A Multi-Stakeholder Perspective on Factors Affecting Successful Transition to Adulthood for Youth with Severe Emotional Disturbances

Milira Cox1 · Jennifer Brown Urban1 · Kristen Hassmiller Lich2 · Rebecca Wells3 · C. Nicole Lawrence4 · Nadira Kwaja1

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Abstract
This study elicited the perspectives of youth, caregivers, service providers and researchers to explore how communities can best support the transition to adulthood for youth ages 16–21 with mental health and functional impairments, who are at risk of disconnecting from health and human services. Framed by Relational Systems Evaluation (RSE) and Positive Youth Development (PYD), our study demonstrates the importance of engagement with youth experts. Group Concept Mapping (GCM), a collaborative multiphase mixed-methods approach, was used as a systematic process for participants to make meaning of qualitative data using multidimensional scaling and hierarchical cluster analysis (Kane and Trochim in Concept mapping for planning and evaluation, Sage Publications Inc., Thousand Oaks, 2007). Across all participant groups, Life Skills were perceived as highly important and highly feasible for a successful transition to adulthood. However, Positive Social Support & Connectedness were viewed as less important and less feasible by all groups. When examined closely, youth perspectives differed from caregiver and provider perspectives in the factors they prioritized and deemed feasible. Our findings have implications for community mental health services and positive youth development program practitioners.

Keywords Transition to adulthood · Transition-age youth · Severe emotional disturbance · Mental health · Positive youth development

The transition to adulthood has been a popular area of study over the last two decades (Arnett, 2000; Bishop et al., 2020; Coyne et al., 2013; Padilla-Walker & Nelson, 2017; Schultenberg & Zarrett, 2006; Settersten et al., 2005; Stewart et al., 2006). Recently, researchers have inquired about what this period of change entails specifically for those with severe emotional disturbances (SED; Akinola & Dunkley, 2019; Anderson et al., 2018; Eilenberg et al., 2019; Marion & Paulsen, 2019; Walters, 2017; Xie et al., 2014). Early adulthood experiences are uniquely shaped by the interactions between social identity and risk factors, and this can present challenges (Osgood et al., 2010; Reynolds, 2015; Settersten et al., 2005; Xie et al., 2014). Youth with SED often struggle as they navigate situations such as: coordinating adult mental health services, loss of resources, securing housing, and limited educational and employment opportunities (Walters, 2017). They may also struggle to fulfill the expectations of family, friends, romantic partners, or employers (Osgood et al., 2010). When these experiences are paired with concurrent challenges, including substance use and/or criminal activity, educational and employment opportunities are further reduced (Cappelli et al., 2016; Davis et al., 2015).

Unfortunately, youth with severe emotional disturbances are also at risk of becoming disconnected from mental health services when they are deemed too old to participate in children’s mental health services, yet not old enough to meet the demographics of most adult mental health services...
(Wagner et al., 2016). This happens because some child and adult mental health programs are not equipped to address the specific needs (i.e., developmental, social, cultural) of the transition-age group (Davis & Munson, 2018). Racial/ethnic minorities and youth from low-income communities with emotional and behavioral impairments are further at risk to become disconnected from supportive services and communities as they enter adulthood (Akinola & Dunkley, 2019; Eilenberg et al., 2019; Reynolds, 2015). However, some services designed to meet the needs of youth with SED, such as employment and educational programs, have yet to reflect the intersectionality and nuances that shape their lived experiences during the transition and thereafter (Akinola & Dunkley, 2019; Hollocks et al., 2019; Lateef, 2021; Thompson et al., 2021). Communities and youth service providers are now called to develop inclusive programs that encompass the multifaceted needs of transition-age youth with SED to promote positive outcomes (Akinola & Dunkley, 2019; Lich et al., 2017).

Therefore, research is needed to explore what should be prioritized when creating appropriate programming for youth with SED as they enter adulthood. More specifically, researchers should consider examining the needs of youth with SED from multiple viewpoints. Such research would allow practitioners to fully understand what resources may be required to assist youth with SED as they navigate the transition to adulthood. The current study aims to explore youth, caregiver, service provider, and researcher perspectives on what young adults need to be successful during the transition to adulthood, using a Relational Systems Evaluation (RSE) and Positive Youth Development (PYD) framework.

Review of the Literature

Transitioning to Adulthood for Youth with Severe Emotional Disturbances

Making the transition from adolescence to young adulthood can be an exciting time as youth adapt to changes, assume more responsibility, become more independent, and come into their own identities. Although the transition to adulthood is naturally a period of change, challenges, independence, and increased responsibility, those with severe emotional disturbances are considered vulnerable, or at risk for poor outcomes (Arora et al., 2015), and are at a greater disadvantage than general populations (Bishop et al., 2020; Osgood et al., 2010; Settersten et al., 2005; Xie et al., 2014). Vulnerable youth are “those that often suffer from emotional and behavioral problems and have a history of problems in the school and community” (Osgood et al., 2010; as cited by Xie et al., 2014, p. 29). During this transformative time, many young people embark on new journeys including graduating from high school, going to college, seeking full-time employment, moving out on their own or away from caregivers, entering committed relationships, and/or becoming parents (Arnett, 2000; Settersten et al., 2005). However, this period presents risks of a variety of hardships for youth who have been deemed by society as vulnerable as they adjust to physical, psychological, financial, and social adult responsibilities (Osgood et al., 2010; Xie et al., 2014).

