



Transition-Age Youth (TAY) Mental Health Team Philosophy, Design & Impact

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Presenters



Vanessa Vorhies Klodnick, PhD, LCSW
UT-Austin
(formerly Thresholds)



Marc Fagan, PsyD
TIP Consultant & Trainer
Stars Behavioral Health Group
(formerly Thresholds)



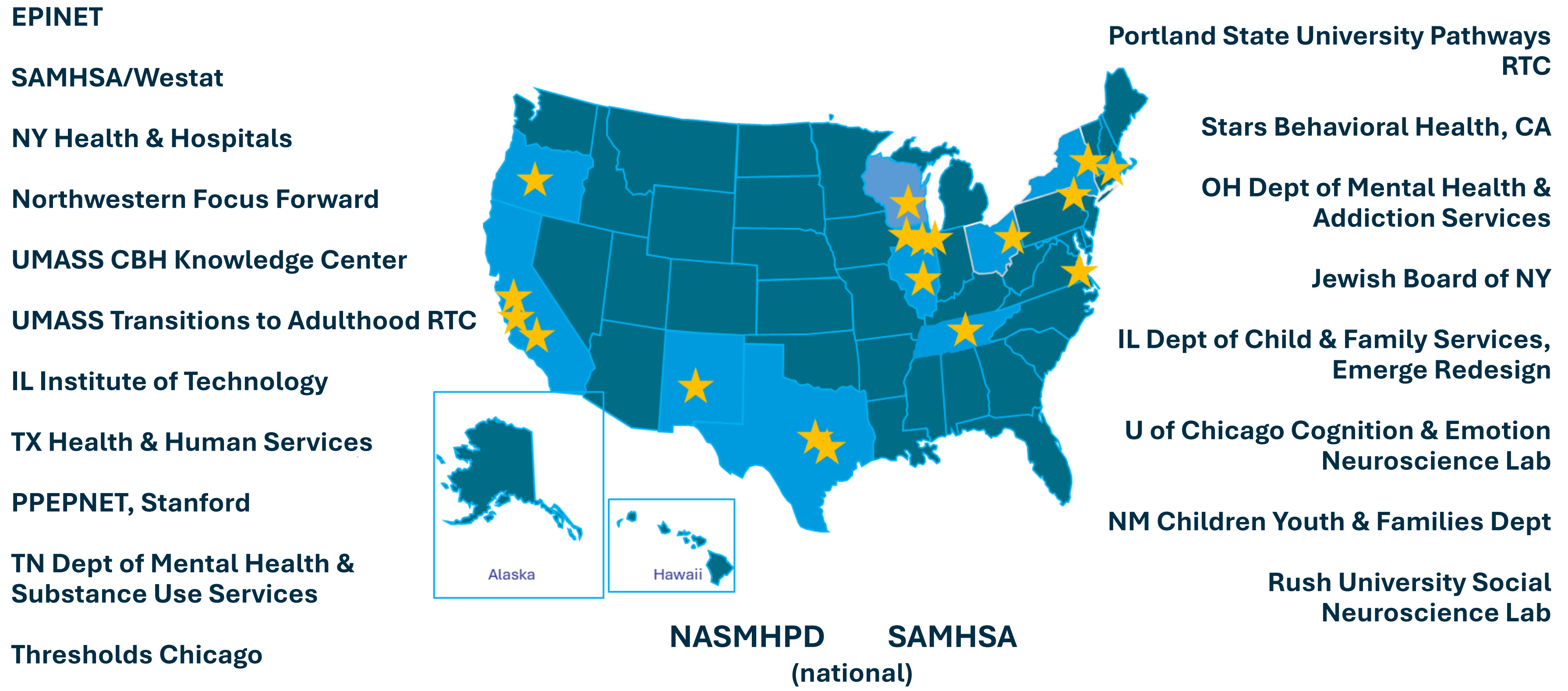
Candy Malina, LCSW
Thresholds

Objectives

1. Describe the unique needs of transition-age youth (TAY) with serious mental health needs, including those with child welfare and juvenile justice involvement.
2. Describe multidisciplinary team-based approach for TAY.
3. Describe TIP Model philosophy & principles.
4. Describe research of TAY mental health models.



Transition to Adulthood Collaborations & Partnerships (current and previous)





Unique Needs of Transition Age Youth (TAY)

(ages 16-25 approximately)



What do we know about youth and young adult mental health?

