



Establishing Site Training Capacity for Maintaining Transition Facilitator's Competencies



Transition to Independence Process (TIP) Model

Lighting the Way to Independence for Youth and Young Adults

NNYT Process and Protocol for *Certified TIP Model Site-Based Trainer*

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Transition to Independence Process (TIP) Model

The *TIP model* was developed for working with youth and young adults (14-29 years old) with emotional/behavioral difficulties (EBD) to: a) engage them in their own futures planning process; b) provide them with developmentally-appropriate, non-stigmatizing, culturally-competent, trauma-informed, and appealing services and supports; and c) involve them and their families and other informal key players in a process that prepares and facilitates them in their movement toward greater self-sufficiency and successful achievement of their goals related to relevant transition domains (i.e., employment/career, educational opportunities, living situation, personal effectiveness/wellbeing, and community-life functioning). The TIP system is operationalized through seven guidelines and their associated practices that drive the work with young people and provide the framework for the program and community system to support these functions. The TIP model is an evidence-supported practice based on six published studies that demonstrate improvement in real-life outcomes for youth and young adults with EBD.

Mission of National Network on Youth Transition for Behavioral Health (NNYT)

The mission of the ***National Network on Youth Transition for Behavioral Health (NNYT)*** is to improve the progress and outcomes of youth and young adults (14-29 years of age) with emotional/behavioral difficulties (EBD) and the responsiveness of transition systems to their families.

This mission is accomplished by:

- NNYT embracing the ideas, cultures, passions, and voices of youth and young adults as it partners with them in the development and evaluation of improved service systems for them and their families.
- NNYT conducting program implementation, system development, research, and dissemination in collaboration with provider agencies, community collaboratives, states, and national/federal entities.

Operationally NNYT serves the following major functions:

- Implementation of the ***Transition to Independence Process (TIP) model*** -- an **evidence-supported practice** for youth and young adults with EBD.
 - Under the guidance of NNYT leadership, the Stars Behavioral Health Group (***SBHG***) ***Stars Training Academy*** serves as the official ***NNYT Purveyor*** to assist agencies and communities in the implementation of the TIP model for improving the outcomes of youth and young adults.
- The ***NNYT Certification Board*** oversees the certification of NNYT TIP Model Consultants, TIP Model Sites, TIP Model Assessors, and NNYT TIP Model Site-Based Trainers.
- NNYT Certified TIP Model Consultants are also assisting communities, states, and national/federal entities regarding **policy and system reforms** that enable agencies and community collaboratives to implement effective transition programs.
- Several of the NNYT Faculty and Consultants are involved in **research, evaluation, and continuing quality improvement efforts** related to transition to adulthood issues. NNYT has an extensive array of Fidelity and Continuing Quality Improvement tools that it makes available to its sites to support implementation and sustainability of effective transition systems.

The home-base for NNYT is with Hewitt B. “Rusty” Clark in Tampa Florida and at the Stars Behavioral Health Group (SBHG) in Long Beach California.

NNYT Certified TIP Model Site-Based Trainer

Site Trainer for Sustaining the Practice

NNYT Certified TIP Model Site-Based Trainer serves as a trainer for Transition Facilitators and other transition-related personnel on the TIP model at a site or sites associated with an agency or collaborative of community agencies that are adopting, maintaining, or being oriented to the TIP Model. The goal is to establish Site-Based Trainers to be able to conduct training on the TIP model principles and practices to sustain a TIP model initiative with the site agency(ies), and to present TIP Model Orientation Workshops with associated partner organizations. Full implementation of the TIP model at new sites (agencies) requires periodic pairing of the Site-Based Trainer with a NNYT Certified TIP Model Consultant who, in addition to the “training” competencies, has extensive expertise and experience in implementation strategies at the practice, program, and systems levels.

Selection of Apprentices. Apprentices seeking to become Site-Based Trainers are jointly selected by the agency and the NNYT Consultant serving the site for TIP model implementation. The fact that an individual is interested in, and/or is selected to be mentored, does not guarantee that this Apprentice will become a NNYT Certified TIP Model Site-Based Trainer. Overtime, the lead NNYT Consultant will monitor competency development of the Apprentice – both with respect to the TIP model **and** functioning as an effective trainer. The Apprentice is generally supervised by a manager at a transition agency or collaborative site (or by a manager at the state level, in the case of a state-wide initiative). If the Apprentice is co-supervised by a local agency manager and also by a regional/state manager for the TIP model training activities, then both supervisors should be involved and named. Although supervision is site-based, the Apprentice and his/her supervisor(s) need to be attentive to guidance, feedback, and recommendations from the NNYT Consultant and the Chair of the NNYT Certification Board.