In addition to the typical transition experiences, negative life events such as periods of unemployment and homelessness, are also experienced more frequently for youth with severe emotional disturbances during the transition years (Osgood et al., 2010). Youth with SED are also at risk of becoming disconnected from their community and services that are still needed (Anderson et al., 2017; Bishop et al., 2020). The transition to adulthood is a peak period for offending in general populations, however youth with SED are at greater risk for arrests (Davis et al., 2015).

For Black youth with SED, the consequences for disruptive behaviors exhibited in times of high arousal (i.e., psychotic experiences, psychological distress), increases their risk of police interactions (McLeod et al., 2020). Police interactions with Black Americans are more likely to include use of force during arrest, police stops and police searches, and exposure to police killings (McLeod et al., 2020). Thus, the consequences for being deemed disruptive during a mental health episode are more severe for Black transition-age youth with SED, and further separates them from their community.

Adolescents who receive mental health services experience a steep decline in both quality and the number of services available once they turn 18 years-old and lose eligibility (Osgood et al., 2010; Singh, 2009). Within the first two years of leaving high school, youth with SED receive fewer services than when enrolled and continue to experience a decline in services thereafter (Wagner et al., 2016). Two important factors contributing to unsuccessful transitions between child and adult mental health services are availability and overall developmental appropriateness of adult mental health services (Davis & Munson, 2018; Paul et al., 2013). Other factors that contribute to the discontinuity of services include yearning for autonomy, distrust of authority figures and mental health providers, shifts in family relations, peer influences, and concerns about confidentiality (Paul et al., 2013; Scott et al., 2011).

For Black youth with severe emotional disturbances, seeking treatment is a complex, contextual, and relational process (Planey et al., 2019). To understand the determinants of service use, researchers explored the mental health help-seeking behaviors of adolescents and their caregivers (Lindsey et al., 2013, 2017; Radez et al., 2021). Barriers to seeking and accessing help were commonly categorized
as internal and external factors: individual factors (limited mental health knowledge, views of help-seeking), social factors (social stigma, embarrassment), religion and spirituality, perceptions of the therapeutic relationship with professionals (confidentiality, inability to trust unknown person), and systemic or structural barriers (financial costs, logistical issues, school system, social network, availability of professional help; Planey et al., 2019; Radez et al., 2021). While some caregivers seemed hopeful about seeking services, both adolescents and parents expected the experience of mental health services to be negative (Lindsey et al., 2013). Caregivers and youth identified social norms, described as “beliefs about what close family and friends feel one ought to do,” as a major factor inhibiting their effort to seek mental health services (Lindsey et al., 2013 p. 113). Gendered socialization within the Black community, such as ill-conceived notions of manhood and womanhood, inhibits many adolescents from seeking mental health education and treatment (Lindsey et al., 2017). External constraints were also identified as inhibiting factors, including: access to services, financial difficulty, and risk factors within schools (harsh discipline practices, low teacher expectations, disconnection from adult figures; Lindsey et al., 2013, 2017).

Parents of emotionally and behaviorally challenged youth often feel a mix of emotions, including powerlessness and hopefulness, as they attempt to support their children during the transition to adulthood (Lindgren et al., 2016). Although the legal age of medical consent varies across states, once children can provide consent for their own treatment, generally, parental participation is no longer required. Therefore, while some parents may be heavily involved in the coordination of their child’s mental health treatment during childhood and adolescence, parental participation declines significantly as their child transitions to young adulthood (Singh, 2009). Yet, parents of transition-age children with SED are also burdened with providing care and other forms of support during times of difficulty (Lindgren et al., 2016). Parents or legal guardians are typically the gatekeepers to mental health treatment during childhood and adolescence, and their inclusion in research and planning efforts to support their children during the transition to adulthood is valuable (Reardon et al., 2017).

**Systems of Care in Community Mental Health Services**

Systems of Care (SOC) is an approach used in mental health services to underline the value of collaborative partnering between an array of therapeutic and supportive youth-serving agencies and families (Grape, 2013). The core premise of this approach is to create a network that builds meaningful partnerships between service providers, youth, and their families in an effort to collaboratively identify and address needs so youth can function better at home, in school, in the community, and throughout life (Grape, 2013; Stroul & Friedman, 2011).

While children and families benefit from services when delivered from a Systems of Care approach, the quality of these partnerships may vary depending on which values each discrete agency incorporates and the problem area that needs to be resolved (Behar & Hydaker, 2009). This can be problematic when multiple youth-serving agencies are involved, each with their own agenda, view of the problem, and approach to the solution, or when youth values are disregarded. Challenges can arise related to overlapping risk factors (e.g., parental substance abuse, learning problems, community disadvantage), administrative links between agencies (e.g., multiple referrals across systems), and involvement in one agency that causes other problems leading to contact with other agencies (Osgood et al., 2010).