**Suicide is the 2nd
most likely cause of
death of
10-24-year-olds**

*Young adults are at
the greatest risk.*

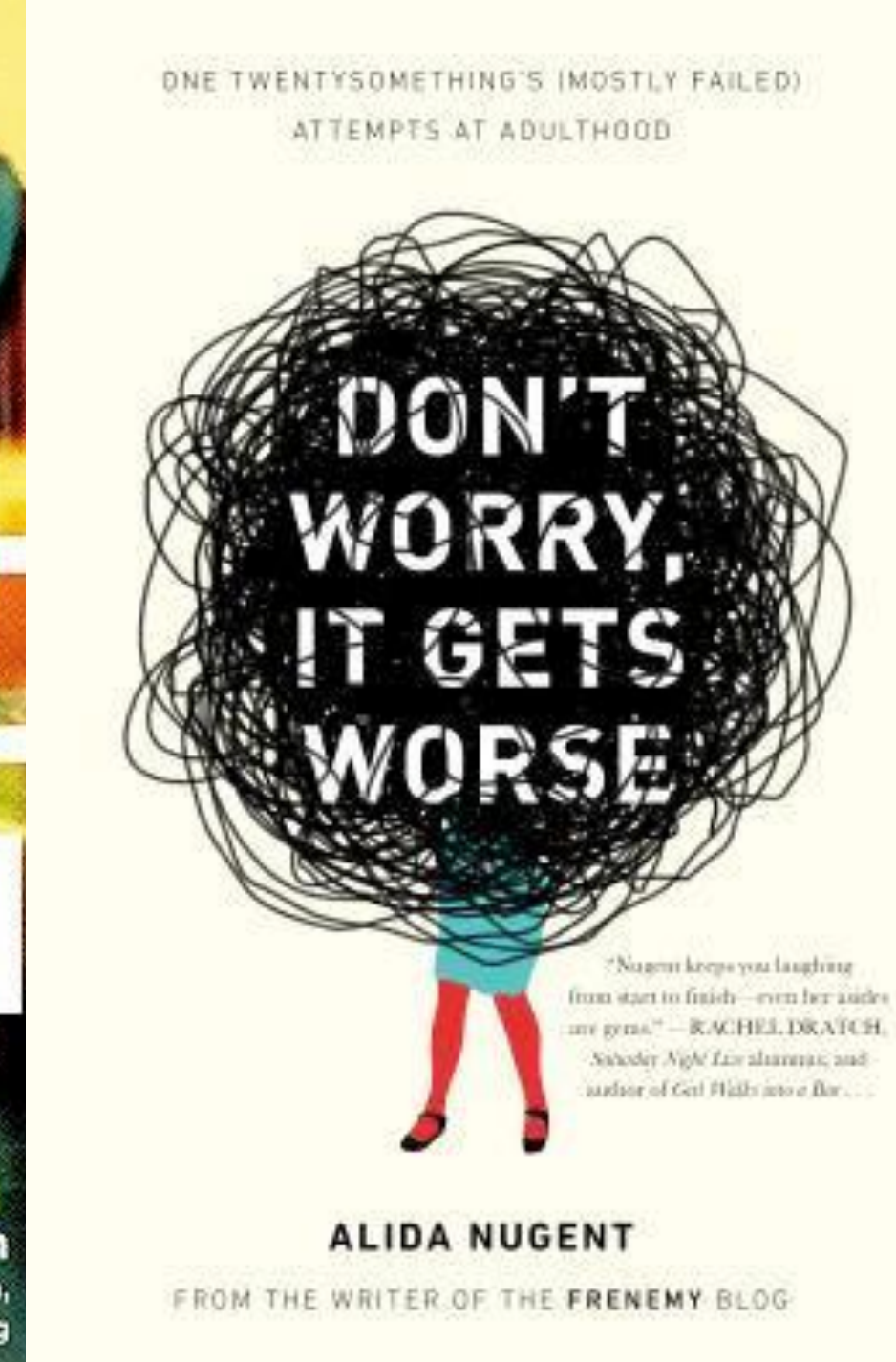
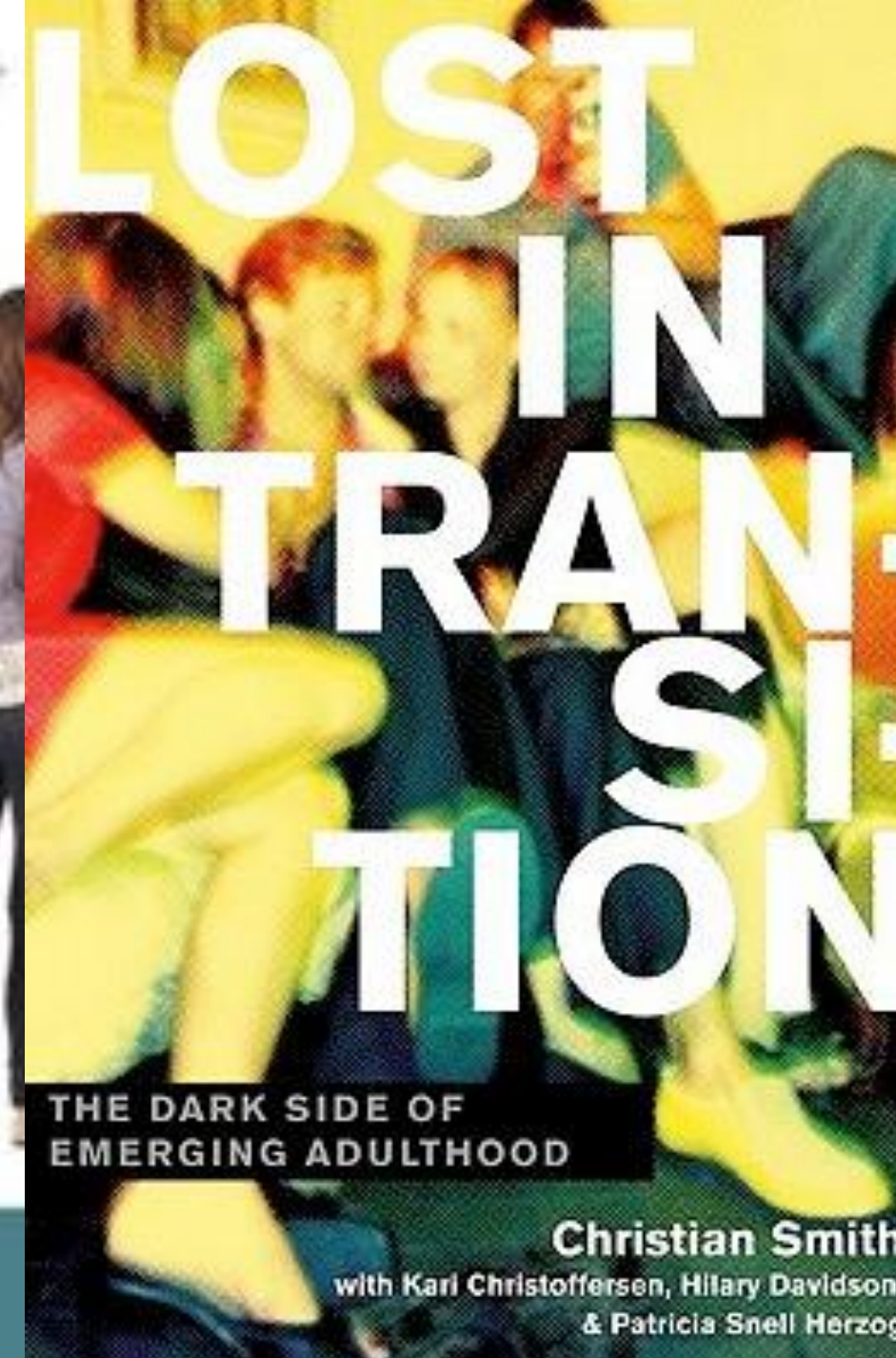
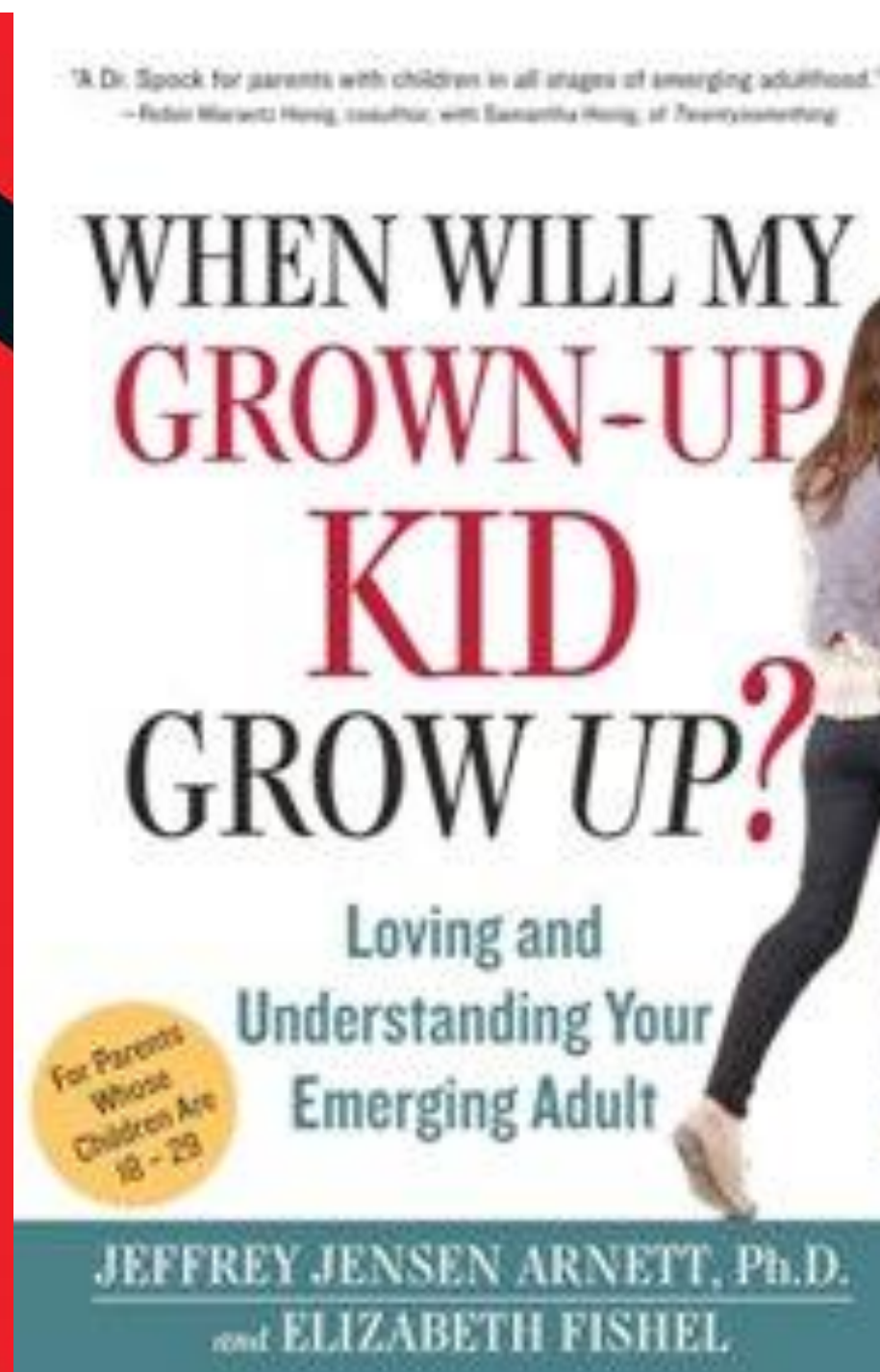
1 in 5

*The rate of reported
depression and
anxiety has
consistently
increased in past
20 years*

**Serious mental
illness develops in
young adulthood**

*75% report
symptoms began
before their 25th
birthday.*

The transition to adulthood today is challenging..