Individuals selected as Apprentices to pursue Site-Based Trainer certification are to be 18 years or older and have had extensive experience in working with youth, young adults, and/or families with multi-system needs and challenges. Preference in selecting individuals as Apprentices will also include having graduate degrees in fields relevant to mental health, behavioral sciences, applied behavior analysis, and/or social services. However, a graduate degree does not necessarily translate into one being “professionally responsive”, competent in the TIP model, or proficient as a “trainer.”

Young Adult Peer. A young adult peer who is 18 years or over may be considered as a Apprentice for becoming a **Site-Based Associate Trainer** at a site where he/she will be paired with one or more Certified TIP Model Site-Based Trainers. This also assumes that all of the above criteria are met except for the preference for graduate training and “extensive” years of work experience. A young adult will only be considered if the primary NNYT Consultant to the site and the site supervisor (and if available a Site-Based Trainer or Site-Based Apprentice) advocate for this young adult – stating in writing the reasons why this young person should be considered as a Apprentice for Site-Based Associate Trainer. Please understand that the NNYT Certification Board will only approve a young adult for pursuing Site-Based Associate Trainer status who is committed to achieving adequate proficiencies. There are challenges and liability issues that TIP model implementation presents that take years of experience and education to address appropriately. Nevertheless, the Board will value having a young

adult peer serving as Site-Based Associate Trainer at a TIP model site where he/she is paired with a Certified TIP Model Site-Based Trainer.

Certification Process

The process to become a **NNYT Certified TIP Model Site-Based Trainer** is a sequential process through which a selected professional is coached by a NNYT Certified TIP Model Consultant to ensure that the Apprentice has demonstrated the content knowledge, training and consulting expertise, and related proficiencies essential to training personnel at sites in the TIP model guidelines and associated practices.

- The coaching by the NNYT Consultant is accomplished primarily by having the Consultant demonstrating training sessions for the Apprentice to observe, and then over time, having the Apprentice assuming more and more leadership in conducting training sessions and events on his/her own.
- The coaching process requires that the Apprentice assume an active role in learning all of the TIP model curricula, effective training methods, and being responsive to the positive and corrective feedback provided by the Consultant.
- Although most of this mentoring is done at training and technical assistance events at community sites, some of the mentoring may also be conducted by other means such as:
 - Teleconference monitoring or video monitoring of the Apprentice's work with site personnel.
 - The Consultant also uses other sources of information to review the impact of the Apprentice's efforts (e.g., review of participant evaluation feedback forms; monitoring of the application of a TIP Solutions Review process).
 - Some additional sources of mentoring and continuing education with a Apprentice can come from:
 - Participation in periodic NNYT Theme Webinars for TIP Model Consultants and Site-Based Trainers; and
 - Attending a **NNYT SBHG TIP Model Consultant / Site-Based Trainer Forum** (i.e., A 2-3 day work session that is typically held in Long Beach CA for Site-Based Young Adult Associate Trainers, Site-Based Apprentices, Certified Site-Based Trainers (**including** individuals **being mentored** for possible certification in one of the previously mentioned roles), and NNYT Consultants to share their knowledge and experience in TIP model training and implementation efforts – and to build their training and implementation competencies in working at the agency and system levels).

Qualifications: To qualify to become a NNYT Certified TIP Model Site-Based Trainer, an Apprentice must:

- Show commitment to the TIP model and improving outcomes for youth and young adults with EBD.
- Demonstrate extensive knowledge and expertise related to the TIP model.
- Interact with professionalism and effective communications and show an interest in learning new empirically-based approaches.
 - Demonstrate professionalism (e.g., willingness to give honest feedback, accept and use corrective feedback to improve his/her skills).
 - Willingness to learn and use effective teaching strategies for conducting training of transition-related personnel.

- Responsive to being mentored in conducting training and technical assistance at transition sites by one or more designated NNYT Consultants.
- Demonstrate a dynamic and responsive presentation style with individual personnel and with small and large groups.
- Interact with a diversity of stakeholders in ways that are respectful, diplomatic, and yet honest in representing the TIP model principles and practices.
- Demonstrated the competencies needed for working effectively with transition program personnel to train and coach them in the application of the TIP model guidelines and associated practices.
 - Refer to the attached *Proficiencies in Training and Coaching of Transition Personnel*.
- Preference will be given to Apprentices with graduate degrees or professional certificates in relevant social science fields.
- Follow the steps listed below.

Steps in Being Considered for NNYT Certified TIP Model Site-Based Trainer Status

Step 1

Send a letter describing your interest in **being mentored** to become a **NNYT Certified TIP Model Site-Based Trainer**. Please refer to Appendix STEP 1 “sample letter” that you will need to modify and complete, in conjunction with your supervisor(s), to be considered. Note that this letter must address ALL of the NNYT provisions that are listed within the sample letter and sent to people indicated on it.