The range of responses aimed at meeting the needs of youth with SED as they transition to adulthood varies depending on the identified problem and expected outcomes. Such outcomes often correspond with areas in which many youths with SED are often at a disadvantage, including adjustment and reaching developmental milestones. The Systems of Care approach has been regarded as one of the most effective children’s service models and has been heavily funded to address the social service needs of children and families (Suter & Bruns, 2009). However, the Systems of Care approach is often viewed as a deficit-based approach, which does not allow youth to draw on their own strengths to contribute to care decisions. Moreover, the Systems of Care approach is not often used to promote collaborative partnerships with transition-age youth with SED as they enter adulthood. Thus, young adults with SED continue to be underutilized in the process of planning and evaluating services to help them thrive during the transition to adulthood.

**Relational Systems Evaluation and Positive Youth Development**

The current study is framed by Relational Systems Evaluation (RSE) and Positive Youth Development (PYD). RSE emphasizes the value of building collaborative partnerships with multiple program informants, or stakeholders, when evaluating programs (Chauveron et al., 2021; Urban et al., 2021). RSE posits that each stakeholder can offer valuable insight to program planning and evaluation, therefore their perspectives and expertise should be held in high regard. Thus, youth, parents, and providers should have opportunities to lend their expertise to inform program planning and evaluation.
Positive youth development posits that rather than focusing on the problems young people face as they develop, researchers, practitioners, and youth programs should focus on building on their strengths to promote youth thriving (Damon, 2004; Urban, 2008). PYD emphasizes that young people have strengths and are valuable, thus, they should be viewed as capable of participating in planning their care. Positive youth development programs are focused on helping youth become assets to their family, community, and society (Hershberg et al., 2015), including adolescents with SED (Bradshaw et al., 2008). This encourages a strengths-based approach to working with or for youth with SED (Bradshaw et al., 2008; Zeldin, 2004), and encourages the inclusion of youth with SED in program planning and evaluation (Lich et al., 2017). The three key principles that promote positive youth development in programs are: ensuring social justice and youth representation, supporting successful youth development, and a focus on building relationships that lead to a civil society (Bradshaw et al., 2008; Zeldin, 2004; Zeldin et al., 2005).

Although the inclusion of youth contribution is often perceived as the exception rather than the rule (Wong et al., 2010), youth voice is an integral part of positive youth development (Urban, 2008). Encouraging youth involvement in decision-making within community organizations can lead to positive outcomes for youth (Urban, 2008; Zeldin, 2004). The inclusion of youth voices leads to opportunities to experience respect, and to be acknowledged as important. This is especially important for youth who have been deemed vulnerable and are overlooked or misunderstood by societal institutions (Lindsey et al., 2013, 2017; Osgood et al., 2010; van Draanen et al., 2013; Zeldin et al., 2005). When youth voice is successfully cultivated, youth become empowered, confident, and capable of forming meaningful relationships and partnerships with adults (Urban, 2008; Zeldin et al., 2005, 2013). Therefore, youth voice, when recognized and utilized appropriately, can promote a positive life trajectory (Zeldin et al., 2005).

The Current Study

The purpose of this study is to explore multiple viewpoints regarding what youth with SED need to successfully transition to adulthood. A community-based participatory approach was used to compare the perspectives of youth, caregivers, service providers, and researchers. Specifically, different perspectives were elicited regarding factors affecting successful transition to adulthood for youth with SED who have significant functional impairments and are at risk of becoming disconnected from health and social services in the Durham community. This study attempts to represent those involved with and within Systems of Care in the Durham community as experts with insight to offer on transitioning youth successfully. The research questions are: (1) What are the factors affecting a successful transition to adulthood?, (2) What factors do youth with severe emotional disturbances perceive as important to achieve success during the transition to adulthood?, and (3) Where and in what ways do youth and adult perspectives align and differ?

Research Method

BECOMING (Building Every Chance of Making it Now and Grown up) was a program that focused on assisting youth ages 16–21 to develop life skills, find support, and make a positive transition to adulthood. The program was situated in a large county with an economically and racially diverse population, both urban and rural areas, and a wide range of health and human service organizations (US Census Bureau, 2020).

BECOMING targeted Durham youth ages 16 to 21 with serious mental illness or serious emotional disturbance, who also have one or more of the following risk factors: (1) no diploma or not in school, (2) pregnant or parenting, (3) criminal justice encounter(s), (4) exiting foster care or other institutional placement, (5) long-term unemployment or underemployment, and (6) homelessness. Specifically, BECOMING worked to build upon the existing System of Care by ensuring that youth were interfacing with a highly trained workforce across service systems, that youth and their families were engaged as partners both at the programmatic and systems levels, and that there is “no wrong door” to accessing services. Co-located clinicians (case coordinators) housed within the educational, corrections and law enforcement systems served as the first point of contact for youth and were involved in conducting outreach to youth, providing orientation to the BECOMING program, completing brief eligibility assessments and referring eligible youth to one of two partnering mental health providers.

For this study, BECOMING leadership identified and recruited individuals to participate through email, flyers, and word of mouth. The agency staff were recruited in the context of a broader planning initiative for the BECOMING program. Participation in the study was optional and youth and caregivers were given $20 for participating in each phase of the study. In addition, all youth were included in a drawing for an I-touch.