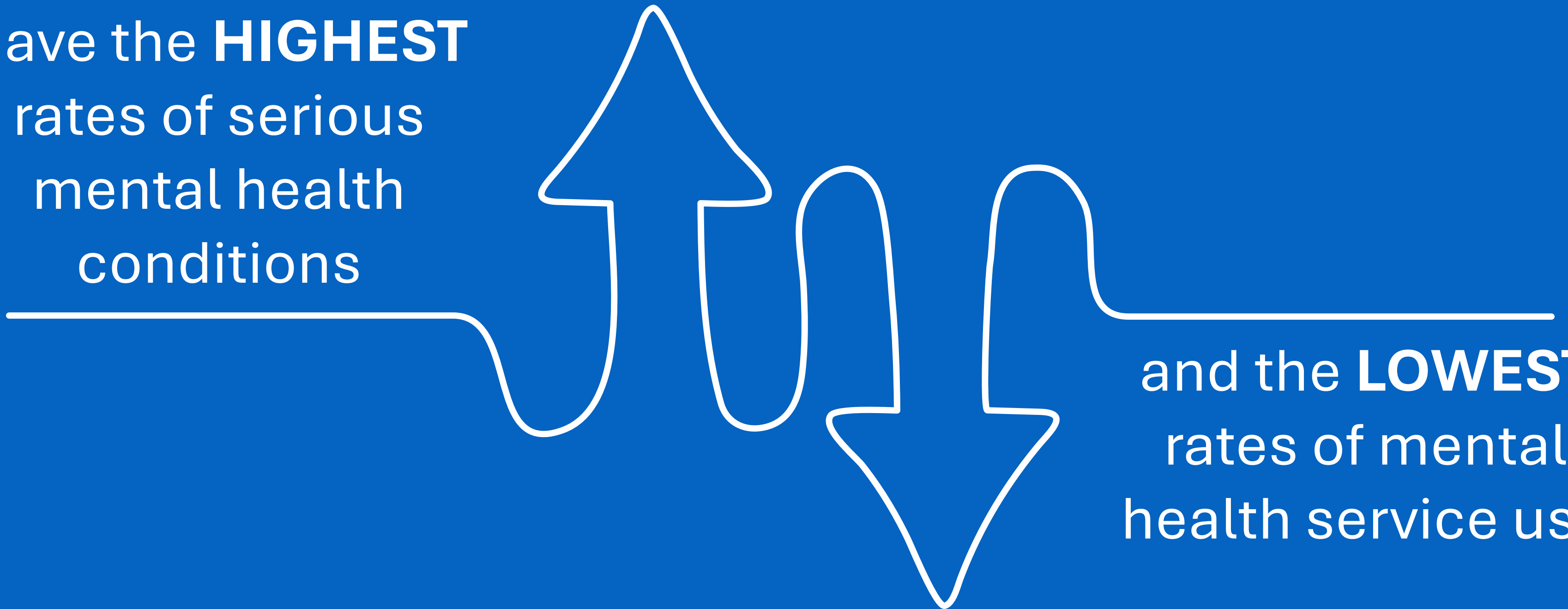


18-25 Year Olds...

(Compared to middle-aged and older adults)

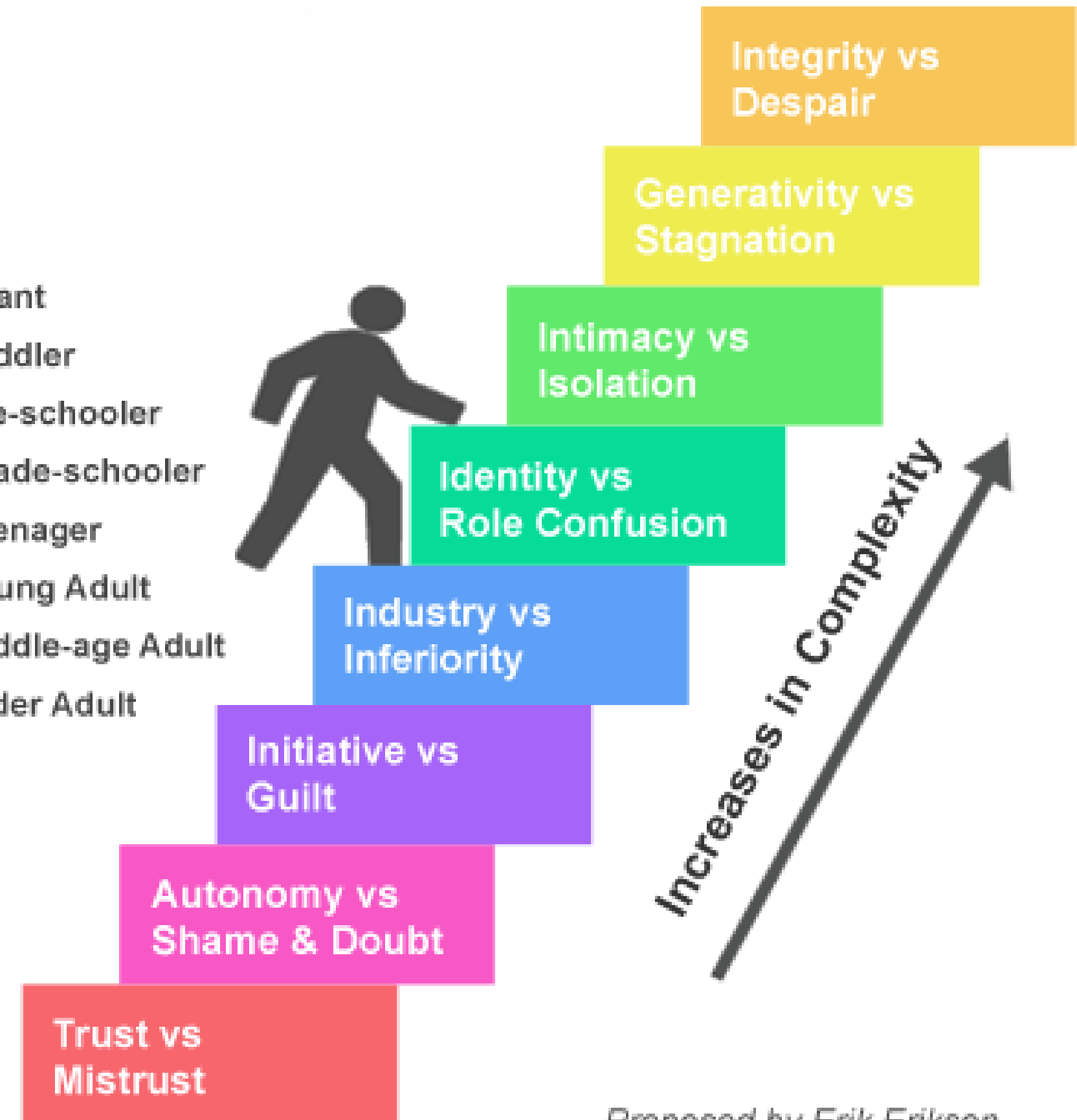
have the **HIGHEST**
rates of serious
mental health
conditions

and the **LOWEST**
rates of mental
health service use



Erikson's theory of psychosocial development 1960s

- Infant
- Toddler
- Pre-schooler
- Grade-schooler
- Teenager
- Young Adult
- Middle-age Adult
- Older Adult