Step 2

If accepted for mentoring as a TIP Model Site-Based Trainer **Apprentice**, then you and your supervisor(s) can collaborate with the NNYT Consultant who is working with your Transition Site to develop a plan for assessing and further developing of your proficiencies for possible certification over, typically, a 12 to 30 month period, with the typical time period involving 18 months.

Step 3

When you, your primary NNYT Consultant, and your supervisor(s) **agree that you’ve met the provisions for applying** to be considered as a **NNYT Certified TIP Model Site-Based Trainer**, you may make application to the NNYT Certification Board. Please refer to Appendix STEP 3. Note that this STEP 3A letter must address ALL of the NNYT provisions that are listed within the sample letter.

After a review of the Apprentice’s application materials, the NNYT Certification Board will determine: 1. if more information is needed; or 2. if the Apprentice’s application is: a) approved, b) denied, or c) that the Apprentice’s application indicates that more mentoring is needed in specific areas prior to approval being granted.

When the Apprentice has been approved by the NNYT Certification Board, NNYT Leadership will issue a certificate to him/her acknowledging the status of **NNYT Certified TIP Model Site-Based Trainer** and the designated site (e.g., agency, collaborative of agencies, or geographic area) for which this Site-Based Trainer is authorized to work.

Step 4

Submit your Certified TIP Model Site-Based Trainer **renewal application** to the NNYT Certification Board on an annual basis to maintain your certification and authorization to serve in this capacity. Please refer to Appendix STEP 4.

Contact and Website Information

Chair, NNYT Certification Board:

- Hewitt B. "Rusty" Clark, Ph.D., BCBA, Director, NNYT
 - RClarkTIP@gmail.com

NNYT and SBHG Leadership:

- Joseph Solomita, MSW, Director, Stars Academy & Co-Director, NNYT
 - jsolomita@starsinc.com
- Hewitt B. "Rusty" Clark, Ph.D., BCBA, Director, NNYT
 - RClarkTIP@gmail.com
- Peter Zucker, Ph.D., CEO, Stars Behavioral Health Group (SBHG)
 - pzucker@starsinc.com

WEBSITE:

- ❖ **Transition to Independence Process (TIP) Model**
 - www.TIPstars.org

NOTE: The NNYT Certification Board may have to occasionally revise or update the provisions of the certification process based on new information it has learned related to ensuring effective implementation of the TIP model. Such changes will become effective immediately, but will not affect the *current* 1-year term of a Site-Based Associate, Apprentice, or Trainer.

NNYT Contacts

Hewitt B. "Rusty" Clark, Ph.D., BCBA

Director, National Network on Youth Transition for Behavioral Health (NNYT)
11507 Cerca del Rio Place
Tampa, FL 33617
Email: RClarkTIP@gmail.com
and
Professor Emeritus,
Department of Child & Family Studies
University of South Florida

Joseph Solomita, LCSW

Director, SBHG Stars Academy & Co-Director, NNYT
Stars Behavioral Health Group
1501 Hughes Way
Long Beach, CA 90810
Phone: (310) 221-6336, ext. 109
Fax: (310) 221-6350
Email: jsolomita@starsinc.com

Appendix STEP 1: APPLICATION FOR BEING MENTORED AS SBT APPRENTICE

Modify, complete, have signed, & submit this letter to Dr. Clark's email as a PDF file attachment with all parties cc'd.

TO: Dr. Hewitt B. "Rusty" Clark
Chair, NNYT Certification Board
National Network on Youth Transition for Behavioral Health (NNYT)
RClarkTIP@gmail.com

FROM: *Your Name, Highest Degree, License*
Descriptive Position Title
Site/Agency Affiliation
Complete snail-mail address
Phone Number
Email Address

CC: *Primary NNYT Consultant for Site (e.g., Elijah Mccauley, Nicole Deschênes, Marc Fagan, Coral Huntsman)*

CC: *Your Supervisor's Name*
Descriptive Position Title
Site/Agency Affiliation
Complete snail-mail address
Phone Number
Email Address
IF YOU HAVE TWO SUPERVISORS, PLEASE LIST BOTH WITH COMPLETE CONTACT INFORMATION

DATE:

TOPIC: **Applicant seeking to be mentored** for possible certification as a TIP Model Site-Based Trainer

I am working at a Transition Program Site and am interested in am applying to be considered for possible mentoring by the primary NNYT Certified TIP Model Consultant who is working with our site(s). My site supervisor(s) and I have reviewed the document entitled: ***NNYT Process and Protocol for Certified TIP Model Site-Based Trainer*** and I am applying for possible mentoring by our primary Consultant (or arranging for a Consultant to work with our site and me).