Design

This study employed Group Concept Mapping (GCM), a mixed-methods community-based participatory research approach (Kane & Trochim, 2007; Trochim, 1989; Urban, 2008). GCM integrates qualitative group processes with
quantitative multidimensional scaling and hierarchical cluster analysis to develop pictorial maps of the data. The following phases are involved in GCM: (1) Preparation: generating the focus prompt, determining the participants, and setting the project schedule; (2) Generation: brainstorming statements in response to a focus prompt; (3) Structuring: sorting statements for similarity, and rating the statements on the dimensions of importance and feasibility; (4) Analysis: multivariate statistical analyses represent these ideas graphically through maps; and, (5) Interpretation: results are analyzed in a facilitated session. Institutional Review Board (IRB) approval was received from The University of North Carolina at Chapel Hill.

**Procedure**

**Phase 1: Preparation**

The academic researchers developed the following focus prompt: “For youth involved in BECOMING, one thing that affects successful transition to adulthood is …” The choice of words for the focus prompt ensured that youth could understand and participate in the generation and structuring phases of the project.

**Phase 2: Generation**

The purpose of this phase is to yield a set of ideas that represents diversity of thought regardless of who specifically is generating those ideas. The Generation phase begins with a brainstorming process and results in a final statement set which is the basis for the Structuring phase. Agency staff, youth, and caregivers were asked to generate ideas to complete the focus prompt that was developed in Phase 1.

The initial brainstorming session included agency staff that were recruited by BECOMING leaders to participate in their June 2011 “Full Partnership” planning meeting. The meeting focus was not intended as a data collection opportunity; hence, demographic data were not collected. Approximately 100 agency staff participated in this brainstorming session and generated a total of 609 statements.

Additional brainstorming occurred over four facilitated sessions. Each brainstorming session lasted approximately 60 minutes, and members of the research team and a BECOMING staff representative facilitated the session. The prompt was projected on a screen and the participants were asked to write down their responses on a form. The facilitators went around the room several times asking the participants to read aloud and share their statements, while another facilitator entered the statements verbatim into a Microsoft Word document that was projected on a screen. Following the session, a master list of all of the statements participants wrote down was compiled.

There were 14 youth participants who were given the same focus prompt over two different sessions in February 2012 and March 2012, and they generated 134 statements. Lastly, there were eight caregivers that were given the same prompt over two different sessions, in February 2012 and April 2012, and generated a total of 87 statements.

Across all of the brainstorming sessions, participants generated a total of 830 statements which were edited and reduced to a final set of 97 statements that represented the details present in the original brainstormed set (Brown, 2005, 2006b; Kane & Trochim, 2007). The initial 830 statement set was analyzed using the KWIC (Keywords in Context) software program developed by William M. Trochim. KWIC identifies the most common words that appear in the statement set. Statements that have words in common are grouped together which facilitates synthesis. Therefore, the themes driving the analysis were emergent. An audit trail was created in order to track the evolution of the statement synthesis, indicating how the statements were merged, edited, or deleted and established transparency for the synthesis process (Brown, 2006a). One of the authors and a graduate research assistant merged, edited, and deleted statements resulting in a final set of 97 statements.

In order to verify that the final set of 97 statements adequately represented the initial brainstormed set, seven people including individuals from each participant group were asked to review the statements in May 2012. The seven reviewers included a youth, a caregiver, two agency staff, and three academic researchers. Each reviewer received a list of the 97 statements comprising the final statement set, as well as a unique set of 97 randomly generated statements that were drawn from the 830 initial brainstormed statements. The reviewers were instructed to read through both lists and note whether the final set adequately captured all of the statements in the random list. None of the reviewers noted any discrepancies. The reviewers did suggest several minor changes in the wording to increase the clarity of the final statement set.

**Phase 3: Structuring**

The Structuring phase builds on the previous phases and provides the raw data needed to perform concept mapping analyses. After the Generation phase, participants were invited to participate in the Structuring phase: sorting the statements based on their perceptions of conceptual similarity (agency staff and academic researchers only), and rating each statement on the dimensions of perceived importance (scale ranged from 1-relatively unimportant to 5-extremely important; youth, agency staff, and caregivers only) and feasibility (scale ranged from 1-relatively unfeasible to 5-extremely feasible; youth, agency staff, and caregivers only).
Both in-person and electronic data collection options were provided for participants between June and December 2012. Five in-person sessions were held for all participant groups to complete the Structuring phase, and members of the academic research team were present to facilitate the data collection process. Three sessions took place at an agency setting, one session was at a library, and one session was at the Durham Public School’s Staff Development Center. Agency staff and academic researchers had the option of completing the sorting and rating electronically using the Concept Systems Global MAX Software. Instructions and a description of the project were included in the software.

At the beginning of the facilitated sessions, a member of the academic research team described the purpose of this study, reminded the participants of the Generation phase, and described how the statements were merged, edited and reduced to the final statement set. One facilitator read aloud detailed instructions and as the participants completed the sorting and rating activities, the other facilitators circulated around the room to answer specific questions.

Phase 4: Analysis

The second author completed the analysis phase. The Structuring data were analyzed using Concept Systems Global MAX. The analysis begins by using the sorted data to construct an N x N binary, symmetric matrix of similarities (where N equals the number of statements). For any two statements, a 1 was placed in the cell if the two items were placed in the same pile by the participant; otherwise a 0 was entered (Weller & Romney, 1988). Each participant’s similarity matrices were summed in order to obtain the total similarity matrix, which was then analyzed using multidimensional scaling analysis with a two-dimensional solution resulting in a two-dimensional map. Statements that were piled together more frequently were located closer together and statements that were piled together less frequently were spaced further apart.

