STATE OF MARYLAND
DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, MD, Secretary

January 15, 2014

The Honorable Edward J. Kasemeyer, Chairman
Senate Budget and Taxation Committee
3 West, Miller Senate Building
Annapolis, MD 21401

The Honorable Norman H. Conway, Chairman
House Appropriations Committee
Room 121, House Office Building
Annapolis, MD 21401

RE: 2013 Joint Chairmen's Report, page 69 M00L01.02 – Mental Health Services for Transitional Age Youth

Dear Chairman Kasemeyer and Chairman Conway:

Pursuant to the 2013 Joint Chairmen's Report (pg 69), the Department of Health and Mental Hygiene (DHMH) respectfully submits this report regarding mental health services for transitional age youth.

We hope this information is helpful. If you have any questions, please feel free to contact Christi Megna, Assistant Director of Governmental Affairs, at 410-767-6509.

Sincerely,

Joshua Sharfstein, M.D.
Secretary

Enclosure

cc: Brian M. Hepburn, M.D.
Gayle Jordan-Randolph, M.D.
Christi Megna, Esq.
Patrick Dooley
Marian Bland
Stacey Diehl
Simon Powell

Transition Age Youth Report

Table of Contents

Transition Age Youth Report

Executive Summary

This report addresses the 2013 Joint Chairmen's Report on page 69 requesting information regarding "best practices currently in place nationwide" and "what resources are currently available specifically to address the mental health needs that exist for youth aged 18-26 as they transition away from the services received in those settings; and what gaps in services are identifiable." In response to this request, this report provides information regarding national efforts to address the needs of transition age youth and young adults with serious mental health conditions (SMHC), and available programs and services for this population in the state of Maryland. Furthermore, this report examines the needs for additional services, as well as barriers to providing assistance to transition age youth and young adults with SMHC in Maryland.

This examination was developed based on input from various stakeholders in Maryland, including a survey of all nineteen Core Service Agencies (CSAs) (also known as local mental health authorities), as well as individual interviews with stakeholders including representatives from advocacy groups, service providers, youth, caregivers, and the Maryland State Department of Education (MSDE). Additionally, data collected from recently conducted focus group interviews with staff, youth and caregivers participating in a Maryland program for transition age youth with SMHC were used in compiling this report.

National Prevalence and Risk

It is estimated that at any point in time, 13% of young adults ages 18-26 are experiencing some form of a mental health condition, and the majority of these individuals do not receive related services or supports. Furthermore, young adults with SMHC may experience unemployment, substance abuse, incarceration, unnecessary disability, homelessness, and suicide at greater rates than the general population (Koerner, 2005).

Nationwide Programs and Services

Programs and models developed to assist transition age youth with SMHC vary in scope, delivery model, and length of existence. However, the models and services discussed in this report have demonstrated efficacy or effectiveness in assisting transition age youth with SMHC or represent innovative models currently under study. These programs share similar features, including a focus on individual needs and interests; an emphasis on community based experiences and supports; the inclusion of school-based supports and experiences; the provision of continuous and coordinated support through a mentor, case manager, or transition facilitator; and, an emphasis on employment. Furthermore, several states, in addition to Maryland, including Connecticut, Missouri, and Oklahoma, have made policy changes regarding eligibility or service delivery approaches in order to help young adults with SMHC to transition successfully to adulthood.

Maryland Services and Programs

Young adults aged 18 to 26 have access to full array of community-based mental health services available within the fee-for-service (FFS) Public Mental Health System (PMHS), if they otherwise meet financial and medical necessity criteria established for the level of service desired. Such services may include, but are not limited to outpatient mental health care, psychiatric rehabilitation, case management, residential rehabilitation, and supported employment. Based on PMHS claims paid for fiscal 2011, young adults within this age range represent approximately 21% of all adults of all age ranges served within the PMHS.

In addition to those services available through the FFS PMHS, Maryland funds approximately 24 programs designed specifically for transition age youth, which are monitored by the CSAs, or local mental health authorities. Programs vary in specific services, age ranges served, and eligibility requirements, and include services that are funded through the FFS PMHS and through state grants awarded to the CSAs and largely subcontracted to community mental health providers. Services and supports that are not otherwise reimbursable by the FFS PMHS are funded with state grant funds. In addition, Maryland has been the recipient of two federally funded service demonstration and system change grant projects, the Maryland Seamless Transition Collaborative and the Healthy Transitions Initiative. In addition to delivering empirically supported interventions, both the Maryland Seamless Transition Collaborative and the Healthy Transitions Initiative have developed partnerships with the Maryland Division of Rehabilitation Services (DORS) in order to coordinate services involving career assessments, career exploration, and employment to transition age youth with SMHC. Advocacy groups, such as On Our Own, the Maryland Coalition of Families for Children's Mental Health and NAMI of Maryland, play an integral role in assisting individuals with SMHC in Maryland.

Gaps in Existing Services and Barriers to Service Delivery

Service providers and key stakeholders identified a variety of gaps in services for transition age youth with SMHC, including:

1. Housing;
2. Programs designed specifically for transition age youth;
3. Coordinated and consistent transition services;
4. Stronger linkages and collaboration; and
5. Services for transition age youth with mild or moderate mental health conditions.

Service providers identified barriers related to eligibility as the primary barrier to providing services to transition age youth with SMHC. Child systems, including foster care, education, and mental health systems, use different diagnostic, functional, or other specialized eligibility criteria and therefore, individuals who received services as children and youth may no longer be eligible for similar services as adults, even though their needs may have not changed. Limited funding and issues related to grant funding were also identified as barriers.