- A. I realize that as an NNYT TIP Model Site-Based Trainer **Apprentice**, I and my Supervisor(s) will have to agree to the following NNYT provisions:
- a. I am only authorized to conduct co-training and training events as designated by my primary NNYT Consultant. I must represent myself as an Apprentice, and I realize that my being mentored through this process does not necessarily guarantee that I will be certified.
 - b. I will ensure that all NNYT TIP model documents (e.g., Workshop Participant Training Manuals, power point presentations, & related materials) that I use at my site are current and approved by my NNYT Consultant – and I am responsible for distributing these materials in line with the NNYT Materials User Guide for SBTs. That is, only the Workshop Participant Training Manuals and other authorized materials are to be shared (e.g., printed off as handouts) and used with site personnel attending my authorized training events.
 - c. If my primary NNYT Consultant or the NNYT Certification Board Chair finds that I am not in good standing as a NNYT representative based on the provisions of the Site-Based Trainer Protocol and this application, I will terminate all of my TIP model related training activities and will return all NNYT materials (e.g., electronic and/or hard copies) that I have accessed.

- d. My supervisor(s) and I understand the importance in our working collaboratively with the NNYT Consultant in the planning and conducting of any training or technical assistance events to be presented at our transition program site(s).
 - e. I recognize that at times issues will come up that require knowledge or expertise that I do not have. Under such circumstances, I will direct site personnel to the NNYT Consultant or other appropriate professional (e.g., a clinical issue is raised in a TIP Solutions Review that is out of my area of expertise, I will encourage the site team to speak with their consulting psychologist, behavior analyst, or psychiatrist – or arrange for a follow-up call between the team’s supervisor and the site’s NNYT Consultant).
- B. My background and experience related to my interest in becoming an **NNYT Certified TIP Model Site-Based Trainer** is described below. **THE APPLICANT SHOULD DETAIL HIS/HER KNOWLEDGE, EXPERIENCE, AND EXPERTISE RELATED TO THE FOLLOWING TOPICS:**
- a. Working with transition-age youth and young adults, families with older youth, and service systems.
 - b. Conducting training and technical assistance with personnel in human service systems.
 - c. Conducting training and/or technical assistance on related transition practice, program, organizational, and system issues.
 - d. Coordinating with sites on the planning, organizing, and arranging logistics for site visits, technical assistance Teleconference Sessions, and other training events.
 - e. Describing professional and educational training that the applicant has received and the degrees and licenses he/she has earned.
 - f. **Young Adult Peer:** If you are a Young Adult Peer, please indicate such _____. See page 3 of this SBT Protocol for further definition regarding Young Adult Peer and possible certification as a Site-Based Associate Trainer.
 - g. Acknowledging that my supervisor(s) is supportive of my seeking to be mentored in this TIP model role as an Apprentice. I have provided the supervisor’s name, descriptive title, and contact information (above) and cc’d him/her on this email communication.
- C. I have requested that my primary NNYT Consultant submit an e-letter of recommendation regarding my interests, commitment, and abilities to pursue this role.
- D. By this statement, I assure you that I have not violated any professional ethical or legal standards nor is there any other reason that I should not be continuing to work in the provision of training and technical assistance to personnel who are providing transition services to youth and young adults and their families. **APPLICANT -- IF THERE IS ANY LEGAL OR ETHICAL REASON THAT MIGHT AFFECT THESE DUTIES, PLEASE SPECIFY THEM HERE.**
- E. I am committed to developing my proficiencies in assisting transition program personnel in learning and applying the guidelines and practices of the Transition to Independence Process (TIP) model to improve the progress and outcomes of youth and young adults with emotional/behavioral difficulties and the responsiveness of the Transition Site to their families.

We have read, fully understand, and are committed to abiding by these NNYT provisions. If my primary NNYT Consultant or the NNYT Certification Board needs additional information, I will provide such. I look forward to the possibility of my being accepted to serve as a TIP Model Site-Based Trainer Apprentice.

Applicant’s Signature: _____ Date: _____

Primary Supervisor’s Signature: _____ Date: _____

Secondary Supervisor’s Signature (if relevant): _____ Date: _____

Appendix STEP 3A: APPLICATION FOR CONSIDERATION AS A NNYT TIP MODEL SITE-BASED TRAINER

Modify, complete, have signed, & submit this letter to Dr. Clark's email as a PDF file attachment with all parties cc'd.