The multidimensional scaling configuration was then used as input for the cluster analysis. A “concept map” was generated that included all of the original statement points enclosed by polygon-shaped boundaries for the clusters. In order to consolidate the number of clusters as much as possible without losing necessary details, the academic research team agreed that the optimal solution was a five-cluster map.

Phase 5: Interpretation

Academic researchers and agency staff met for a facilitated interpretation session. This group included one agency staff, three academic researchers, and one graduate research assistant. The purpose of this session was to view and discuss the concept map, review the statements in each cluster and assign cluster labels, and interpret the meaning of the findings.

Participants

Youth

A total of 14 youth participated in the Generation phase. The mean age of youth who participated in the Generation phase was 18.6 (SD = 2.1); 57.1% were female, 85.7% were African American and 14.3% were White. A total of 28 youth participated in the Structuring phase, with 22 youth completing both the importance and feasibility ratings (youth did not complete the sorting activity). Three youth only completed the importance rating, and a separate three youth only completed the feasibility rating. Therefore, a total of 25 youth completed the importance rating, and 25 youth completed the feasibility rating. The mean age of youth who participated in the Structuring phase was 17.7 (SD = 2.2); 21 (75%) were female, 20 (71.4%) were African American, 4 (14.3%) were White, 2 (7.1%) were Multiracial, 1 (3.6%) was Latinx, and 1 (3.6%) identified as Other. Most youth were full-time students in 9th-12th grade (44%) followed by those who were not in school (28%) or were part-time students in college or university (24%). Most youth were not working (73%). Most youth (88.5%) considered their housing/residence both safe and stable.

Agency Staff

Approximately 100 agency staff participated in the Generation phase; however, specific demographic information is not available (see Procedure). A total of 31 agency staff participated in the Structuring phase, with 18 agency staff completing the sort, 20 agency staff completing the importance ratings, and 20 agency staff completing the feasibility ratings. A majority of agency staff were female (N=21; 67.7%) and White (N=19; 61.3%). An additional 11 (35.5%) agency staff identified as African American and one (3.2%) identified as Latinx. Most staff worked in a mental health agency or as private mental health providers (60%).

Caregivers

A total of eight caregivers participated in the Generation phase. Caregivers were 75% female, 12.5% White, 75% African American, and 12.5% Native American. A total of 17 caregivers participated in the Structuring phase, with 15 caregivers completing both the importance and feasibility ratings (caregivers did not participate in the sorting activity). One caregiver only completed the importance rating, and one additional caregiver only completed
the feasibility rating. Therefore, a total of 16 caregivers completed the importance rating and 16 caregivers completed the feasibility rating. A majority of caregivers were female (N = 12, 70.6%) and African American (N = 12, 70.6%) with an additional 5 (29.4%) who identified as White.

**Academic Researchers**

A total of five academic researchers participated in the Preparation phase and the sorting activity which is part of the Structuring phase. The researchers were all White females.

The total number of participants in the Structuring phase of the study was 81. A total of 23 participants completed the sorting, 61 participants completed the importance ratings, and 61 participants completed the feasibility ratings. Due to incomplete or repetitive responses, a total of two sort ratings, eight importance ratings, and six feasibility ratings were not included in the analyses.

**Results**

Group Concept Mapping resulted in a visual representation of the factors affecting successful transition to adulthood for youth who were involved in BECOMING.

**Factors Affecting a Successful Transition to Adulthood**

The first research question was addressed by examining the brainstormed statements and their organization into clusters. The sorted data from agency staff and researchers was combined to create an aggregate map. Using multidimensional scaling, a point map was created that shows the relation of each statement to every other statement in two-dimensional space. Each of the numbered points represents a statement (see Figs. 1 and 2). The distance between points is meaningful: points that are closer together are more similar in meaning (and were sorted together more frequently) and points that are further apart are more dissimilar.

These points were organized into larger groups or clusters based upon the results of the hierarchical cluster analysis. Each of these clusters (n = 5) was named during the interpretation session and include: Life Skills, Personal Development, Comprehensive and Coordinated Service Model, Supportive Environmental Infrastructure, and Positive Social Support and Connectedness. The names for each cluster were determined by examining the statements included in each cluster. Life skills includes statements addressing basic skills needed to function effectively as an adult such as financial literacy and preparation for employment. Personal Development refers to social-emotional skills such as having a strong sense of self and being able to trust others. Comprehensive and Coordinated Service Model relates to the system of support and resources and includes statements such as agencies that communicate with one another and the
availability of resources beyond age 18. Supportive Environmental Infrastructure includes systemic resources that support the social-emotional development of youth and includes statements such as an inviting school environment and being treated normally. Positive Social Support and Connectedness refers to supportive interpersonal relationships and includes statements such as strong, positive peer groups and having a caring mentor who believes in them. The items that make up each cluster are provided in Tables 1, 2, 3, 4 and 5.

The second research question was addressed by first combining importance ratings for each cluster across participant groups. This is depicted in the importance cluster rating map (Fig. 1) and the combined feasibility ratings are depicted in the feasibility cluster rating map (Fig. 2). The more layers there are, the higher the average importance or feasibility rating for the cluster. The Life Skills cluster was consistently rated as relatively most important and most feasible across all participant groups, whereas the Positive Social Support & Connectedness cluster was generally rated relatively low in both importance and feasibility across all participant groups.