Transition Age Youth Report

I. Introduction

This report addresses the Joint Chairmen's request in the 2013 Joint Chairmen's Report for information regarding "best practices currently in place nationwide" and "what resources are currently available specifically to address the mental health needs that exist for youth aged 18-26 as they transition away from the services received in those settings; and what gaps in services are identifiable." In order to respond to this request, a literature review was conducted regarding current services and practices for transition age youth[1] with serious mental health conditions (SMHC)[2] nationwide and in Maryland. In addition, representatives of Maryland's CSAs completed an online survey, which included questions regarding current services provided specifically for transition age youth with SMHC, as well as gaps in services, and barriers to providing programs and services to this population. Furthermore, interviews were conducted with representatives from advocacy groups, the Maryland State Department of Education (MSDE), and current and former administrators of grant-funded projects designed for this population. These individuals were asked about current programs, needs for young adults with SMHC, and suggestions to improve services. Finally, data collected from recently conducted focus group interviews with staff, youth and caregivers participating in a Maryland program for transition age youth with SMHC were also examined.

Background

Transitioning into adulthood is a challenging process for most individuals. However it is even more difficult for young adults with SMHC because the skills needed for successful transition are often impaired, or the identification of a disability and needed treatment is often delayed. Not surprisingly, transition age youth and young adults with SMHC experience less positive post-secondary outcomes than their non-disabled peers and peers with other disabilities. The results of the National Longitudinal Transition Study – 2 indicated that young adults who were identified as "emotionally disturbed" and received special education services under the Individuals with Disabilities Education Act experienced a greater high school dropout rate, and lower post-school employment (42% compared to 66%) than their non-disabled peers or peers with other disabilities (Wagner & Newman, 2012). Furthermore, young adults with SMHC may experience unemployment, substance abuse, incarceration, unnecessary disability, homelessness, and suicide at greater rates than the general population (Koerner, 2005).

The Great Smoky Mountain Study estimates that any point in time, 13% of young adults age 18-26 are experiencing some form of a mental health condition (Copeland, Shanahan, Costello, & Angold, 2011). Other estimates indicate that 6-12%, or approximately 2.4-5 million

[1] Throughout this report, the terms *transition age youth, transition age youth and young adults, youth, and young adults* are used interchangeably to describe individuals ages 14-30. The range was selected to represent the widest range of ages found in the literature.

[2] Federal programs have different aims, terminology, and eligibility criteria, and serve individuals of different ages. In this report, the term "serious mental health condition" is used as a general term in place of program-specific definitions. Serious mental health conditions (SMHC) are psychological in origin and result in significant functional impairment. SMHC do not include developmental disorders, substance use disorders, or mental disorders caused by medical conditions.

young adults, have SMHC (Davis & Vander Stoep, 1997). Unfortunately, the majority of these youth do not receive services or supports for their condition (Davis, 2007). Many individuals who may have a SMHC often do not seek services because of lack of awareness regarding the symptoms and signs, or because of a reluctance to seek services due to stigma associated with these conditions. Furthermore, many youth who received services in state child mental health systems do not receive services in the adult system (Podmostko, 2007; US GAO, 2008) due to a variety of reasons, including:

- Services through special education, the foster care system, and state child and adolescent mental health systems often end at the age of 18 or 21, and provisions for smooth transitions into adult mental health systems are rare;
- Adult services are often more fragmented than child mental health services; therefore, individuals may have to interact with several agencies to enroll in different programs to get the range of services they need;
- Programs that are designed for transition age youth with SMHC can only serve a small population of youth needing services due to limited funding; and
- Eligibility criteria are typically much more restrictive in adult mental health systems as compared to child and adolescent mental health systems (Koroloff, Davis, Johnsen, & Starrett, 2009; Koyanagi & Alfano, 2013).

In addition, there is still a lack of developmentally appropriate, evidenced based programs for transition age youth, even for those who are found eligible for adult services. Although there are numerous evidence-based practices established for adults with SMHC, there are few appealing and age appropriate services proven effective for transition age youth (Davis, 2007). Indeed, research regarding age-tailored practices indicates that 75% of state adult mental health systems and 25% of state child and adolescent systems do not have age-tailored services for transition age youth with SMHC (Davis, 2007; Koroloff et al., 2009). Due to the distinctive developmental needs and characteristics of this age group, evidence based programs for adults with SMHC may not necessarily be suitable for young adults.

In recognition of the poor outcomes for young adults with SMHC and the necessity for additional services for this population, addressing the needs of young adults with SMHC has become a priority among mental health service providers, special educators, researchers, and professionals working in this field. This report provides information regarding national efforts to address the needs of transition age youth with SMHC, available programs and services for this population in the state of Maryland, and an examination of the gaps in services and additional needs for assisting transition age youth with SMHC in Maryland. This discussion was developed based on input from various stakeholders in Maryland, including representatives from advocacy groups, service providers, youth, caregivers, and the Maryland State Department of Education (MSDE).

II. Nationwide Programs and Services

The growing recognition of the need for services and programs specifically designed for transition age youth with SMHC has led to an escalation of efforts to increase the number and variety of appropriate services available to this population, as well as some efforts to establish

policies that will enhance service delivery of effective models. The National Institute on Disability and Rehabilitation Research , the U.S. Department of Education, and the Center for Mental Health Services at the Substance Abuse and Mental Health Services Administration (SAMHSA), provided funding for two research and training centers: (1) The Research and Training Center for Pathways to Positive Futures at Portland State University; and (2) the Transitions Research and Training Center at the University of Massachusetts Medical School. The goal of both research and training centers is to improve the lives of young adults, ages 14 to 30, who have a SMHC, by engaging in rigorous research on age appropriate programs that support education, training, and working during the transition to adulthood. Research includes direct studies of interventions themselves, studies of systems in which interventions are placed, and studies of transition age youth and young adults with SMHC.

Although there is clearly a need for a greater number and variety of developmentally appropriate and effective programs for transition age youth with SMHC (Davis & Koroloff, 2006), there are various efforts nationwide to assist young adults with SMHC as they transition into adulthood. Furthermore, some states have begun to examine and change policies regarding eligibility requirements and diagnostic criteria for child and adolescent and adult mental health systems and make changes to reduce the gaps or discontinuity of services for transition age youth with SMHC.

