
  - TIP-ORIENTED CHART REVIEW PROTOCOLS DEVELOPED
  - TIP-ORIENTED GOALS AND INTERVENTIONS BEING BUILT INTO EMR TREATMENT PLAN AND TREATMENT LIBRARY

- Refining programming based on feedback from NNYT’s TIP Fidelity Assessment:
  - Develop and apply a TAY-friendly transition plan; improve integration of risk behavior prevention planning within service documentation
  - Work toward more low-income housing choices; and engage TAY into system advocacy re: housing
  - Provide more support around life skills like money management
  - Revitalize TAY involvement on county/agency steering committees
# Starlight’s TIP Implementation...
## Initial Cohorts for Assessing Impact

<table>
<thead>
<tr>
<th>Enrollment Profile</th>
<th>Cohort I: Discharged Before or During Year One TIP Academy Training (N=19)</th>
<th>Cohort II: Discharged During Year Two TIP Academy (N=23)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral Source</td>
<td>DCFS = 5%  MH = 20%  JP = 70%  Other = 5%</td>
<td>DCFS = 33%  MH = 13%  JP = 29%  Other = 25%</td>
</tr>
<tr>
<td>Gender</td>
<td>Females = 26%</td>
<td>Females = 17%</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>11% Afr Amer  26% Anglo  47% Latino  11% Asian  5% Other</td>
<td>22% Afr Amer  4% Anglo  74% Latino</td>
</tr>
<tr>
<td>Admission Age</td>
<td>16 to 19; Avg 17.2</td>
<td>16 to 24; Avg 18.0</td>
</tr>
<tr>
<td>Avg # Axis I Dx</td>
<td>2.0</td>
<td>1.4</td>
</tr>
<tr>
<td>Axis I Clinical Pathways</td>
<td>65% Externalizing  50% Internalizing  45% Co-Occurring, Substances  10% Other  5% Psychotic Spectrum</td>
<td>46% Externalizing  42% Internalizing  17% Co-Occurring, Substances  21% Other  4% Psychotic Spectrum</td>
</tr>
<tr>
<td>Admission GAF</td>
<td>35 to 60; Avg 48.8</td>
<td>20 to 55, Avg 47.3</td>
</tr>
</tbody>
</table>
## Starlight’s TIP Implementation... Initial Cohorts for Assessing Impact

<table>
<thead>
<tr>
<th>Discharge Profile</th>
<th>Cohort I: Discharged Before or During Year One TIP Academy Training (N=19)</th>
<th>Cohort II: Discharged During Year Two TIP Academy (N=23)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of Stay</td>
<td>273 Days</td>
<td>324 Days</td>
</tr>
<tr>
<td>Average GAF Change Score</td>
<td>-2.22</td>
<td>+3.04</td>
</tr>
<tr>
<td>Discharge Reasons</td>
<td>NEGATIVE: AWOL 2 (10%) Arrest 4 (20%) NEUTRAL (E.g., moved, new provider): 10 (50%) POSITIVE: Program Grad 4 (20%)</td>
<td>NEGATIVE: AWOL 1 (4%) Arrest 10 (42%) NEUTRAL (E.g., moved, new provider): 7 (29%) POSITIVE: Program Grad 6 (25%)</td>
</tr>
<tr>
<td>Medi-Cal Treatment Goals Met</td>
<td>MISSING: 4 (20%) NONE: 7 (35%) SOME: 5 (25%) MOST OR ALL: 4 (20%)</td>
<td>NONE: 2 (8%) SOME: 12 (50%) MOST OR ALL: 10 (42%)</td>
</tr>
</tbody>
</table>
Total Occurrences In Year:
- Range = 1 to 35
- Avg = 4; Median = 3
- % w/ > One = 85%

% w/ One or More In Year:
- 85% Living w/ Family
- 3% Living Independently
- 8% Homeless/Shelter
- 5% Supv. Placement
- 10% Psych Hospital
- 23% ResTx/Group Home
- 60% Criminal Justice
- 7% Other Settings

% At Time of Enrollment:
- 67% Living w/ Family
- 5% Supv. Placement
- 3% Psych Hospital
- 21% ResTx/Group Home
- 4% Criminal Justice
MHSA Baseline Data – Living Situation

60 Starlight FSP TAY Served Since Program Start thru June 2010, Incl. Active Clients

Days Over Twelve Months Before FSP

- Mean
- Maximum

Number of Days in Setting

- Family Home
- Independent
- Homeless/Shelter
- Supervised Placement
- Hospital
- Res Tx/Group Home
- Criminal Justice
- Other Settings