Youth Perspective on the Most Important Factors Affecting Successful Transition to Adulthood

In order to specifically examine which factors youth perceived to be most important for the successful transition to adulthood, we examined the importance cluster rating map only using youth data (Fig. 3). Youth identified Supportive Environmental Infrastructure and Life Skills as the two most important clusters. Bolded statements in Tables 1, 2, 3, 4 and 5 indicate which statements youth believed were most important within each cluster.

Youth Versus Adult Perspectives

To address the third research question and understand where and in what ways youth and adult perspectives differ and align, we used ladder graphs to determine the pattern of ratings across participant stakeholder groups. Initially, the importance ratings were compared across participant groups to determine the extent to which the groups share a common vision of what factors are relatively most important. When importance ratings are examined across the participant groups, agency staff and caregivers demonstrate the greatest alignment (r = 0.86); while, youth and caregivers demonstrate the least alignment (r = 0.40; Fig. 4). Agency staff were well aligned with both caregivers and youth (r = 0.76) in terms of what they considered important.

Next, the feasibility ratings were compared across participant groups. Similarly, for the feasibility ratings, agency staff and caregivers are the most aligned (r = 0.93); however, youth and agency staff are the least aligned (r = 0.81; Fig. 5).

In addition to examining patterns across participant groups, we also looked at patterns within participant groups to determine the degree of alignment between importance and feasibility ratings. In other words, were clusters that were rated high in importance also rated high in terms of feasibility? For youth, importance and feasibility ratings were well aligned (r = 0.95). A more complex pattern emerged for caregivers (r = 0.83) and agency staff (r = 0.78) who may be more familiar with factors affecting feasibility (see Fig. 6).
Agency staff and caregivers have a slightly different order of priority in terms of both importance and feasibility. Both groups agree that Life Skills are both most important and most feasible. Although both groups rate Supportive Environmental Infrastructure as relatively high in importance, they also rate it as relatively low in feasibility. Caregivers rated Comprehensive and Coordinated Service Model as relatively higher in importance than do agency staff. However, both groups rate this as relatively low in terms of feasibility. Agency staff rate Personal Development as relatively higher in importance than do caregivers. However, both groups rate Personal Development as relatively feasible.

The results presented thus far focus on relative importance and feasibility aggregated at the cluster level. Concept mapping also provides the ability to drill down to the statement level in order to identify specific actionable items. Go-zones provide graphic representations (by cluster) of the statements organized into quadrants based on the dimensions of importance and feasibility (see Fig. 7 for an example of a Go-Zone). Statements in the upper right hand corner were rated highest in both importance and feasibility and should therefore be where initial efforts focus. Statements in the lower right-hand corner were rated high on importance but low on feasibility. These may be areas that would benefit from an infusion of resources which may make them more feasible. Tables 1, 2, 3, 4 and 5 presents the statements that were in these two zones organized by cluster.

**Discussion**

The transition from adolescence to adulthood is a period in life that is filled with change (Arnett, 2000). Youth with severe emotional disturbances and other risk factors are predisposed to experience hardships as they strive for independence and adjust to the responsibility that comes with becoming an adult (Osgood et al., 2010; Xie et al., 2014). The intersection of risk factors (i.e., mental health condition) and social identity (i.e., race/ethnicity, gender) can present a variety of intrapersonal, interpersonal, and structural/
systemic challenges for youth in transition (Akinola & Dunkley, 2019; Eilenberg et al., 2019; Lindsey et al., 2013, 2017; Osgood et al., 2010; Planey et al., 2019; Radez et al., 2021; Reynolds, 2015; Settersten et al., 2005; Xie et al., 2014). Researchers and community practitioners have been called to study flourishing, a form of positive development, in young adulthood (Padilla-Walker & Nelson, 2017), particularly for youth with severe emotional disturbances (SED). The aim of the current study was to examine the needs of youth with severe emotional disturbances as they enter adulthood, using a dynamic approach to understand the factors affecting success during the transition from multiple perspectives. Framed by Relational Systems Evaluation (RSE) and Positive Youth Development (PYD), our study invited a collaboration between youth, caregivers, service providers, and researchers.

The findings from our cluster analysis address our first research question: What are the factors affecting a successful transition to adulthood? Five themes affecting the transition to adulthood emerged from the data (see Tables 1, 2, 3, 4 and 5): Supportive Environmental Infrastructure, Comprehensive and Coordinated Service Model, Life Skills, Personal Development, and Positive Social Support and Connectedness. Across all participant groups the Life Skills cluster was ranked the highest in importance and feasibility. This implies that developing Life Skills (i.e., employment preparation, being able to read and write) is most important to achieving success in adulthood and seems most achievable to transition-age youth and adults. The Positive Social Support & Connectedness statements cluster was collectively rated low on importance and feasibility. Although research evidence supports the value of positive social support and connection (Leipold et al., 2019; Padilla-Walker & Nelson, 2017; Paulsen & Berg, 2016; Reynolds, 2015), there is also evidence that youth of color have a strong cultural mistrust of care providers (Scott et al., 2011) and believe in their own self-reliance as the only reliable resource for success in adulthood (Landier Jr et al., 2019). It is possible that the belief in self-reliance is encouraged by a combination of experiences at the personal level, social/societal norms, and policies that promote independence while implicitly devaluing interdependence. This may also shed light on why the Life Skills cluster was rated highly across all participant groups. More research is needed to understand why some Life Skills that were ranked as highly important were also perceived as less feasible across groups. Research is also needed to understand why positive social support and connectedness were ranked as the least important and least feasible factors during the transition to adulthood.