This section describes programs and models developed to promote positive postsecondary outcomes for transition age youth with SMHC, including education, community based, and mental health services. Although they vary in scope, delivery model, and length of existence, these programs have demonstrated efficacy or effectiveness in assisting transition age youth with SMHC or represent innovative models currently studied. Relevant state policy changes and initiatives are also discussed.

Transition into Independence Process (TIP)

The purpose of TIP is to support and prepare young adults with SMHC as they transition from adolescence to adulthood (Clark & Davis, 2000). This individualized process follows several guidelines, including:

- teaching community relative skills;
- encouraging completion of secondary education;
- providing exposure to community-life experiences;
- promoting movements into post-school employment, educational opportunities, independent living situations, and community life;
- transcending the age barriers typical of child and adolescent versus adult services; and
- respecting the self-determination of young persons (Clark, Deschênes, & Jones, 2000).

These guidelines emphasize person-centered planning, or planning that is based on the young adult's strengths, interests, and values. Supports should also be individualized and coordinated across all transition domains. This model serves as a "safety-net" of support, and focuses on increasing the young adult's competencies. The TIP model is considered an evidence-supported practice based on numerous studies that have demonstrated improved postsecondary

progress and/or outcomes for the youth and young adults who were served using the TIP model, or at least most, of the TIP practices (e.g., Benz, Lindstrom & Yovanoff, 2000; Cox, 2006; Killackey, Jackson & McGorry, 2008; Osterling & Hines, 2006).

Thresholds Young Adult Program

The Thresholds Young Adult Program is a TIP informed residential psychiatric treatment program for young people between the ages of 16 and 21 located in Chicago. The Young Adult Program assists young adults in negotiating the major developmental issues at this age through identity formation, creation and maintenance of lasting and close relationships, development of a sense of caring, enhancement of self-esteem by achievement, and commitment to a vocation. The Young Adult Program provides residential, education, employment, case management, and therapeutic services to roughly 60 young adults each year. For the past three years, the Young Adult Program has used the evidence-based practice of Individual Placement and Support supported employment, which is effective in helping adult consumers with SMHC obtain and maintain competitive employment. The core principles of the Individual Placement and Support model include:

- every person with severe mental illness who wants to work is eligible for Individual Placement and Support supported employment;
- employment services are integrated with mental health treatment services;
- competitive employment as a goal for all participants;
- personalized benefits counseling;
- assistance with searching for employment that is initiated soon after a person expresses interest in working;
- employment specialists that systematically develop relationships with employers based upon their client's work preferences;
- continuous job supports; and
- honored client preferences (Drake & Bond, 2011).

Individual Placement and Support Peer Mentors

Thresholds in Chicago and the Transitions research and training center at the University of Massachusetts have developed a version of Individual Placement and Support for young adults (ages 16-21) with intensive adolescent mental health service utilization and SMHC, called the Individual Placement and Support Peer Mentors. This adapted Individual Placement and Support supported employment model added the use of peer mentors. Specifically, peer mentors engage youth in specific recreational or relationship building activities or teach curricula during weekly one-on-one interactions. Findings are not yet available (Davis, Delman & Duperoy, 2013).

RENEW

RENEW is a career and education project developed in 1996, from a grant by the U.S. Department of Special Education, Rehabilitation Services Administration (Podmostko, 2007).

This program, a structured school-to-career transition planning and individualized wraparound process for youth with SMHC, is provided by community-based providers, community mental health centers, schools and program staff members. The key features of RENEW are self-determination, personal futures planning, creative and individualized school-to-career planning, strengths-based approach, unconditional care, family and other natural and community support development, wraparound services, and systemic support and consultation. This program has resulted in increased graduation rates, post-secondary education participation, employment rates, and a reduction in both behavior problems in school and involvement with the juvenile justice system (Cheney, Hagner, Malloy, Cormier, & Bernstein, 1998; Podmostko, 2007).

Check and Connect

Check & Connect is a school-based intervention used with secondary students who are at-risk for dropping out of school. Mentors work with caseloads of students and families for at least two years, and serve as liaisons between home and school, striving to build constructive family-school relationships. The "check" component involves the mentor monitoring student performance across several variables, including absences, tardiness, grades, and behavioral referrals, and the "connect" involves individualized and timely intervention, which is focused on skill building, problem solving and competence enhancement. Results of a randomized control trial indicated Check and Connect participants attended school with less prolonged absences, and were less likely to drop out of school as compared to their counterparts (Sinclair, Christenson & Throlow, 2005). This model is currently being tested with special education students with SMHC in a large clinical trial (Ellison, Rogers & Costa, 2013).

Jump on Board for Success

The Jump On Board for Success Program in Vermont is an intensive case management program for young adults ages 16-21, which promotes healthy transitions to independence using employment as the catalyst for progress. It is reportedly the only state vocational rehabilitation agency to target young adults with SMHC. The focus of the Jump on Board for Success Program is to support young adults with finding and keeping stable, competitive, fulfilling employment, while working to overcome barriers that jeopardize successfully transitioning into adulthood. Results of an evaluation study found that competitive employment increased from 23% at baseline to 96% at graduation, with 76% engaged in competitive employment (Clark, Pschorr, Wells, Curtis, & Tighe, 2004).

Transition Planning in Special Education

In 1990, the Individuals with Disabilities Education Act, mandated transition planning for students receiving special education services, beginning no later than age 16,[3] in order to improve postsecondary outcomes, for individuals with disabilities in the domains of education, employment, and independent living. The Individuals with Disabilities Education Act (2004) defines transition planning as, "a results-oriented process focused on improving the academic and functional achievement of the child with a disability to facilitate the child's movement from

[3] The federal law requires transition planning to begin at age 16. However, some states, including Maryland, began transition planning at 14.

school to postsecondary activities." Transition plans should be based on an individual's needs and take into account the student's strengths, preferences, and interests. Results from the National Longitudinal Transition Study-2 indicate improvement in some postsecondary outcome indicators, particularly in the area of education. For example, the rate of high school completions among special education students with a serious emotional disturbance increased from 47.4% in 1990 to 78.2% in 2005(Wagner &Newman, 2012). Furthermore, participation in post-secondary education or training among special education students with an emotional disturbance increased from 18% to 35% over the same period (Wagner & Newman, 2012). It should be noted that most young adults with SMHC do not receive special education services, and therefore do not participate in transition planning under the Individuals with Disabilities Education Act (Forness, Freeman, Paprella, Kauffman, & Walker, 2012).