Values:
- 365
- 212.1
- 30
- 274
- 346
- 223
- 365
- 358
- 155
- 0.9
- 11.9
- 8.8
- 4.7
- 42.0
- 69.3
- 3.0
Starlight’s TIP Implementation... Initial Cohorts ....Living Situation

<table>
<thead>
<tr>
<th>MHSA Data</th>
<th>Cohort I: Discharged Before or During Year One TIP Academy Training (N=19)</th>
<th>Cohort II: Discharged During Year Two TIP Academy (N=23)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENROLLMENT</td>
<td>DISCHARGE</td>
<td>ENROLLMENT</td>
</tr>
<tr>
<td>Point in Time Settings</td>
<td>50% Family 11% Supv. Plcmt 33% ResTx/GH 6% UNKNOWN</td>
<td>39% Family 11% Supv. Plcmt 6% Emerg. Shelt. 22% ResTx/GH 22% UNKNOWN</td>
</tr>
<tr>
<td>Total Setting Counts in a Year</td>
<td>1 to 35 Avg = 5.9 % &gt; 1 = 88%</td>
<td>1 to 15 Avg = 4.4 % &gt; 1 = 85%</td>
</tr>
<tr>
<td>Avg = .50 Med = .33</td>
<td>Avg = .45 Med = .33</td>
<td>Avg = .28 Med = .25</td>
</tr>
<tr>
<td>Monthly Rate of Settings</td>
<td>Avg = .16 Med = .08</td>
<td>TIP Yr Two Post ANOVA Comparison to Yr One: Setting Counts, p.&lt;0.03; Monthly Rate, p.&lt;.004</td>
</tr>
</tbody>
</table>
GETTING GOING WITH CQI -- SECRET:
Measure It, Track It, Present It....

....and staff become interested, seek involvement and ownership

....then explicitly ask that they involve TAY and share simple ways they can start to do this

....then, provide technical support and a platform for sharing results, with TAY presenting too
TIP QI Transition Domain Probes

- Sample Transition Facilitator’s (TF’s) knowledge of YP’s goals, strengths, skills, needs and/or risk factors.
- Separate probes to assess TF’s work with a YP in particular TIP Transition Domains (e.g., Employment; Personal Effectiveness/Wellbeing; Living Situation; Education).
- Periodic interviews of 3 TFs on quarterly or bi-annualy.
- Concordance with TIP model principles and practices.
- Yields percentage rating for TFs’ knowledge of and responsiveness to YPs’ interests, needs, risks, and goals.
Fidelity QI Probe on TIP Model *Practice* Implementation

- Sample the extent to which Transition Facilitators (TFs) are applying the TIP Model principles and practices in their work with YP.
- Separate interviews with 3 selected Transition Facilitators each quarter or bi-annually.
- Also assesses the TF’s documentation of application of TIP Model principles and practices to validate TF’s interview examples.
- Yields percentage rating for application of TIP model and for validation of this in records.
Fidelity QI Probe on TIP Model *Organizational* Implementation

- Sample the extent to which the essential organizational features of the TIP model have been implemented at a site.
- Separate interviews with 1 program manager and 2 selected Transition Facilitators (TFs) each quarter, bi-annually, or annually.
- Yields percentage ratings across categories of organizational implementation features for the TIP model. (E.g., Staff Management/Supervision; Continuity of Services; Accessibility of Services; Commitment & Sustainability).
Site Self-Study of TIP Model Implementation.
- Used by Transition Team to self-assess their perspective on how implementation is progressing.
- Across the TIP model principles, practices, and organizational features.
Mini Fidelity Assessment

- Provides assessment of application of the TIP model principles and practices through on-site assessment
- Including focus groups with YP and separately with parents and other informal players, interviews with TFs, program supervisors and administrators, and record reviews.
- NNYT Certified Transition Assessor and another “assessor” from the area conduct the assessment over a 3 day period.
- Yields a ppt presentation of site strengths and weakness.
- Encourage celebration of strengths and action planning regarding any areas of weakness..
NNYT Fidelity and QI Tools for Use with Our Transition Sites

Transition Program Fidelity Assessment Protocol

- Assessment of extent to which TIP model principles, practices, and organizational features implemented.
- Assess through focus groups with YP and separately with parents and other informal players; interviews with TFs, program supervisors/administrators, & formal key players; survey with YP and parents; and record reviews.
- Conducted by 2 NNYT Certified Transition Assessors.
- Data analyses to triangulate data and prepare report.
- Hopefully yields **NNYT TIP Model Site Certification**.
Contact Information

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Website Resources

Transition to Independence Process (TIP) model:
http://NNYT.TIPstars.org

National Network on Youth Transition for Behavioral Health:
http://nnyt.fmhi.usf.edu