TO: Dr. Hewitt B. "Rusty" Clark
Chair, NNYT Certification Board
National Network on Youth Transition for Behavioral Health (NNYT)
RClarkTIP@gmail.com

FROM: Your Name, Highest Degree, License
Descriptive Position Title
Site/Agency Affiliation
Complete snail-mail address
Phone Number
Email Address

CC: Primary NNYT Consultant for Site (e.g., Patti Fetzner, Marc Fagan, Rusty Clark, Coral Huntsman)

Your Supervisor's Name
Descriptive Position Title
Site/Agency Affiliation
Complete snail-mail address
Phone Number
Email Address

IF YOU HAVE TWO SUPERVISORS, PLEASE LIST BOTH WITH COMPLETE CONTACT INFORMATION

DATE:

TOPIC: Application for Consideration as a NNYT Certified TIP Model Site-Based Trainer

I am applying for consideration for certification as a NNYT Certified TIP Model Site-Based Trainer. In collaboration with my primary NNYT Consultant, I have completed the *Proficiencies in Training and Coaching of Transition Personnel* form (Appendix STEP 3B). I am submitting this completed cover letter (signed by me and my site supervisor(s) for TIP model training activities) along with the Proficiencies form. I have also requested that my primary NNYT Consultant submit his/her Endorsement Statement (Appendix STEP 3C) to the Certification Board Chair.

- A. I realize that if approved as an **NNYT Certified TIP Model Site-Based Trainer**, I and my Supervisor(s) will have to agree to the following NNYT provisions:
- a. I will only conduct training and technical assistance on the TIP model with personnel from my site (e.g., agency, community collaborative) that is designated on my certificate.
 - b. I understand that for me to conduct training to any other personnel on the TIP model, I must have authorization from the NNYT Leadership (Hewitt B. "Rusty" Clark or Joseph Solomita) and my supervisor(s).
 - c. In order for me to provide TIP model training, I must use current NNYT curricula, maintain my certification, and remain in good standing with NNYT.
 - d. I will represent myself to others based on my current NNYT standing and current authorization from NNYT Leadership.
 - e. I will ensure that all NNYT TIP model documents (e.g., Workshop Participant Training Manuals, power point presentations, & related materials) that I use at my site are current and approved NNYT training materials – and I am responsible for distributing these materials in line with the NNYT Materials User Guide on the SBT Private Section of the www.TIPstars website. That is, only

the Workshop Participant Training Manuals and other authorized materials are to be shared (e.g., printed off as handouts) and used with site personnel attending my authorized training events.

- f. If my primary NNYT Consultant or the NNYT Certification Board Chair finds that I am not in good standing as a NNYT representative based on the provisions of the Site-Based Trainer Protocol and this application, I will terminate all of my TIP model related training activities and will return all NNYT materials (e.g., electronic and/or hard copies) that I have accessed.
 - g. My supervisor(s) and I understand the importance in our working collaboratively with NNYT Leadership if any assistance is needed to ensure that engaging and effective training and technical assistance is provided on the TIP model.
 - h. I recognize that at times issues will come up that require knowledge or expertise that I do not have. Under such circumstances, I will direct site personnel to the NNYT Consultant or other appropriate professional (e.g., a clinical issue is raised in a TIP Solutions Review that is out of my area of expertise, I will encourage the site team to speak with their consulting psychologist, behavior analyst, or psychiatrist – or arrange for a follow-up call between the team’s supervisor and the site’s NNYT Consultant).
- B. I also understand that if approved to serve as an NNYT Certified TIP Model Site-Based Trainer (or a Young Adult Associate Trainer) that I will need to do one of the two following “continuing education” activities at least within every two “certification” years to maintain my certification:
- a. Mentored while I conduct training activities at my site over a minimum of a two-day period by a NNYT Certified TIP Model Consultant. or
 - b. Attend a ***NNYT SBHG TIP Model Consultant / Site-Based Trainer Forum*** (i.e., A 2-3 day work session that is typically held in Long Beach CA for Site-Based Young Adult Associate Trainers, Site-Based Apprentices, Certified Site-Based Trainers (***including*** individuals ***being mentored*** for possible certification in one of the previously mentioned roles), and NNYT Consultants to share their knowledge and experience in TIP model training and implementation efforts – and to build their training and implementation competencies in working at the agency and system levels).
 - c. The expenses associate with these types of NNYT continuing education services are the responsibility of my organization or me personally.
- C. If I am planning to conduct TIP model training activities with new agencies interested in adopting the TIP Model (those agencies for which a NNYT Consultant has not worked), I realize that I have to: a) disclose such to the NNYT Certification Board Chair; and b) arrange that I have a pairing with a NNYT Consultant for at least a two-day period during my certification year in which this training is to occur. I am requesting to conduct TIP Model Intensive Training events at a new agency during this next certification year?
Yes_____ No_____
- D. By this statement, I assure you that I have not violated any professional ethical or legal standards nor is there any other reason that I should not be continuing to work in the provision of training and technical assistance to personnel who are providing transition services to youth and young adults and their families. ***IF THERE IS ANY LEGAL OR ETHICAL REASON THAT MIGHT AFFECT THESE DUTIES, PLEASE SPECIFY THEM HERE.***
- E. Our plans for TIP model training over my next certification year will involve, in general, the following activates: ***IN THIS SECTION OF THE LETTER, JUST PROVIDE AN OVERVIEW OF THE TYPES OF TRAINING AND TECHNICAL ASSISTANCE EVENTS THAT YOU AND YOUR SUPERVISOR(S) FOR TIP MODEL TRAINING ARE PLANNING. PLEASE INCLUDE PRIMARY TIP MODEL TOPICS TO BE COVERED; TARGET AUDIENCE (E.G., AGENCY, COMMUNITY COLLABORATIVE AGENCIES, TIP INFORMED TRAINING WITH PARTNER OR POTENTIAL PARTNER AGENCIES); AND WHO WILL BE CONDUCTING THE TRAINING EVENTS.***