State Policy Changes and Initiatives

In addition to implementing more programs designed specifically for transition age youth, many states have made changes to policies regarding eligibility or service delivery approaches in order to help young adults with SMHC. Specifically, Connecticut established a young adult services division to assist youth ages 18-25 transition successfully from the Department of Child and Family Services system to the adult mental health system. Services include residential assistance, educational/employment services, clinical services and case management (Davis & Koroloff, 2006; Koroloff et al., 2009).

In order to facilitate the transition from youth mental health services to adult mental health services, Missouri has implemented a new functional assessment process. Under the previous system, many young adults did not qualify for services in the adult services. The new eligibility process requires both the young adult and adult systems to use The Daily Living Activities Scale (Scott & Presmanes, 2011), which focuses on functioning, not on diagnostic criteria. This new process has allowed more young adults to receive services from the adult system (Koroloff et al., 2013).

Oklahoma changed the age at which a person is eligible for services in the youth system, raising the age from 18 to 21, thus allowing youth more time before they have to change service systems. In addition, other states report that they are considering the possibility of increasing the age for services in youth mental health systems to the age of 26 (Koroloff et al., 2013).

Summary

The programs, models and state policy changes represent the increasing effort nationwide to improve the lives of transition age youth and young adults with SMHC. These programs share similar features, including: a focus on individual needs and interests; emphasis on community based experiences and supports; inclusion of school based supports and experiences; the provision of continuous and coordinated support through a mentor, transition facilitator, or case manager; and an emphasis on employment. Furthermore, these programs follow a wraparound model and/or are comprehensive in nature, addressing multiple domains, including education, community, independent living, and employment. Many of these programs serve youth who are

16 and/or still participating in secondary education. These programs continue to provide services to young adults after graduation or leaving secondary school, and well after the age of majority, thus spanning child and adult systems (Clark & Unruh, 2009; Koyanagi & Alfano, 2013: Podmostko, 2007).

In addition, the policy changes regarding eligibility requirements such as age and diagnostic criteria are commensurate with recommendations for bridging the divide between child and adolescent and adult mental health systems (Koroloff et al, 2009; Koyanagi & Alfano, 2013; US GAO, 2008).

III. Maryland Services and Programs

Public Mental Health Services (PMHS)

Young adults aged 18 to 26 have access to full array of community-based mental health services available within the FFF PMHS, if they otherwise meet financial and medical necessity criteria established for the level of service desired. Based on PMHS claims paid for fiscal year 2011, young adults within this age range represent approximately 21% of all adults of all age ranges served within the PMHS. The PMHS benefits package includes the following services:

- **Psychiatric inpatient care** – Psychiatric inpatient care is a hospital-based service that provides intensive psychiatric treatment to consumers experiencing severe psychiatric symptoms or behaviors that place them at risk of harming themselves or others. The inpatient service may include psychiatric and clinical evaluation, medication administration and management, individual and family counseling, group therapy, medical and nursing supervision and interventions, psychoeducation, and aftercare services. This level of service is a benefit for children, adolescents, and adults.
- **Psychiatric partial hospitalization** – Partial hospitalization is an outpatient, short-term, intensive, psychiatric treatment service that parallels the intensity of services provided in a hospital, including medical and nursing supervision and interventions. This level of service is a benefit for Medicaid-eligible children, adolescents, and adults.
- **Residential treatment** – Residential treatment constitutes an array of diagnostic and therapeutic mental health services, including 24-hour availability of mental health and/or crisis services, provided to the child or adolescent and family using a wraparound approach that includes intensive care coordination. The living arrangement of the youth may be with family, in a foster care home, treatment foster care home, group home, therapeutic group home, or in a self-contained residential setting.
- **Respite services** – Respite services are provided on a short-term basis in the consumer's home or in an approved community-based setting and are designed to support the consumer's remaining in his or her home by providing temporary relief to the consumer's care-givers. This level of service is a benefit for children, adolescents, and adults.
- **Outpatient Mental Health Center or individual mental health practitioner services** - Outpatient psychiatric treatment services may include psychiatric or clinical assessment and evaluation, individual therapy, group therapy, family therapy, family psychoeducation, or medication management. This service is provided by approved Outpatient Mental Health Centers (OMHCs) or by individual mental health professionals

who are authorized and/or licensed by the appropriate licensing board. This level of service is a benefit for children, adolescents, and adults.