Proposed by Erik Erikson

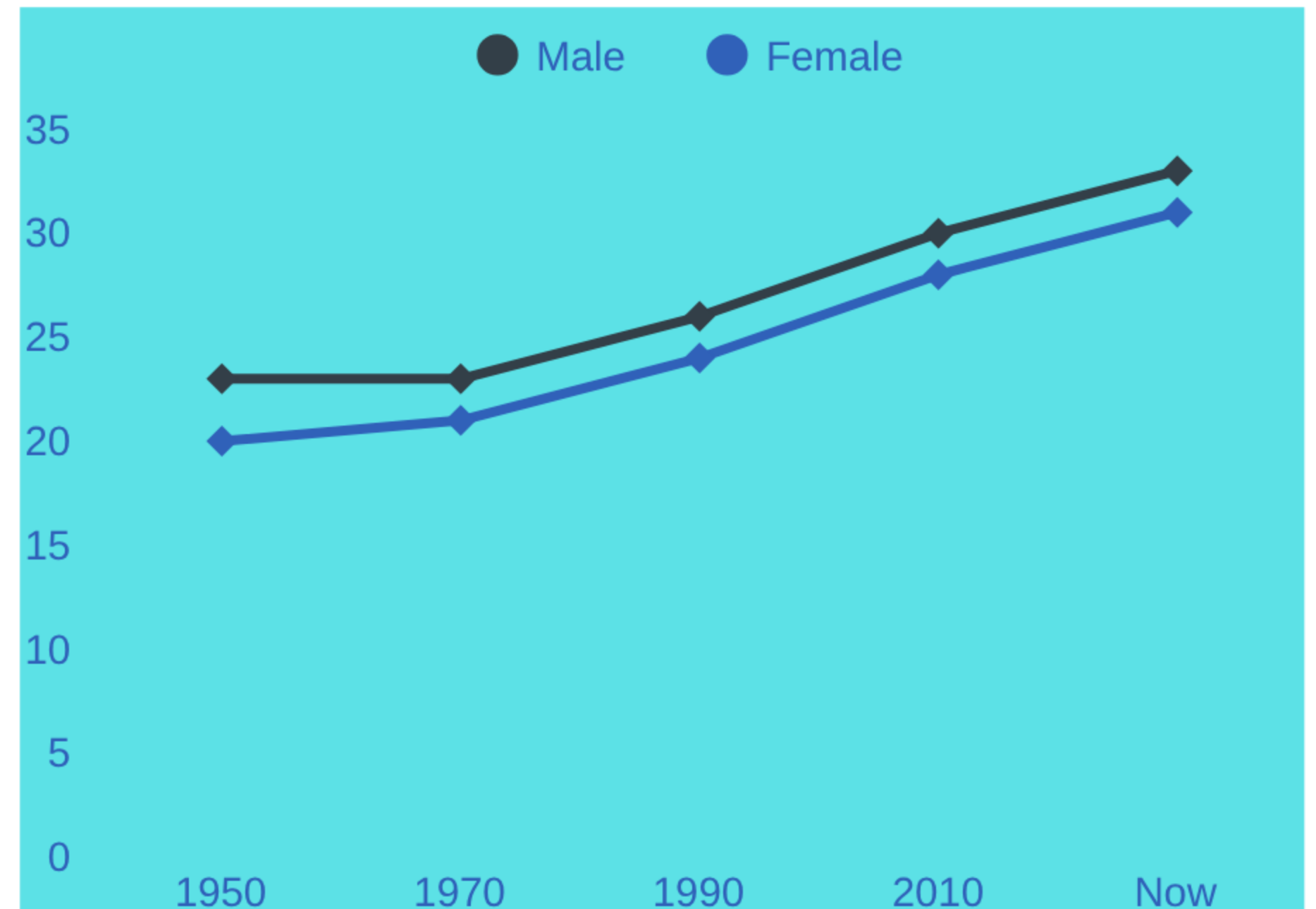
Developmental Tasks of *Adolescence*

- Develop independent IDENTITY
- Find place in social relationships outside of adult caregivers: PEERS
- Develop own VALUE system
- EXPERIMENT, take RISKS, find own LIMITS
- Learn DECISION-MAKING, PROBLEM-SOLVING, CONFLICT RESOLUTION and other skills needed for adult living

Developmental Tasks of Young Adulthood

- Continue experimenting with and developing sense of IDENTITY and solidifying sense of self, values
- Move into adult RESPONSIBILITIES & ROLES
- Financial, work/career, education, interests
- Changing relationships with “caregivers”
- Intimate partnerships/commitments
- Parenthood? Community?

**What is the average
age of marriage in
1960 vs. 2025?**



What happened? Why is this?

Common Emerging Adulthood Experiences

Self-Focus



TAY have least responsibilities & least oversight – and are focused on figuring out who they are, including what their SMHC means for their identity

Stress



It's a super stressful time for most – big changes in multiple major life areas.

Age of possibilities



Most change possible compared to any other time in the life span. Lots of HOPE.

Instability



Is normal! Change is to be expected – MH challenges makes it difficult to navigate instability.

Reorganization of Relationships



Major shift from relying on caregivers to relying on self, friends, & community

The Transition to Adulthood

Support

Social demands

THIRD FOLDS

Pre-frontal cortex not fully functioning until mid-20s!



Prefrontal cortex = executive functions

- **Risk Assessment:** thinking ahead to consequences of actions
- **Inhibition:** managing emotions and impulses
- **Reasoning, Judgment, Problem-Solving, Decisions**
- **Planning and Prioritizing:** organizing behavior toward goals
- **Metacognition:** Awareness of own thoughts



Public Health & Social Service Divide Between:

Child Systems

(0 to 18 years)