F. PLEASE PROVIDE THE NAME OF THE AGENCY, COLLABORATIVE, OR GEOGRAPHIC AREA FOR WHICH YOU WOULD LIKE TO BE AUTHORIZED TO CONDUCT TRAINING TO SUSTAIN THE TIP MODEL APPLICATION. For example, the Pathways Program at Tucson Behavioral and Family Health Center, Tucson, AZ; McHenry County Transition Collaborative, McHenry County, IL; Greater Cincinnati TIP Model Collaborative, Cincinnati, OH.

G. **Young Adult Peer:** If you are a Young Adult Peer, please check here _____. See page 3 of this SBT Protocol for further definition regarding Young Adult Peer and certification as a Site-Based Associate Trainer.

H. I am committed to assisting transition program personnel in learning and applying the guidelines and practices of the Transition to Independence Process (TIP) model to improve the progress and outcomes of youth and young adults with emotional/behavioral difficulties and the responsiveness of the Transition Site to their families.

We have read, fully understand, and are committed to abiding by these NNYT provisions. If my primary NNYT Consultant or the NNYT Certification Board needs additional information, I will provide such. I look forward to hearing from the NNYT Certification Board regarding possible approval of my being accepted to serve as a NNYT Certified TIP Model Site-Based Trainer.

Apprentice/Applicant's Signature: _____ Date: _____

Apprentice's Primary Supervisor's Signature: _____ Date: _____

Apprentice's Secondary Supervisor's Signature (if relevant): _____ Date: _____

Appendix Step 3B

Transition to Independence Process (TIP) Model Certification of TIP Model Site-Based Trainer <i>Required Knowledge and Proficiency</i>	Completed and Demonstrated Proficiency Signature of NNYT Consultant/Mentor certifies that the Apprentice completed each required area of knowledge and proficiency	
Apprentice's Name: _____	Date Completed	Signature of NNYT Consultant(s)
A. TIP Model Orientation Workshop		Signature:
1. Studied Transition Handbook, Chapters 1-7		Date:
2. Passed Quiz on Chapter 2		
3. Demonstrated Proficiency in Presenting		
B. Strength Discovery & Needs Assessment		Signature:
1. Passed Quiz on Strength Discovery and Needs Assessment		Date:
2. Demonstrated Proficiency in Presenting		
C. Futures Planning		Signature:
1. Passed Quiz on Futures Planning		Date:
2. Demonstrated Proficiency in Presenting		
D. Rationales		Signature:
1. Passed Quiz on Rationales		Date:
2. Demonstrated Proficiency in Presenting		
E. In-Vivo Teaching		Signature:
1. Passed Quiz on In-vivo Teaching		Date:
2. Demonstrated Proficiency in Presenting		
F. Social Problem-Solving (SODAS)		Signature:
1. Passed Quiz on SODAS		Date:
2. Demonstrated Proficiency in Presenting		
G. Prevention Planning for High Risk Behavior (WHAT'S UP?)		Signature:
1. Read Transition Handbook, Chapter 8, Sections on pages 235-244		Date:
2. Demonstrated Proficiency in Presenting WHAT'S UP?		
H. Mediation With Young People and Key Players (SCORA)		Signature:
1. Passed Quiz on SCORA		Date:
2. Demonstrated Proficiency in Presenting		
I. Coaching for Continuing Competency Enhancement		Signature:
1. Demonstrated Proficiency in Conducting and Monitoring TIP Solutions Reviews		Date:
J. Organizing & Coordinating with Sites for Training Events		Signature:
1. Demonstrated Logistics of Arranging for & Conducting Events		Date:

NOTE: When a SBT Apprentice has demonstrated all Proficiency, he/she can arrange for STEPS 3A, 3B, & 3C to be submitted to Dr. Hewitt B. "Rusty" Clark, Chair, NNYT Certification Board. Documents are to be sent as PDF files attachments to RClarkTIP@gmail.com with relevant NNYT Consultant and Supervisor(s) cc'd.