- **Psychiatric Rehabilitation Program (PRP) services –** PRP services are designed for consumers with severe and persistent mental illness (SPMI) to facilitate recovery and develop or restore independent living and social skills, including the ability to make decisions regarding: self-care, illness management, life, and community participation; and promote the use of resources to integrate the consumer into the community. Services may be provided in an on-site facility, or in a setting most conducive to promoting the participation of the consumer in community life. This level of service is a benefit for children, adolescents, and adults.
- **Residential Rehabilitation Program (RRP) services** – RRP services are designed for consumers with SPMI who require extensive rehabilitation and support in a structured living environment. This level of service is a benefit for transition-age youth and adults.
- **Assertive Community Treatment services/ Mobile Treatment services -** Assertive Community Treatment/Mobile Treatment is an intensive, community-based service which provides assertive outreach, treatment, rehabilitation, and support to individuals with SPMI who may be homeless, or for whom more traditional forms of outpatient treatment have been ineffective. Services are provided by a mobile, multidisciplinary team in the consumer's natural environment. This level of service is a benefit for children, adolescents, and adults.
- **Case management services** - Case management **s**ervices are provided in the home or community in order to assist consumers in gaining access to the full range of mental health services, as well as to any additional needed medical, social, financial assistance or benefits, counseling, educational, housing and other supportive services. This level of service is a benefit for children, adolescents, and adults.
- **Supported living services** - Supported living services provide off-site rehabilitation and support to consumers with SPMI who are able to live in independent housing of their choice with flexible, individualized supports. This level of service is a benefit for transition-age youth and adults.
- **Supported employment services** - Supported employment services provide job development and placement, job coaching, and ongoing employment support to consumers with serious mental illness or emotional disturbance for whom competitive employment has not occurred, has been interrupted, or has been intermittent. These individualized services are provided to enable eligible consumers to choose, obtain, maintain, or advance within independent competitive employment, within a community-integrated work environment, consistent with their interests, preferences, and skills. This level of service is a benefit for transition-age youth and adults.
- **Residential Crisis services** - Residential Crisis services are short-term, intensive mental health and support services provided in a community-based, non-hospital, residential setting which are designed to prevent a psychiatric inpatient admission, to provide an alternative to psychiatric inpatient admission, or to shorten the length of inpatient stay. This level of service is a benefit for children, adolescents, and adults.

- **Mental Health-related Laboratory services –** This includes medically necessary tests and procedures performed by approved laboratories with a valid Medicaid provider number related to the psychiatric treatment rendered by psychiatrists in the PMHS to

Medicaid-eligible consumers. This level of service is a benefit for Medicaid-eligible children, adolescents, and adults.

Background

The state of Maryland has a long-standing history of working to address the needs of transition age youth and young adults with SMHC. Planning began in 1996 with a task force composed primarily of advocates for individuals with developmental disabilities. Family advocacy at the state level ultimately led to the creation of the Interagency Transition Council for Youth with Disabilities. The purpose of the Council was to coordinate services across agencies for youth with disabilities. The state plan that emerged from the Council called for the development of a comprehensive strategy to meet the needs of transition age youth, including youth and young adults with mental illness. In 1999, the Maryland Department of Health and Mental Hygiene's Mental Hygiene Administration (MHA), with funding allocated to this initiative from the Governor, began funding a range of locally-determined, age-specific programs for young adults based on a competitive selection of proposals from the CSAs.

Conceptualized as an adult mental health system initiative, the overarching service goal was to provide young adults, who might have otherwise been ineligible for adult services, access to discrete, specially designed services and interventions that uniquely addressed their developmental needs. By extending the length of service involvement beyond the age of majority and by focusing more specifically on key transition domains, there is a bridge to adulthood and the emergence of a serious mental health disorder may be prevented. The services initially varied in scope, focus, service modality, and age range. By remaining flexible and responsive to the needs of local jurisdictions, a set of services were created for young adults that promoted innovations and allowed for testing of models and approaches that have been refined over time. Most of the original programs and services have been sustained, though not necessarily at the same level of funding, and are inclusive of the programs referenced, as below, under CSAs and in the appendix. MHA is now in the process of aligning these programs and services around a cohesive, uniform service delivery framework consistent with and informed by the empirically supported TIP (Clark & Unruh, 2009).

Core Service Agencies (CSAs)

The CSAs are the local mental health authorities responsible for planning, managing, and monitoring public mental health services at the local level. There are 19 CSAs in Maryland, including three government CSAs, one quasi government CSA, six private non-profit CSAs and nine local health department CSAs. CSAs contract for and monitor programs for individuals with SMHC across an individual's life span. However, service providers in the majority of jurisdictions offer programs for transition age youth with SMHC. See Appendix A for a comprehensive listing of programs.

In addition to those services available through the FFS PMHS, Maryland funds approximately 24 programs, designed specifically for transition age youth, which are procured and monitored by the CSAs. Programs vary by jurisdiction, age ranges served, and eligibility requirements, and include services that are funded through the FFS PMHS and through state grants awarded to the CSAs and largely subcontracted to community mental health providers.

Services and supports that are not otherwise reimbursable by the FFS PMHS are funded with state grant funds. It should be noted that while there are numerous programs for young adults with SMHC located in Maryland, many are not located in all 24 local jurisdictions, and space is often limited due to funding, and eligibility requirements.

Grant Funded Demonstration Projects

MHA and MSDE have received several federally funded grants to develop programs specifically for transition age youth and young adults with SMHC. Two of these grants, the Maryland Seamless Transition Collaborative, awarded to MSDE, and the Healthy Transitions Initiative awarded to MHA, shared common goals, including the provision of individualized transition services to youth with disabilities that lead to a seamless transition to post-school employment and/or postsecondary education, and enhancing collaboration between the public school system, families, rehabilitation services, public mental health system, and community partners. A description of both programs, as well as a description of their collaborative efforts, is provided below.

Maryland Seamless Transition Collaborative

The Maryland Seamless Transition Collaborative was a five-year Rehabilitation Services Administration-funded model demonstration grant focused on seamless school to work transition model of practice. This program was designed to improve the postsecondary outcomes of students with disabilities through a sequential delivery of specific transition service components beginning in early high school; and the braiding of resources of transition partners resulting in uninterrupted, seamless transition from public secondary education to employment and/or postsecondary education. That program model was implemented in 11 of the 24 school districts statewide. Components included discovery, work based experiences, inclusive employment, agency linkages, inclusive paid employment and family involvement.