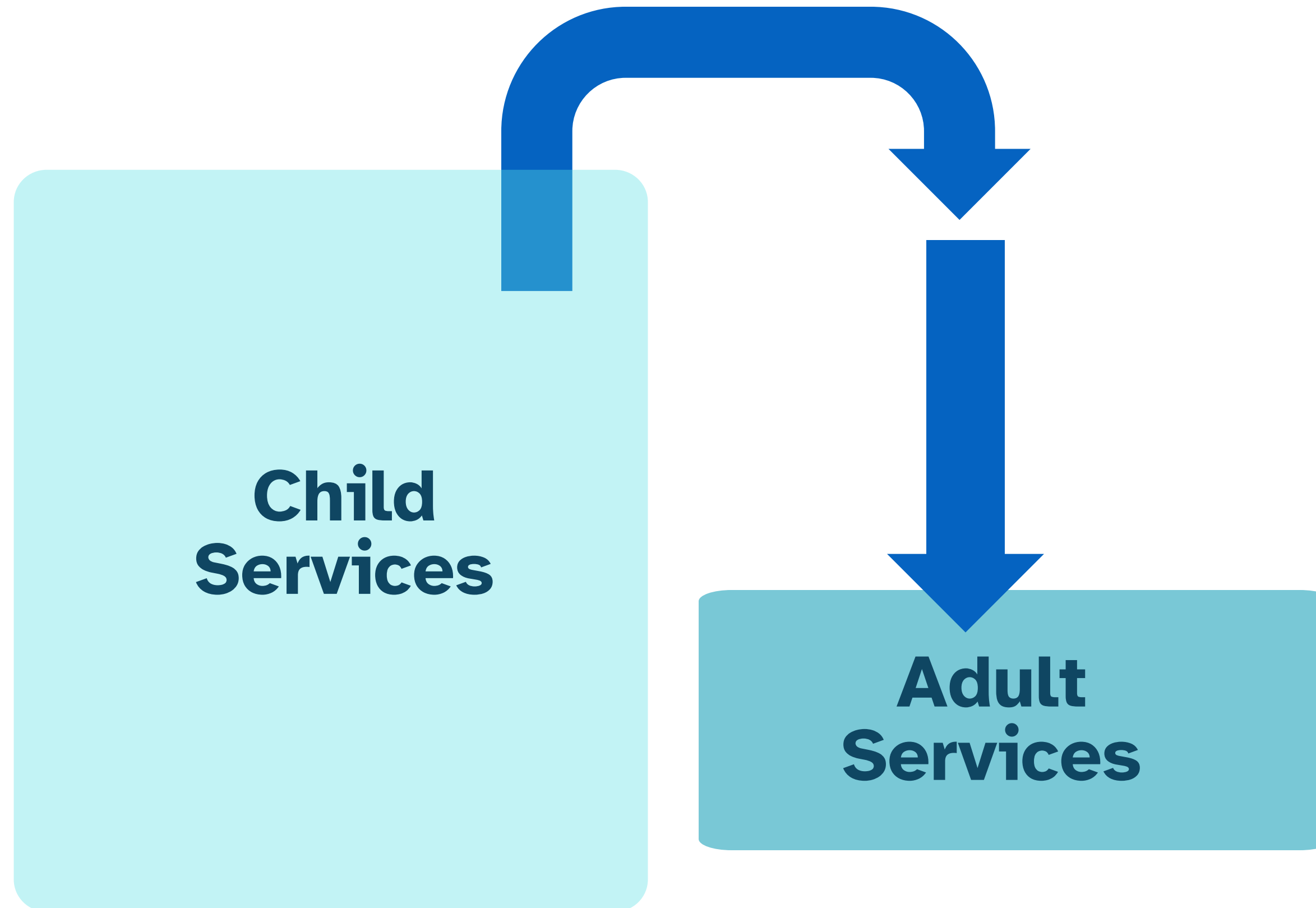
Depending on
state & system:
0-16, 0-21, 0-24

Adult Systems

(18+ years)

Depending on
state & system:
16+, 21+, 24+

What the Transition can really be like:



- Feeling like services do not match needs
- Feeling misunderstood
- Feeling disrespected
- Feeling alone
- Experiencing distrust of providers

Why TAY-Specific transition services are needed:

Child Services



- Appealing to kids
- Family-oriented
- Less voluntary
- Communication between systems
- More sources of \$

“doing for”



Mind
the
GAP



Adult Services



- Much older average age of services
- Individual-oriented
- Voluntary
- Less communication between systems
- Fewer sources of \$

“cheering on”

TAY-Specific Transition Services fill Care Gap:

Child Services

- Appealing to kids
- Family-oriented
- Less voluntary
- More communication between systems
- More sources of \$

“doing for”

TAY/EA Services

- Appealing to TAY
- Individual oriented w/family involvement
- Voluntary, but w/handholding
- System Disconnection

“doing with”

Adult Services

- Much older average age of services
- Individual-oriented
- Voluntary
- Less communication between systems
- Fewer sources of \$

“cheering on”



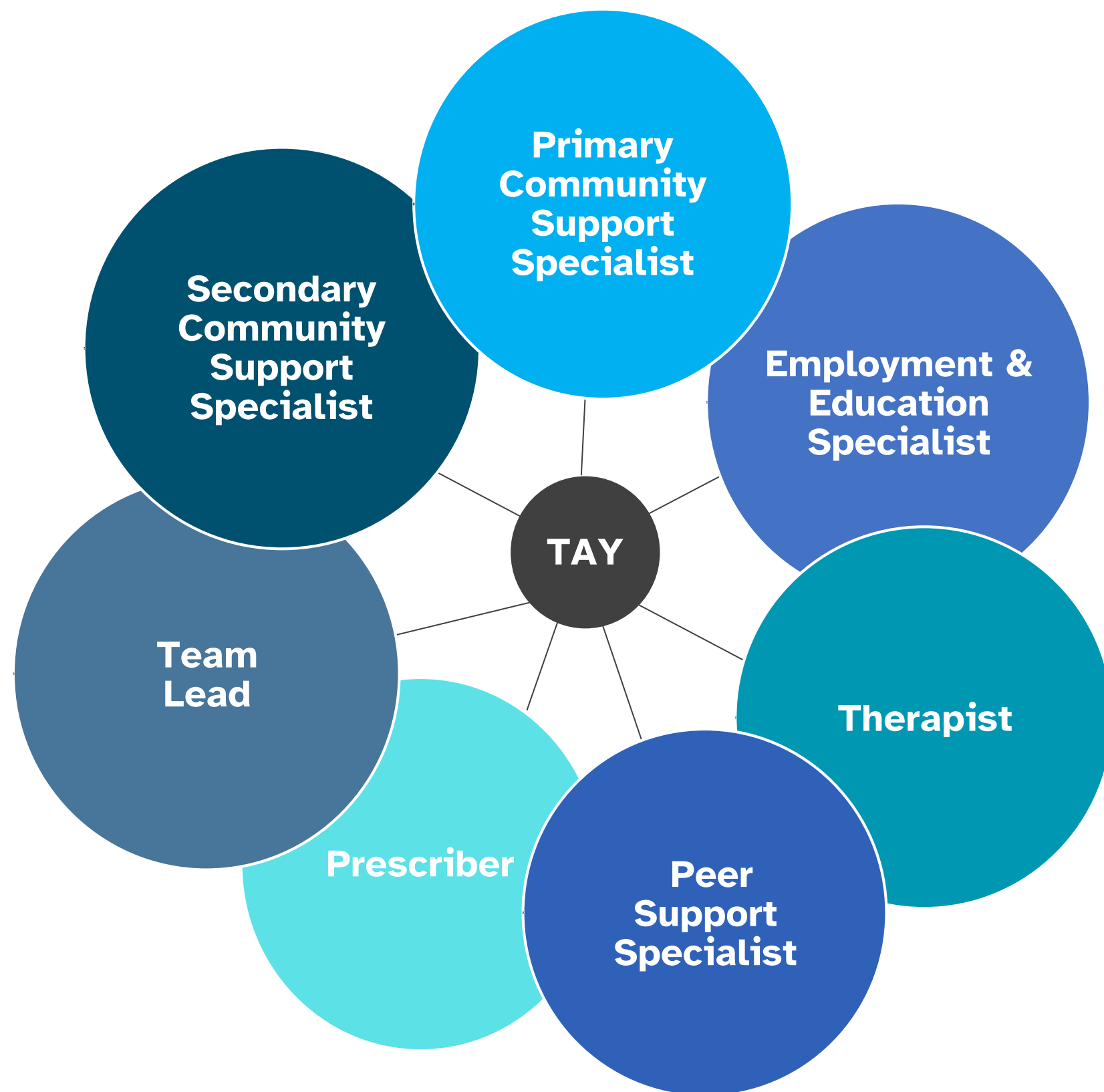


Unique Team-based Multidisciplinary Approach for TAY



History of the Emerge Model

2013	2014	2015	2016	2019	2023
<p>Emerge Development – Objective to design an effective team for engaging & supporting young adults with serious mental health diagnoses</p> <p>Thresholds Strategic Plan includes YAYAS expansion</p>	<p>Emerge Launches in Jan. Takes 1 year to reach enrollment capacity</p> <p>Quarterly Emerge CQI meetings began – aimed to capture Emerge Processes & Outcomes.</p>	<p>NIDILRR Switzer Research Fellowship awarded to VVK study Emerge engagement</p> <p>MindStrong & Emerge West design via donor + state MH block set-aside federal mandate</p>	<p>MindStrong & Emerge West implementation Presenting on Emerge Model begins at conferences</p> <p>Emerge</p> <p>TA, consulting & training requests start</p>	<p>IL Legislation passed to fund adolescent & young adult multidisciplinary care via commercial insurance & Medicaid in IL</p> <p>Partner with Northwestern University to build TAY sister team to FEP CSC Team</p>	<p>NIDILRR grant funded to operationalize & study Emerge (super competitive)</p> <p>VVK relocates to UT-Austin; training on Emerge Model expands</p> <p>Amplify Center (Austin, TX) launches using headspace + Emerge Model</p>