Appendix Step 3C

NNYT Consultant Mentor Statement of Endorsement

TO: Dr. Hewitt B. "Rusty" Clark
Chair, NNYT Certification Board
National Network on Youth Transition for Behavioral Health (NNYT)
RClarkTIP@gmail.com

FROM: **NNYT Consultant / Primary Mentor** for Site-Based Trainer (SBT) Apprentice:

I, _____, NNYT Mentor (Certified TIP Model Consultant) confirm that _____ (**SBT Apprentice**) has completed and demonstrated the proficiencies related to the TIP Model and the training of personnel on these. I fully endorse this SBT Apprentice for the role of a: (check one)
NNYT Certified TIP Model Site-Based Trainer _____
NNYT Certified TIP Model Site-Based Associate Trainer (see p.3 of Protocol for definition) _____

Furthermore, I recommend this SBT Apprentice, if approved as a Site-Based Trainer, be authorized to provide TIP model training and technical assistance to the follow site(s):

Name of Site/Agency/Collaborative of Agencies*	Site Location*
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

* **NOTE:** This information is needed to provide a descriptor on the certificate that indicates the Agency, Collaborative, or geographic area for which this SBT is authorized to conduct training to sustain the TIP model site(s). For example, the Pathways Program at Tucson Behavioral and Family Health Center, Tucson, AZ; McHenry County Transition Collaborative, McHenry County, IL; or Greater Cincinnati TIP Model Collaborative, Cincinnati, OH.

Appendix STEP 4: APPLICATION FOR CERTIFICATION RENEWAL OF YOUR SBT STATUS

Modify, complete, have signed, & submit this letter to Dr. Clark's email as a PDF file attachment with all parties cc'd.

TO: Dr. Hewitt B. "Rusty" Clark
Chair, NNYT Certification Board
National Network on Youth Transition for Behavioral Health (NNYT)
RClarkTIP@gmail.com

FROM: Your Name
Descriptive Position Title
Site/Agency Affiliation
Complete address
Phone Number
Email Address

CC: Primary NNYT Consultant for Site (e.g., Elijah Mccauley, Nicole Deschênes, Marc Fagan)

Your Supervisor's Name
Descriptive Position Title
Site/Agency Affiliation
Complete address
Phone Number
Email Address

IF YOU HAVE TWO SUPERVISORS, PLEASE LIST BOTH WITH COMPLETE CONTACT INFORMATION

DATE:

TOPIC: Application for review of my **Renewal Request** as a NNYT Certified TIP Model Site-Based Trainer

I am requesting consideration for continuing certification as a NNYT Certified TIP Model Site-Based Trainer. In conjunction with my supervisor(s), I am submitting this completed application letter (signed by me and my site supervisor(s) for TIP model training activities).

- A. I realize that as an NNYT Certified TIP Model Site-Based Trainer, I and my Supervisor(s) have to agree to continue following these NNYT provisions:
 - a. I will only conduct training and technical assistance on the TIP model with personnel from my site (e.g., agency, community collaborative) that is designated on my certificate.
 - b. I understand that for me to conduct training to any other personnel on the TIP model, I must have authorization from the NNYT Leadership (Joseph Solomita or Hewitt B. "Rusty" Clark) and my supervisor(s).
 - c. I will represent myself to others based on my current NNYT standing and current authorization from NNYT Leadership.
 - d. I will ensure that all NNYT TIP model documents (e.g., Workshop Participant Training Manuals, power point presentations, & related materials) that I use at my site are current and approved NNYT training materials – and I am responsible for distributing these materials in line with the NNYT Materials User Guide on the SBT Private Section of the www.TIPstars website. That is, only the Workshop Participant Training Manuals and other authorized materials are to be shared (e.g., printed off as handouts) and used with site personnel attending my authorized training events.
 - e. If my primary NNYT Consultant or the NNYT Certification Board Chair finds that I am not in good standing as a NNYT representative based on the provisions of the Site-Based Trainer Protocol and

this application, I will terminate all of my TIP model related training activities and will return all NNYT materials (e.g., electronic and/or hard copies) that I have accessed.

- f. My supervisor(s) and I understand the importance in our working collaboratively with NNYT Leadership if any assistance is needed to ensure that engaging and effective training and technical assistance is provided on the TIP model.
- g. I recognize that at times issues will come up that require knowledge or expertise that I do not have. Under such circumstances, I will direct site personnel to the NNYT Consultant or other appropriate professional (e.g., a clinical issue is raised in a TIP Solutions Review that is out of my area of expertise, I will encourage the site team to speak with their consulting psychologist, behavior analyst, or psychiatrist – or arrange for a follow-up call between the team’s supervisor and the site’s NNYT Consultant).