A major strength of the Maryland Seamless Transition Collaborative were the system linkages between the Division of Rehabilitation Services (DORS), schools, and other service providers to ensure a seamless transition from secondary school to post-school environments and supports[4]. Representatives from the various agencies met on a monthly basis to address the needs of participating students. Furthermore, youth who had milder mental health conditions who would not qualify for state mental health systems were eligible for the Maryland Seamless Transition Collaborative. Although this program is no longer grant funded, several school

4 The Division of Rehabilitation Services (DORS), under MSDE, administers a variety of programs for high school students as they prepare for postsecondary education, employment, and independent living. Students must be found eligible for services and due to limited funding; students may be placed on a waiting list, if they do not meet the highest priority for funding. Although DORS serves individuals with a wide range of disabilities, they prioritize providing effective programs and services for students with significant disabilities as they transition from secondary school to employment, postsecondary education and/or vocational training. Program services provided by DORS include employment counseling including assessment, referral, and job searching; employment training; supported employment; assistive technology; independent living skills training; medical rehabilitation; and other support services. In terms of transitioning youth, DORS has specialized counselors who work specifically within the population, and start working with students as early as the year prior to them exiting the school system.

districts are still using this model. Moreover, DORS recently established a pilot program based on the seamless transition model (This program is described later in this document.)

Based on its successful partnerships with the Maryland Seamless Transition Collaborative, DORS decided to pilot a program in three counties to sustain the effective practices used in the program, providing and funding community based assessments, career exploration, and work experience. In addition building on the successful implementation of Individual Placement and Support Supported Employment with adults in Maryland, MHA and DORS have extended eligibility for supported employment for youth with mental health conditions to as early as 16, rather than after graduation. Furthermore, both agencies are providing training and technical assistance to help providers work with this population.

Emerging Adult Initiative/Healthy Transitions Initiative[5]

The Emerging Adult Initiative, formerly known as the Healthy Transitions Initiative, is a SAMHSA funded, cross-agency initiative aimed at addressing issues that youth and young adults encounter as they transition to adulthood. The initiative was developed to support transition age youth with SMHC during the post-secondary transition period in Frederick and Washington counties. The Healthy Transitions Initiative is a systems change effort to create developmentally appropriate and effective youth guided local systems of care in order to improve outcomes for transitioning youth with SMHC in the areas of employment, education, and housing, and to decrease contacts with juvenile and criminal justice systems toward a goal of effecting statewide policy change and replication. The initiative utilizes the principles and practices of the evidence-supported TIP in a variety of ways. Most importantly, transition facilitators work with a small caseload of young adults, utilizing TIP model core practices, such as in vivo teaching and social-problem solving (Clark & Unruh, 2009). Additional TIP guidelines utilized in the Healthy Transitions Initiative program include, providing individualized and coordinated supports across transition domains, facilitating person-centered futures planning based on youth needs, strengths and values, community based experiences and training, respecting the self-determination of young persons, and promoting movements into post-school employment, educational opportunities, and independent living.

Results of a series of focus group interviews indicate that strengths of the program include the availability and commitment of the transition facilitators, or case managers, the flexibility of the program, and the use of self-directed funds. When asked about services they, or their youth, have received, caregivers and youth listed a wide variety of assistance, including specific services such as transportation, and assistance with employment, as well as respite and emotional support.

Maryland Seamless Transition Collaborative and the Healthy Transitions Initiative

Beginning in 2009, the Maryland Seamless Transition Collaborative and the Healthy Transitions Initiative converged in one local jurisdiction. They supported local implementation with a link to state-level program and policy development in order to address broader system and

5 This program is now called the Emerging Adults Initiative nationally. However, it is still referred to as the Healthy Transitions Initiative in Maryland.

financing issues, and to promote dissemination and replication statewide. These grants served as catalysts to the adoption of eligibility and medical necessity criteria that span the child- and adult-mental health systems in order to provide continuous, uninterrupted access to age appropriate services and supports within designated programs for transition aged youth. Both programs developed partnerships with DORS in order to coordinate services involving career assessments, career exploration, and employment.

Additional initiatives for transition age youth in Maryland are described below. Further information is provided in the Appendix.

- **Mental Health First Aid on College Campuses** – An evidence-supported public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders. This program is being offered on the University of Maryland Baltimore County and Anne Arundel Community College campuses.
- **Taking Flight** – A young adult leadership development program of the Maryland Coalition of Families and On Our Own of Maryland.
- **Young Adult Suicide Prevention** – Maryland Crisis Hotline Network.
- **The Maryland Center of Excellence: Early Intervention Program** – This program provides services for those with clinical high risk symptoms, early signs of psychosis or those in initial stages of psychoses; will provide outreach/education, clinical services; and will establish regional learning collaboratives to address the special needs of this population.
- **Self-Directed Care Project -** Transition age youth in Washington County and several other grant-funded transition age youth programs have access to self-directed care funds to support the achievement of individual goals.
- **Wellness Recovery Action Planning for Youth** – A peer-supported wellness management intervention designed specifically for youth and young adults with mental illness is available in selected On Our Own Wellness and Recovery Centers.
- **Transition-Age Youth Outreach Project** – Sponsored by On Our Own of Maryland, youth-directed leadership and advocacy opportunities are developed and fostered (See below.)
- **Family Navigators / Navigating the Transition Years** – Provided by the Maryland Coalition of Families, trained parents deliver seminars designed to enhance family member knowledge of system resources and to provide emotional support
- **Mentor Moms** – Provided by NAMI Frederick, parent mentors introduce new parents to the transition planning process, assist with system navigation, and provide emotional support.
- **Family Psychoeducation –** Evidence-Based Practice family psychoeducation group is co-facilitated by the Healthy Transitions Initiative transition facilitator in Frederick County for young adults and their families.
- **Futures Planning -** A program of the Healthy Transitions Initiative; transition age youth are engaged in person-centered planning with a focus on their futures.
- **Continuity of Care Advisory Panel -** At the direction of Governor Martin O'Malley, DHMH convened an advisory panel to explore ways to enhance continuity of care for

individuals with serious mental illness, including transition age youth. The Advisory Panel is currently meeting and its final report will be issued in December 2013.

Stakeholder Groups

In addition to these state programs and initiatives, stakeholder groups play a key role in assisting transition age youth with SMHC. The stakeholder groups described below work with individuals with SMHC or their families. Furthermore, these groups have added programs and/or services to meet the needs of transition age youth over the last several years.