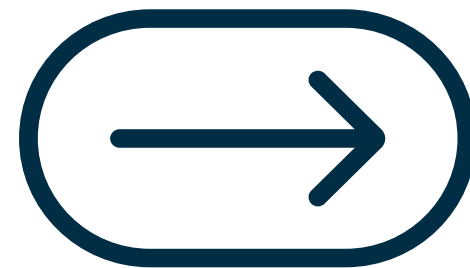
- **Primary & Secondary Community Support Specialists** coordinate TAY care across TAY team members (and external partners and supports) and help TAY with developing and achieving personal goals.
- **Employment & Education Specialist** uses the Young Adult Individual Placement and Support (IPS) Model of Supported Employment to support TAY with education and employment engagement and career development.
- **Near-Age Peer Support Specialist** uses their lived experiences as a TAY navigating life with a mental health condition to validate TAY challenges, develop a strong peerness-based relationship, advocate for TAY priorities & engage TAY in services.
- **Therapist** uses CBT, DBT and a family systems approach to help TAY (and the TAY team) to explore and better understand each TAY's unique mental health symptoms and related factors & develop effective coping skills and healthy routines.
- **Team Lead** coordinates the team to ensure young person's needs are met.
- **Prescriber** with adolescent & young adult specialty who uses "start low, go slow" approach to prescribing.

Shift your approach from...

“recovery”

to

discovery



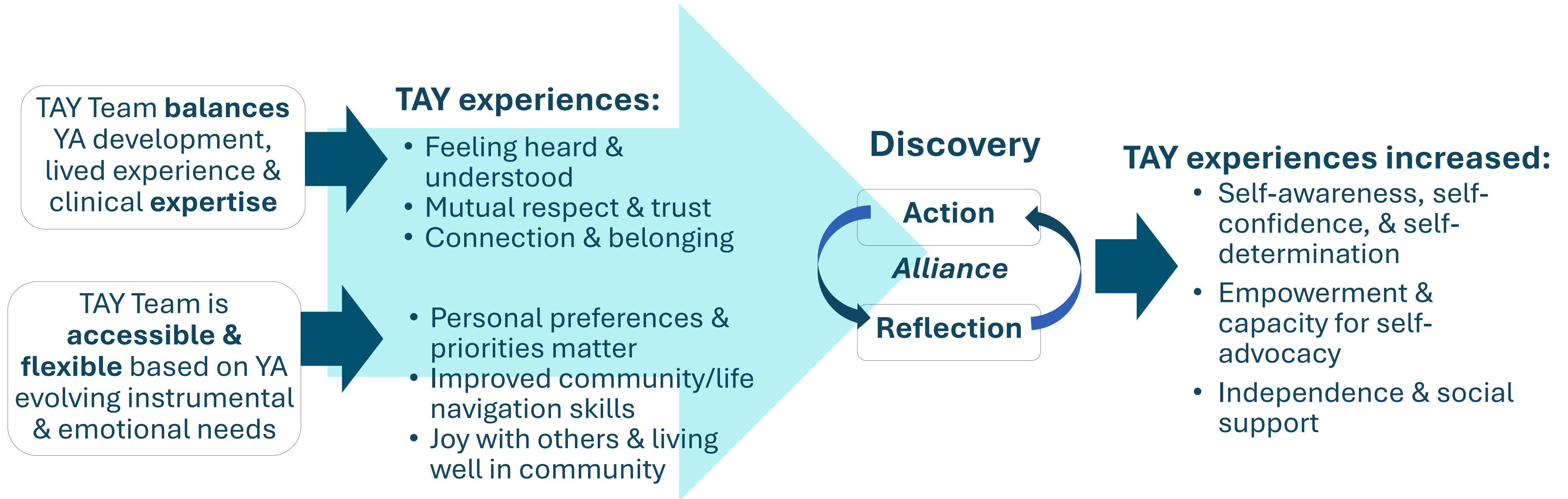
“A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”

–SAMHSA

“The act of finding or learning something for the first time: the act of discovering something.”

–Merriam Webster Dictionary

Discovery-Oriented Approach



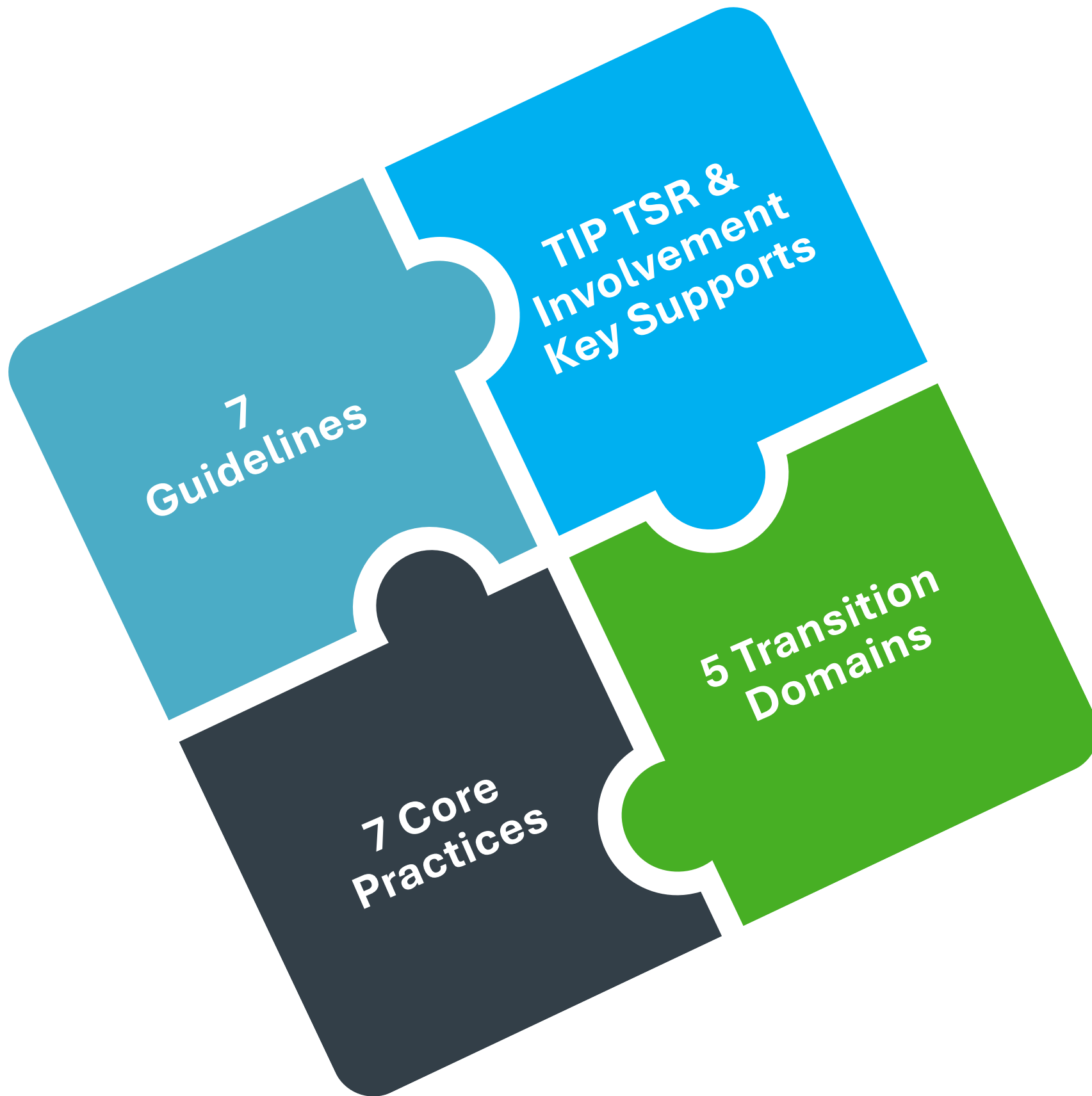
Journal article just accepted in Psychiatric Rehabilitation on Discovery-oriented approach