B. I also understand that if approved to serve as an NNYT Certified TIP Model Site-Based Trainer (or a Young Adult Associate Trainer) that I will need to do one of the two following “continuing education” activities at least within every two “certification” years to maintain my certification:

- a. Mentored while I conduct training activities at my site over a minimum of a two-day period by a NNYT Certified TIP Model Consultant. *or*
- b. Attend a **NNYT SBHG TIP Model Consultant / Site-Based Trainer Forum** (i.e., A 2-3 day work session that is typically held in Long Beach CA for Site-Based Young Adult Associate Trainers, Site-Based Apprentices, Certified Site-Based Trainers (*including* individuals *being mentored* for possible certification in one of the previously mentioned roles), and NNYT Consultants to share their knowledge and experience in TIP model training and implementation efforts – and to build their training and implementation competencies in working at the agency and system levels).
- c. The expenses associate with these types of NNYT continuing education services are the responsibility of my organization or me personally.

C. If I am planning to conduct TIP model training activities with new agencies interested in adopting the TIP Model (those agencies for which a NNYT Consultant has not worked), I realize that I have to: a) disclose such to the NNYT Certification Board Chair; and b) arrange that I have a pairing with a NNYT Consultant for at least a two-day period during my certification year in which this training is to occur. I am requesting to conduct TIP Model Intensive Training events at a new agency during this next certification year?

Yes_____ No_____

D. For my renewal of my certification, I have met the following “continuing education” activities within the past 24 months: *DESCRIBE WHAT TIP MODEL CONTINUING ECUCATION ACTIVITY(IES) YOU PARTICIPATED IN AN ON WHAT DATES. THE CONTINUING EDUCATION MENU FROM WHICH YOU’RE DRAWING IS DESCRIBED IN PREVIOUS PARAGRAPH (B).*

E. By this statement, I assure you that I have not violated any professional ethical or legal standards nor is there any other reason that I should not be continuing to work in the provision of training and technical assistance to personnel who are providing transition services to youth and young adults and their families. *IF THERE IS ANY LEGAL OR ETHICAL REASON THAT MIGHT AFFECT THESE DUTIES, PLEASE SPECIFY THEM HERE.*

F. Our plans for TIP model training over my next certification year will involve, in general, the following activities: *IN THIS SECTION OF THE LETTER, JUST PROVIDE AN OVERVIEW OF THE TYPES OF TRAINING AND TECHNICAL ASSISTANCE EVENTS THAT YOU AND YOUR SUPERVISOR(S) FOR TIP MODEL TRAINING ARE PLANNING. PLEASE INCLUDE PRIMARY TIP MODEL TOPICS TO BE COVERED; TARGET AUDIENCE (E.G., AGENCY, COMMUNITY COLLABORATIVE AGENCIES, TIP INFORMED TRAINING WITH PARTNER OR POTENTIAL PARTNER AGENCIES); AND WHO WILL BE CONDUCTING THE TRAINING EVENTS.*

- G. *PLEASE PROVIDE THE NAME OF THE AGENCY, COLLABORATIVE, OR GEOGRAPHIC AREA FOR WHICH YOU WOULD LIKE TO BE AUTHORIZED TO CONDUCT TRAINING TO SUSTAIN THE TIP MODEL APPLICATION.* For example, the Pathways Program at Tucson Behavioral and Family Health Center, Tucson, AZ; McHenry County Transition Collaborative, McHenry County, IL; Greater Cincinnati TIP Model Collaborative, Cincinnati, OH.
- H. **Young Adult Peer:** If you are a Young Adult Peer, please check here _____. See page 3 of this SBT Protocol for further definition regarding Young Adult Peer and certification as a Site-Based Associate Trainer.
- I. I am committed to assisting transition program personnel in learning and applying the guidelines and practices of the Transition to Independence Process (TIP) model to improve the progress and outcomes of youth and young adults with emotional/behavioral difficulties and the responsiveness of the Transition Site to their families.

We have read, fully understand, and are committed to abiding by these NNYT provisions. If my primary NNYT Consultant or the NNYT Certification Board needs additional information, I will provide such. I look forward to hearing from the NNYT Certification Board regarding my certification renewal as a NNYT Certified TIP Model Site-Based Trainer.

Site-Based Trainer's Signature: _____ Date: _____

Trainer's Primary Supervisor's Signature: _____ Date: _____

Trainer's Secondary Supervisor's Signature (if relevant): _____ Date: _____