Contrast Between the *Transition to Independence Process (TIP) System* and *Wraparound Approach*

National Network on Youth Transition for Behavioral Health (NNYT)

Characteristics	Wraparound Process	Transition to Independence Process (TIP) system
1. With whom is this approach typically being used?	• Families and their children with complex, multi-systems needs	• Youth and young adults (14-29 years of age) struggling with mental health conditions as they transition to adulthood.
2. For what reasons is the process generally initiated?	• Imminent risk of removal from home or school setting • Family or the target child(ren) require services from two or more public service systems, and these categorical services have not been effective • As a process to assist in reunification	• To engage youth and young adults in their own futures planning process. • To provide them with developmentally appropriate supports and services. • To involve them in a process that prepares and facilitates their movement toward greater self-sufficiency and successful achievement of their transition goals.
3. What types of information are obtained through assessment	• Strengths, interests, values, culture, and natural resources of the child and family • Needs of family and their children across life domains.	• Strengths, interests, values, goals, culture, family supports and other natural supports. • Needs of youth and young adults and those of their family members. • Possible future goals related to relevant transition domains for the youth/young adult.
4. What are the domains explored/ addressed in the plan?	Life Domains ❖ Family ❖ Education ❖ Cultural/Spiritual ❖ Legal ❖ Medical/Self Care ❖ Mental Health ❖ Residential ❖ Safety ❖ Social/Recreational ❖ Substance Abuse ❖ Vocational ❖ Financial ❖ Traumatic Events	Transition Domains ❖ Employment & career ❖ Education ❖ Living situation ❖ Personal effectiveness and well-being ❖ Interpersonal Relationships ❖ Emotional and Behavioral Wellbeing ❖ Self-Determination ❖ Communications ❖ Physical Health & Wellbeing ❖ Parenting ❖ Community life functioning ❖ Daily Living Skills ❖ Leisure Activities ❖ Community Participation
5. What components are typically included in planning process?	• Natural supports, categorical, and creative services that build on identified strengths and are tailored to individualized needs of the family and its child(ren). • Flexible fiscal supports for securing necessary resources for the family.	• Young person's vision related to relevant transition domains. • Short-term and long-term goals to achieve vision. • Action steps to reach each goal. • Supports and services that build on identified strengths and are tailored to individualized needs, goals, and wishes of the young person and his/her family. • Target date for completion. • Prevention planning regarding high risk behaviors and situations • Nurturing connections with family and other natural supports.

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6. What are the guidelines that drive the planning, and tailoring of supports and services?	• Individualized Care • The family is treated as an equal partner in the Family Support Plan (FSP) design and support its implementation • System providers coordinate their services and so movement between components of the system is smooth • Unconditional care • Outcome driven decisions • Supported at the system level and with strong ties to support and advocacy groups	• Engage young people through relationship development, person-centered planning, and a focus on their futures • Tailor services and supports to be accessible, coordinated, appealing, non-stigmatizing, and developmentally-appropriate -- building on strengths to enable the young people 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 parents, family members, and other informal and formal key players • Enhance young persons' competencies to assist them in achieving greater self-sufficiency and confidence • Maintain an outcome focus in the TIP system at the young person, program, and community levels • Involve young people, parents, and other community partners in the TIP system at the practice, program, and community levels.
7. What is the role of the Facilitator? In Wraparound typically referred to as a "Resource Coordinator" and in the TIP model typically referred to as a "Transition Facilitator".	The Resource Coordinator: • Assesses and prioritizes with the family the strengths and needs of the family and children. • With the family, assists in forming the Child & Family Team • Facilitates and organizes the Child & Family Team Meeting • Assembles and distributes the Child & Family Support Plan • Provides Case Management where appropriate • Monitors the plan and outcome measures • Assist with crisis and safety planning • Documents the wraparound process	The Transition Facilitator: • Conducts ongoing Strengths Discovery & Needs Assessments. Conducts or requests other assessments as necessary. • Works with young person in identifying family members and other supportive informal and formal key players in the young person's life. • Facilitates transition planning with the young person. • Provides supports and services relevant to the young person's short-term or long-term goals. • Coordinates/brokers transition supports and services as necessary. • Assists young people to achieve competency across transition domains through coaching and teaching • Collaborate with key stakeholders, including young people and families • Promote youth and family involvement in transition services (individual, program, and community system levels) • Develop prevention plans as needed • Document planning and provision of supports and services • Monitors and records young people's progress and outcomes..

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8. Who is involved in developing and implementing the plan?	• **Child & Family Team**: Individuals, both informal supports and formal supports, that come together to develop and integrate supports and services to help the family.
	  • Informal key players such as relatives, neighbors, family friends.
	  • Formal key players: such as teachers, therapists, case workers, juvenile probation officers, Guardian Ad Litem.
	  •
		• **Youth or young adult**
		• **Transition Facilitator**
		• **Planning partners** selected by the young person
		  • YP might choose different key players to serve as planning partners for different topics, needs, or goals.
		  • Often a young person may want to only involve him/herself and one or two key players on a given topic (e.g., transition facilitator, parent, friend) to serve as planning partner(s).
		• ***Necessary connection(s)***
		  • Young person's topic, need, or goal determines who is a necessary connection (e.g., probation officer, parent, vocational rehabilitation counselor, community college instructor) for him/her to make progress on this topic, need, or goal.
		  • YP and transition facilitator or other ***planning partner*** would contact, plan, and/or negotiate with ***necessary connection(s)*** regarding a particular topic, need, or goal

9. When are meetings occurring?	• Periodic meetings with the family (possibly including the "target" child(ren) based on age and maturity) and other informal and formal team members.	• The Transition Facilitator is consistently available to work with the young person in planning, modifying the plan, and tracking progress on goals. • Meetings occur with the youth/young adult and his/her planning partners as often as necessary (often on a 1 to 1 basis). • The young person, the transition facilitator or other ***planning partner*** would contact, plan, and/or negotiate with ***necessary connection(s)*** regarding a particular topic, need, or goal as necessary to address the issue.
10. How is it determined whether or not the plan is working?	• Tracking progress indicators across goals (e.g., reunification of family; child attending school consistently; child showing reduced office referrals and improved grades; self-reports of improvement). • Tracking and monitoring relevant outcome measures.	• Tracking progress across goals and the steps to achieve such (e.g., submitted 4 job applications; graduated from HS; paid bills on-line; enrolled in a community college program; found employment in area of interest; completed application to rent a studio apartment).