Evidence-based Practices

- Transition-to-Independence Process
- Assertive Community Treatment
- Peer Support
- Individual Placement & Support (IPS) Supported Employment & Education
- Dialectical Behavior Therapy
- Cognitive Behavior Therapy
- Integrated Dual Disorder Treatment
- Harm Reduction



TIP Model is a foundational & uniting Practice



The Transition to Independence Process (TIP) Model uses Positive Youth Development principles & practices to effectively partner with & support TAY with SMHCs to:

- **Engage** TAY in their own futures planning process
- **Provide** developmentally-appropriate, non-stigmatizing, culturally-competent, & appealing services & supports to TAY
- **Involve TAY** and their families & other informal key players in a process that prepares TAY toward greater self-sufficiency & achievement of their goals across transition domains

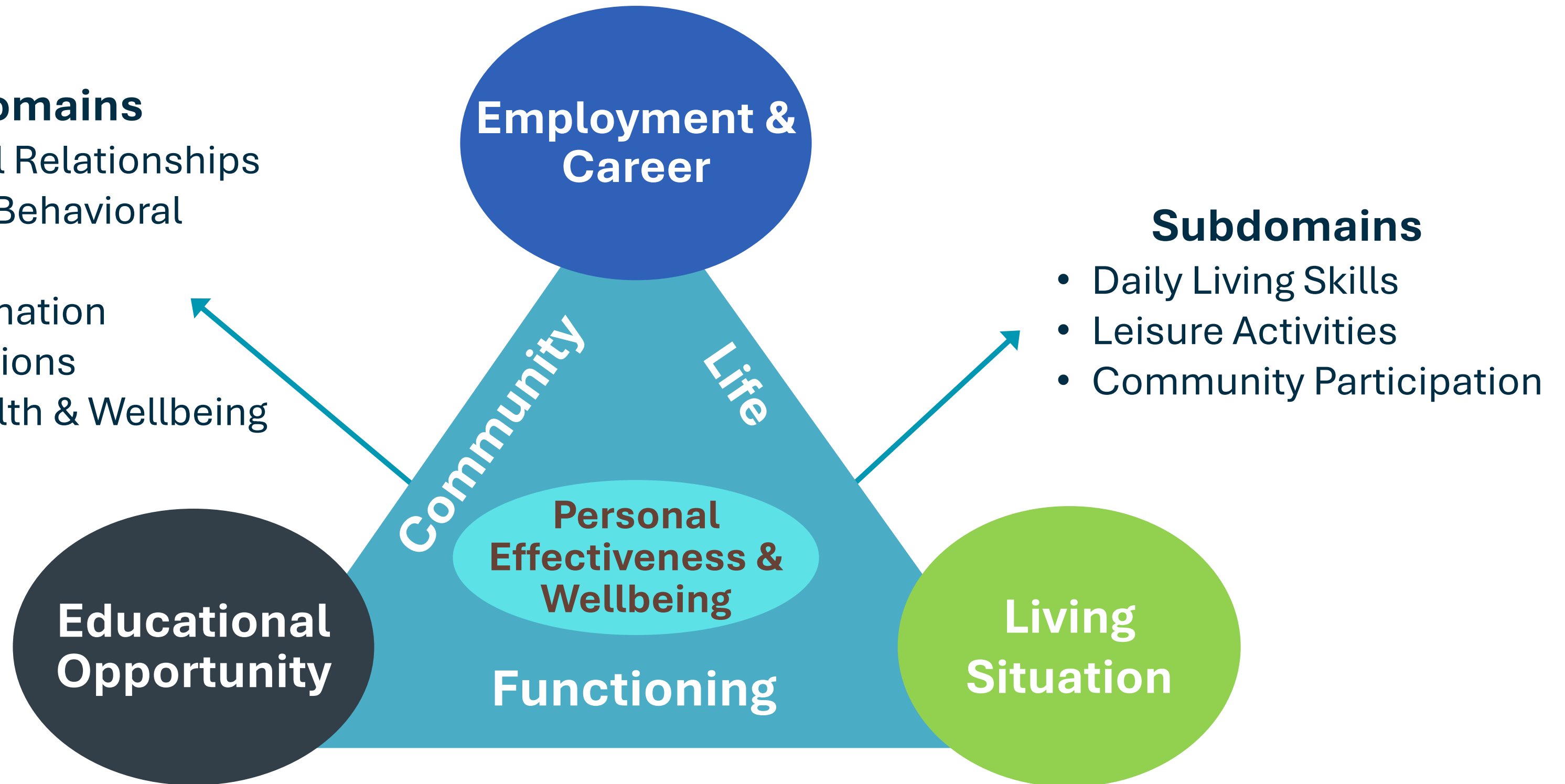
TIP Guidelines



- **Engage through relationship development**, person-centered planning, & a focus on their futures
- **Tailor services** and supports to be accessible, coordinated, appealing, non-stigmatizing, trauma-informed, and developmentally-appropriate, and building on strengths to enable the YP to **pursue their goals across relevant Transition Domains**.
- Acknowledge and develop **personal choice and social responsibility** with young people.
- Ensure a **safety-net of support** by involving a young person's family members and other informal and formal key players, as relevant to the YP's wellbeing.
- **Enhance young person's competencies** to assist them in achieving greater self-sufficiency and confidence.
- Maintain an **outcome focus** in the TIP Model™ at the person, program, and community levels.
- **Involve young people, family members and other community partners** in the TIP System at the practice, program, and community levels.

TIP Transition Domains

- Subdomains**
- Interpersonal Relationships
 - Emotional & Behavioral Wellbeing
 - Self-Determination
 - Communications
 - Physical Health & Wellbeing
 - Parenting



TIP CORE Practices

- Strength Discovery & Needs Assessment
- Futures Planning
- Rationales
- In-vivo Teaching
- SODAS Problem-Solving
- WHAT'S UP? Prevention Planning
- SCORA Mediation Method



TIP Solutions Review (TSR)

Purpose

- Inform & enrich team's work with a specific TAY being reviewed.
- Enhance the knowledge & competencies of TAY team in using *TIP Model*.