Table 2 Go-zone statements: Personal Development

| No  | Statement                                                                                                         |
|-----|------------------------------------------------------------------------------------------------------------------|
| 39  | Developing a strong sense of self                                                                                 |
| 41  | Having hope, faith in the future and believing in themselves                                                     |
| 52  | Being able to love                                                                                                |
| 74  | Being involved, motivated and accepting the help                                                                  |
| 81  | Learning appropriate social skills to maintain relationships                                                     |
| 86  | Not ever giving up when there are setbacks                                                                        |
| 96  | Understanding the concept of resiliency and being able to see themselves as resilient                             |

High Importance and Low Feasibility

| 9   | Being independent (out in the real world)                                                                         |
| 58  | Being realistic                                                   |

Low Importance and High Feasibility

| 40  | Freedom to make mistakes/own decisions                          |
| 43  | Diversity appreciation                                          |
| 50  | Cultivating personal interests                                  |
| 84  | Accountability/being held and exposed to high standards         |

Low Importance and Low Feasibility

| 7   | Undeveloped cognitive functioning                               |
| 36  | Early foundations of character building                         |
| 46  | Having trust issues                                             |
| 55  | Exposure to different lifestyle/opportunities outside of their own neighborhood                                  |
| 87  | Trusting people                                                 |

Note. Bolded statements were rated highest in importance by youth.
The second research question explored what factors youth with severe emotional disturbances perceive as important to achieve success during the transition to adulthood. The Youth Importance and Feasibility ladder graph in Fig. 5 illustrates how youth participants ranked the 5 clusters by level of importance and feasibility. As discussed previously, the Life Skills cluster was ranked highest in importance and feasibility. The Supportive Environmental Infrastructure and Personal Development clusters were ranked highly for importance yet were ranked as slightly less feasible to achieve than the Life Skills cluster. The Supportive Environmental Infrastructure cluster statements that were highly important to youth but rated as moderately feasible included: access to reliable transportation; flexible educational opportunities and ongoing support; childcare that is safe, high-quality, affordable, and accessible; and breaks and perks for family/caregiver (caregiver support). Personal Development items that were highly important but seemed moderately feasible included: being independent (out in the real world); developing a strong sense of self; being realistic; and trusting people. Both clusters seem to describe other-dependent items that youth identified as valuable for achieving success in adulthood. However, it also appears that both clusters may only seem moderately feasible to achieve because they would require youth to rely on others to some degree. Personal desires for autonomy and independence (Broad et al., 2017) may also explain why youth ranked the Comprehensive & Coordinated Service Model cluster as less important and less feasible than all other clusters. In addition to the cultural mistrust of healthcare providers (Munson et al., 2011; Scott et al., 2011), researchers have also suggested that the total number of years involved in social services and negative experiences may determine discontinuity of care during the transition to adulthood (De Girolamo et al., 2012; Delman & Jones, 2002).

The third research question examined where and in what ways youth and adult perspectives align and differ. Youth, caregivers, and agency staff were aligned in their ranking of the Life Skills cluster as both highly important and highly feasible. There were notable differences in importance rankings between youth and adults. It was not surprising to find differences in youth and adult priorities likely due to variation in
levels of experience with and knowledge of what is needed in adult life; however, we did not foresee priority differences by type of adult participant (caregiver, agency staff). Although all three groups rated Supportive Environmental Infrastructure as relatively important, this cluster is rated relatively low in terms of feasibility (especially amongst agency staff). The same is true for the Comprehensive and Coordinated Service Model cluster which is also rated as relatively high in importance (especially for caregivers) but relatively low in feasibility. The differences in adult rankings may be attributed to service providers (agency staff) attending to the needs of both youth and their parents, thus having a different awareness of what may be deemed as important by youth. Lack of cultural diversity and environmental awareness may also play a role in differing perspectives (Goodcase et al., 2021; Reardon et al., 2017). However, further research in this area is needed to fully explore how adult personal and contextual factors impact the experiences of youth with severe emotional disturbances during the transition to adulthood.

**Limitations**

There are several important limitations that should be considered when considering the study findings. Data for this study were collected in 2012 and since then, the challenges addressed in this study have increased. Rates of serious emotional difficulties among 10–17-year-olds rose between 2012–2014 and again between 2016–2018 (National Center for Health Statistics, 2019a). Suicides have increased among adolescents, now out-ranking homicide as a cause of death (National Center for Health Statistics, 2019b, 2019c). The US mental health care system remains fragmented and inadequate, especially for people with economic disadvantages (Chang et al., 2021).