On Our Own

Maryland's chapter of On Our Own is one of the longest running peer run consumer organizations for individuals with SMHC within Maryland. They have a network of over 1400 members and 23 wellness recovery centers statewide. In 2011, the Center for Medical Services funded a grant to establish the Transitional Age Youth Outreach Project. The purpose of this program is to create a space within On Our Own of Maryland's peer network of Wellness and Recovery Centers for the activities and conversations of young adults between the ages of 18 and 30. Their mission is to empower youth with SMHC to share their experiences and speak out about the kind of help and services they would like to see within the mental health system where they receive care. Another goal of this project is to foster a sense that the life experiences of young adults are full of unique insight and that they are able to reach out and touch the lives of other young adults through peer support and to advocate for a mental health system that adequately addresses their needs and honors their voices.

Maryland Coalition of Families for Children's Mental Health

The Maryland Coalition of Families for Children for Mental Health is a non-profit organization with a mission to provide one on one services to families who are caring for a child with mental health needs. The Coalition grew out of the joint effort and commitment of eight family and advocacy organizations: each working on behalf of children with mental health needs and their families. Incorporated in 1999 as a private not-for-profit organization, the Coalition is governed by a volunteer Board of Directors comprised of 50% family members. Funding for the Coalition is provided by MHA in cooperation with the Baltimore Mental Health Systems. In response to family concerns and questions regarding transition plans and services, the coalition applied for, and received, a federal grant, called the State-wide Family Network for Maryland, which provided funding specifically dedicated for the needs of families with transition age youth with SMHC. Staff that work with these families provide information regarding transition, attend Individualized Education Program meetings, and support families as their child transitions into adulthood.

National Alliance for Mental Illness (NAMI) of Maryland

NAMI operates at the national, state and local level. NAMI Maryland provides educational resources and events, statewide outreach and advocacy and affiliate organizational support. NAMI supports individuals with mental health conditions of all ages. However, they have two online resources to support young adults. *Strength of Us* is an online community

developed by NAMI and young adults, and is designed to inspire young adults impacted by mental health issues to think positive, stay strong and achieve their goals through peer support and resource sharing. Although not specifically for young adults, *NAMI on Campus* provides information and resources to support students' mental health and to empower them to take action on their college campuses. It helps to ensure that all students have positive, successful, and enjoyable college experiences.

Summary

The majority of Maryland's CSAs offer programs specifically for transition age youth within their jurisdiction. Programs vary in specific services, age ranges served, and eligibility requirements, and may include outpatient mental health care, psychiatric rehabilitation, case management, residential services, supported employment, as well as specialized grant-funded programs.

In addition, MHA and MSDE have received federally funded grants to develop programs specifically for transition age youth with SMHC, including the Maryland Seamless Transition Collaborative, and the Healthy Transitions Initiative. Both programs have developed partnerships with DORS in order to coordinate services involving career assessments, exploration, and employment to transition age youth with SMHC. Advocacy groups, such as On Our Own, the Maryland Coalition of Families for Children's Mental Health and NAMI of Maryland, play an integral role in assisting individuals with SMHC in Maryland.

IV. Gaps in Existing Services and Barriers to Service Delivery

In order to gain a better understanding of the gaps in existing services, and barriers to providing effective programs to transition age youth with SMHC in Maryland, data was collected from multiple sources, including surveys completed by representatives from Maryland's CSAs, and individual and group interviews conducted with service providers, representatives from MSDE, advocates, young adults with SMHC and caregivers.

Gaps in Existing Services

Survey and interview results revealed several areas of need for additional services for young adults with SMHC, such as housing, services specifically for transition age youth, and coordinated, consistent transition services facilitated by a case manager or transition facilitator and stronger linkages and collaboration among various providers and systems. Furthermore, advocates, youth and caregivers also discussed the need for services for young adults with milder mental health conditions. See Appendix B for responses given to questions regarding what additional services are needed for this population, as well as representative comments regarding these suggestions.

Housing

When service providers, caregivers and advocates were asked what services are missing or not adequately available to assist transition age youth with SMHC, housing was the most

frequently mentioned need. All 13 CSA representatives who responded to this question mentioned some type of housing, including crisis beds, homeless shelters, residential rehabilitation programs, and independent housing. However, the majority of respondents stated there should be residential services and housing options designated for transition age youth. Furthermore, during individual and focus group interviews, the need for housing, including independent living options and "crisis beds" was a recurrent theme, and spoken about with frequency and urgency.

Programs Specifically for Transition Age Youth

Providing programs and services specifically designed for, and provided to, transition age youth with SMHC that "will result in success in adulthood" was another frequent response. There were several reasons for this suggestion, including: young adults may be hesitant to participate in programs with older adults who often have more significant disabilities; programs designed for older populations may not be as developmentally appropriate for transition age youth; and, participation in adult programs may feel stigmatizing.

Furthermore, independent living requires the mastery of many life skills, such as budget management, establishing and maintaining an apartment, accessing transportation, coping skills, and self-advocacy. Programs not designed specifically for individuals transitioning into independence and/or adulthood may not offer these types of supports. Other suggestions regarding what should be provided within these specialized programs for young adults with SMHC included a wide range of services, such as employment training and support, employment options, career exploration, work based experiences, life skills supports, supported education, wellness and recovery centers, and independent living programs. An advocate explained the need for employment training, work based experiences and supported employment specifically for transition age youth this way:

> *I think the other most common theme is that of vocational rehabilitation services, and the idea that once they've turned 18 that they are lumped in with so many people in their 40-50's who've struggled to work their entire lives and this rehabilitation specialist just puts them into any functional job, where they can say "I've checked off this box." Many of the young people come in with hope, abilities, and dreams that just aren't fostered and listened to. They're almost defeated from the very beginning.*

Closely related to the need for specific services for transition age youth is the necessity for coordinated, consistent transition services facilitated by a case manager or transition facilitator in order to assist young adults with SMHC and their families navigate the various, and often fragmented, services and systems.