Activity

- Structured discussion of a young person's characteristics, situation, & TIP application to improve team effectiveness through “brain-storming” & “problem solving”
- Use TSR TAY Descriptive Outline to guide TSR process for at least 2 TAY per month

Impact

- Fosters Collaboration Among Team Members
- Lends to Knowing Young People & What to do
- Enhances “Team”

<https://psycnet.apa.org/doi/10.1037/prj0000324>

EMERGE “Ingredients”



**Community
Outreach &
Education**



**Learning
While
Doing**



**TAY Enhancements to
Evidenced Practices**



**Lengthy
Assertive
Engagement**



**Creative &
Evidence-
informed
Therapies**



**Leveraging Technology
& Social Media**



**Partnering with
family, friends &
romantic partners**



**TAY Goal Priority
across
Transition
Domains**



Program Evaluation & CQI



**Socialization
Outings & Fun**



**Intensive Team
Coordination**



Baking it all in!

Emerge Model

- *Developmental & Discovery focus*
- Serves 45-50 at any given time
- Eligibility (varies by program): generally, 16-26 years old with wide diagnostic serious mental health condition eligibility
- Uses Transition to Independence Process (TIP) Model as foundational & uniting practice model
- “Primary Community Support Specialists” coordinate care among team members (community support, therapy, vocational, psychiatry, peer roles)
- 85% or more of services in community
- Therapist uses CBT, DBT, art therapy & family systems approach
- Team partners with participants to facilitate small & large group social & cultural activities & events

Shared Across Models

Outreach & education + screening & assessment to access effective treatment as early as possible

Evidence-based practices delivered via coordinated multidisciplinary team that shares a caseload

Includes Supported Employment & Education Specialist, Peer Support Specialist & “start low, go slow” prescribing practice

Coordinated Specialty Care (CSC) for Early Psychosis

- *Clinical & Recovery focus*
- Serves 25-50 at any given time depending on team size
- Eligibility (varies by state): generally, 15-30-years-old with psychosis diagnosis within past 1.5-3 years, including affective psychosis
- Uses one of several available CSC Models, e.g., OnTrackNY, NAVIGATE, PIER, EASA , etc.
- 40% of services in community
- “Primary Clinicians” coordinate care among team members, including: psychiatrist, vocational and peer specialists, & others, e.g., Occupational Therapists, Family Peers/Partners
- Use of CPT-p, Shared-Decision Making, Individual Resiliency Training & Family Psychoeducation, & others



Our Research of Emerge Model & TAY Teams



Research Publications & Findings



UT-Austin TIEMH Transition
Age Youth Research &
Practice Website

- Emerge is complimentary sister + step-down team to early psychosis CSC (Klodnick et al., 2019)
- Priority *treatment* goals: employment, education, social connection & independent living (Klodnick et al., 2021a)
- Over a 2-year period, most made personal goal progress, engaged in employment & education & experienced decreased psychiatric hospitalizations (Klodnick et al., 2021a)
- Different types of exits: (a) Planned: Transitions to a lower, similar or higher level of care, a return to previous provider, or insurance issues & (b) Unplanned: unable to contact, service decline, abrupt move and other. Moving outside team geographic area contributed to both planned & unplanned exits. (Klodnick et al., 2021b)
- Discovery-oriented Approach for TAY (Klodnick et al., 2025)

EMERGE Fact Sheet & Infographic

EMERGE

A PROGRAM FOR YOUTH & YOUNG ADULTS AGES 17-26

A developmentally-tailored adaptation of Assertive Community Treatment that blends Positive Youth Development with other evidence-based mental health practices to engage & support young people to meet their personal life goals.

KEY PRACTICES

-  Discover & develop who you are with a team who understands you.
-  Meet where it makes sense for you: a mix of home, community, office, & virtual connecting.
-  Partner with & involve key people in your life to reach your goals.
-  Improve communication & engage in activities with peers who inspire & motivate.
-  Determine which medications & mix of services work best for you.
-  Focus your goals on what you care about: career, independent living, & relationships.

TEAM APPROACH

A team serves 50 individuals & families



Accepted: Medicaid, commercial insurance & private pay

LEARN MORE

Fagan, M., & Klodnick, V. (2019). Interactive Poster on Emerge Model. National Council Annual Conference. <https://natcon2019-natcon.ipostersessions.com/default.aspx?s=74-83-18-3C-8E-BB-22-7D-93-BB-77-4B-AA-1C-27-24&guestview=true>

Klodnick, V.V., Malina, C., Fagan, M.A., Johnson, R.P., Brenits, A., Zeidner, E., & Viruet, J. (2020). Meeting the developmental needs of emerging adults diagnosed with serious mental health challenges: The Emerge Model. *Journal of Behavioral Health Services & Research*. <https://doi.org/10.1007/s11414-020-09699-0>

Klodnick, V.V., Fagan, M.A., Brenits, A., Gomez, S., Malina, C., Zeidner, E., & Viruet, J. (2019) Thresholds MindStrong & Emerge Models: Multidisciplinary, feasible, effective & sustainable. *Focal Point, the Pathways RTC Journal*. <https://www.pathwaysrtc.pdx.edu/focal-point-S1908>

Thresholds Emerge Model: <https://www.thresholds.org/programs-services/youth-young-adult-services>

THRESHOLDS

Emerge

Emerge is a developmentally-tailored adaptation of *Assertive Community Treatment* that blends **Positive Youth Development** with a **multidisciplinary team approach** (e.g., psychiatry, therapy, community, peer, & vocational support). Emerge engages and supports 17-26 year olds in meeting their personal life goals and managing their serious mental health conditions. Emerge is available in Chicago's Northside, Westmont, & soon, Chicago's Southside. Below is a summary of participants enrolled between 6 & 24 months.

Emerge participants are diverse & vulnerable.

57% identified as White, 20% as Black or African American, 2% Asian or Asian American, & 17% as more than one race; 15% identified as Hispanic or Latinx.

37% meet diagnostic criteria for Bipolar I disorder; 32% for Major Depressive Disorder; 26% for a schizophrenia spectrum disorder.

Prior to enrollment: 70% experienced a psychiatric hospitalization; 71% experienced trauma, only 43% were stably housed, & 37% had previous child welfare involvement.

Emerge improves lives.



100% avoided or decreased days psychiatrically hospitalized



0% with prior justice involvement became involved with justice system



91% maintained stable housing



100% of planned exits connected to a clinically appropriate level of care



78% were working &/or in school



3 academic journal articles published on Emerge

Want to learn more about Emerge?

Visit www.thresholds.org/programs-services/youth-young-adult-services, email YoungAdult@thresholds.org or call 773.432.6555. Or read:

Klodnick et al. (2019). *Thresholds MindStrong & Emerge Models: Multidisciplinary, Feasible, Effective & Sustainable. Focal Point: Youth, Young Adults, and Mental Health*. Portland State University.

Klodnick et al. (2021). *Meeting the Developmental Needs of Emerging Adults Diagnosed with Serious Mental Health Challenges: The Emerge Model*. *Journal of Behavioral Health Services & Research*. doi:10.1007/s11414-020-09699-0

Klodnick et al. (2021). *Developing a Community-Based Multidisciplinary Service Exit Typology for Young Adults with Serious Mental Health Conditions*. *Psychiatric Rehabilitation Journal*. doi:10.1037/prj0000485

THRESHOLDS

Current Research on TAY Teams

Studies

- Longitudinal study at Thresholds:
<https://www.tiemh.org/emerge-study/>
- Northwestern REPP & F2 Evaluation
- Kalamazoo IC TAY Team Evaluation
- Dell Med School Amplify Evaluation & Mixed-Methods Studies

Products

- Developing TAY Team Advocacy Doc for mental health agency champions
- Developing & validating a fidelity scale for TAY Team Model
- Creating a publicly available TAY Team manual & resource Hub website to support implementation across US
- Research Publications & Conference Presentations

Thank you!



vanessa.klodnick@austin.utexas.edu

faganmarc@aol.com

candy.malina@thresholds.org