The youth who participated in the current study may differ from other transition-age youth (TAY) in a combination of ways, not all readily measurable. By virtue of hearing about our brainstorming sessions, participating youth

### Table 4 Go-zone statements: Supportive Environmental Infrastructure

| No. | Statement                                                                 |
|-----|---------------------------------------------------------------------------|
| 15  | Encouragement and incentives to stay in school                            |
| 33  | An inviting school environment                                            |
| 44  | Being treated normally/not being treated different                       |
| 54  | Leisure activities (such as sports, music, arts, dance) that offer positive ways for them to escape their reality and connect with people socially |
| 82  | Having a structured environment                                           |
| 97  | Finding comfort zones to "operate" (live) in                              |
| 8   | Access to reliable transportation                                         |
| 26  | Flexible educational opportunities and ongoing support including access to higher education |
| 63  | Stable, safe and affordable housing                                       |
| 70  | Safe environments free from drugs, alcohol and violence                  |
| 17  | Youth empowerment programs                                                |
| 48  | A youth internship program                                               |
| 35  | **Childcare that is safe, high quality, affordable, and accessible**     |
| 37  | Having extended legal guardianship beyond age 18                          |
| 60  | Not having to make adult decisions independently until they are capable (not just age 18) |
| 65  | Having good insurance                                                    |
| 89  | **Breaks and perks for family/caregivers (caregiver support)**           |

*Note:* Bolded statements were rated highest in importance by youth.
were likely better connected to systems of care than other TAY, and likely more trusting of professionals. They may also have had more confidence than other TAY. Finally, they may have responded to the modest tangible rewards for participating (gift cards and food) because of disproportionately limited resources. Our study is also limited by the small sample of youth and family participants, specifically in Phase 5 (Interpretation).

Conclusion

Exploring multiple perspectives helps inform mental health professionals and youth development program practitioners of the areas where allocation of services and funding can be most valuable to transition-age youth with SED (Goodcase et al., 2021; Kaufman et al., 2019; LaPorte et al., 2014; Lich et al., 2017). The five clusters, or themes, that emerged from participant responses in our study echo the existing literature on barriers to adult mental health services (Klodnick et al., 2021; LaPorte et al., 2014; Wagner et al., 2016) and other challenges experienced by youth with SED in the transition to adulthood (Akinola & Dunkley, 2019; Marion & Paulsen, 2019; Walters, 2017; Xie et al., 2014). At the same time, our findings reflect literature on adolescent mental health services and positive youth development that emphasize the importance of youth experiences and participation in service evaluation and planning (Brown, 2006b; Chauveron et al., 2021; Delman & Jones, 2002; LaPorte et al., 2014; Lich et al., 2017). The organization of clusters by level of importance and perceived feasibility also reflect the literature on specific challenges experienced by Black transition-age youth with SED (Lindsey et al., 2017; Planey et al., 2019), whose cultural experiences and strengths may go unnoticed if services and interventions are only designed with one component of vulnerability (mental health condition) in mind (Cooper et al., 2015; Lateef, 2021).

The findings also highlight the impact of societal expectations of what is valued during the transition to adulthood. For example, Life Skills were identified as...
both most important and most feasible across participant groups. In the U.S. context, individual level factors, such as Life Skills, are largely within the reach of individuals through their own grit and determination. This perspective is consistent with societal expectation in our individualistic culture of self-reliance. However, youth participants also identified Supportive Environmental Infrastructure as high in importance, yet all of the participant groups rated this cluster as moderate to low in feasibility. Improvements in infrastructure require collective efforts and substantial financial investment to actualize. All of the participants, and especially youth, have likely realistically perceived a limited commitment to such improvements. Unfortunately, only so much can be accomplished at the individual
level; to enact real, meaningful change, governmental and societal commitments of resources are necessary. Hence, there is a critical need for collective efficacy in order to align feasibility with the importance all stakeholders have placed on the need for supportive environmental infrastructure. Communication with policy makers is critical and often more effective when data is accompanied by stories from those experiencing and working with youth with SED. One potential strategy is for youth with SED, their caregivers, and practitioners to focus on high visibility testimonies to sway legislators when there are windows of opportunity to improve systems of care.

It is important to acknowledge that transition age youth are a notoriously difficult population to engage and the grant funding from SAMHSA was designed to provide communities the opportunity to test and refine strategies aimed at informing and improving practices overall. The BECOMING project is just one example of a program designed to support youth in the areas perceived as most important to a successful transition to adulthood for youth with SED.
The data utilized for this study were collected very early in the implementation of the BECOMING program and the resulting clusters helped to inform program development and service array for enrolled youth. For example, in addition to broad screening efforts and linking youth to needed mental health services, supports related to the development of life skills were a primary focus of the program. Youth enrolled in the BECOMING project were provided case management, goal planning, and access to flexible funds. BECOMING Care Coordinators provided youth with one-to-one case management services designed to connect youth to services in the community and provide follow-up supports/visits. Further, care coordinators assisted youth in goal planning related to educational pursuits, employment, physical and mental health, housing stability, and transportation. Flexible funds were an important aspect of the program because they provided financial support in areas of high need and where there are typically no other funding sources, with the aim of reducing barriers that may be impediments to reaching goals across life domains. Examples of how these funds were used included educational supports (e.g., books and computers), basic needs (e.g., food and personal care items/clothing), and transportation (e.g., bus passes to attend school and therapy appointments).

Ten years have passed since these data were collected, and despite these demonstration projects, there is little progress nationally toward more positive outcomes for youth with SED. Unfortunately, we see a move toward declining mental health which has only been further exacerbated by the COVID-19 pandemic. The nation is more focused than ever on the collective mental health of our youth. Now is the time to act.

Declarations

Conflict of interest. We have no known conflict of interest to disclose.

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