Coordinated and Consistent Transition Services

Fragmentation of services, especially at the adult mental health system level, is frequently cited as a challenge to providing, and, receiving quality care and supports. According to one advocate:

> *I think the other issue is that there is such an intersection of mental health needs and also*

just transition needs and life skills needs, and there aren't enough places where you can get all of them. You should be able to get them all in one place and feel safe there. It is extremely taxing on young people and families who have to run to multiple places to get different services.

Providing coordinated and consistent services throughout the transition period may mitigate the challenges presented by this fragmentation. The importance of a case manager, or transition facilitator, was also emphasized, "I'm convinced that the most effective and best practice for mental health is effective case management and the flexibility." Transition facilitators cannot only assist young adults by coordinating services and supports, but also provide a consistent and supportive presence. Caregivers discussed the importance of transition facilitators or coordinators who were a constant and reliable source of support, "who never gave up" or who "were always there" for their child. They further credited this support as being integral in their child's progress and success.

Stronger Linkages and Collaboration

Strengthening linkages between and among various adult and child systems, including mental health, employment agencies and services, education and others would also address the challenges of fragmented service systems, as well as the barriers presented by differing eligibility requirements between the child and adolescent and adult systems, which will be discussed later. While numerous service providers and stakeholders mentioned the importance of establishing linkages between services, some also pointed out the importance of shared responsibility and a need for the willingness to work collaboratively. In addition, one service provider noted linkages are only helpful when there are available services to "link to." Unfortunately, young adults who qualified for services in school, or even the child and adolescent mental health system, many not be eligible for adult services, depending on their diagnosis or the severity of their mental health condition.

Services for Transition Age Youth with Mild or Moderate Mental Health Conditions

Although this issue was not mentioned by survey respondents, the need for more services and supports for transition age youth with mild or moderate mental health conditions was a very common concern among youth, caregivers, advocates, and other stakeholders. A frequent complaint was that services are not available if the youth was not hospitalized or did not "hit bottom." Furthermore, there are many young adults with emotional disabilities or mental health conditions who have "so many needs, but they have to pay for it. The services simply are not there." When discussing the lack of services for this group, one advocate shared that:

In speaking with parents, many of them have put their kids in a more institutional setting than they really needed to be because…they needed some sort of care, and that was what was available. We've worked so hard to pass laws saying you should be in the least restrictive setting that helps. The law says it, but the help isn't available.

SMHCs are treatable, and the disability caused by the condition can end or be mitigated, particularly if the problem is identified early, "all of us in this field know that preventative services is really where we want and need to go. You can prevent a lot of the serious manifestations with this type of disability."

Additional needs mentioned by three or four individuals include providing more supports and information regarding post-secondary education and training, valuing and encouraging family involvement, offering more supports and support groups to families, making information about transition easily accessible, and providing more peer mentors and peer support services. In addition to identifying gaps in existing services for transition age youth with SMHC, service providers, and stakeholders also discussed barriers to serving this population.

Barriers to Service Delivery

In the survey completed by representatives from CSAs, three questions were asked about barriers to serving transition age youth in their jurisdiction: service system policy, funding, and eligibility barriers. As evidenced by the chart presented in Appendix C, three of the four barriers identified related to eligibility requirements for services in Maryland's adult mental health system, even when the question focused on funding or general policies. In addition to the various challenges presented by eligibility criteria, funding was also identified as a barrier to providing services.

Eligibility Barriers

Although there are three barriers related to eligibility requirements, diagnostic criteria, age and restrictions regarding private insurance, challenges related to diagnostic criteria is the most frequently cited. Child systems, including foster care, education, and mental health systems, use different, and sometimes less restrictive, diagnostic, functional, or other specialized criteria and therefore, individuals who received services as a child and youth may no longer be eligible as an adult. It is important to note that the needs or severity of condition may not have changed, just the criteria. "The difficulty with serving youth and adults is when they go from the child and adolescent serving system to the adult system, the MNC (mental needs criteria) changes significantly, but the need of the individual remains the same."

Furthermore, there are challenges in determining the correct diagnoses for young adults because this is the age at which many SMHC began to manifest, or because the individual "goes in and out of treatment often." There are also several diagnoses, such as post-traumatic stress disorder (PTSD) that can cause significant impairments, but are not on the MHA adult population priority list. For example, "many transition age youth and young adults experience trauma associated with urban environments, poverty, and violence, (but) PTSD is not on the MHA priority population list. A high proportion of youth in the city have experienced multiple traumas." Another closely related eligibility criterion is age. As previously discussed, many child system services, such as foster care and mental health care, often end at 18, in the middle of the transition age years. This creates challenges for young adults with SMHC as they may not be eligible for services due to differences in diagnostic criteria or insurance considerations. In addition, even if a young adult is eligible for services based on their SMHC, there are limited

programs designed specifically for transition age youth. Although almost all jurisdictions have at least one program for transition age youth, space is often limited due to funding, and there are additional eligibility criteria, such as location and financial needs.

Funding Barriers

Funding is also a barrier to providing effective services to transition age youth with SMHC. Often there is limited, or a lack of, funding to provide services. Furthermore, grant funded projects present several barriers or concerns. For example, "the only transition-age youth services that are available are grant funded and it is difficult for providers to financially sustain a grant-funded program and provide the intensive staffing necessary for this age group." In addition, the issue of sustainability was discussed by advocates, and grant program staff and supervisors. Specifically, there was concern regarding how to continue programs once the grant ends, and how to serve youth who are participating if additional funding is not available.

Summary

Service providers and key stakeholders identified a variety of gaps in services for transition age youth with SMHC, including the need for housing, particularly housing for transition age youth, at all levels – crisis, residential treatment, and independent living. They also discussed the need for services designed specifically for transition age youth, as well as the need for coordinated, consistent transition services facilitated by a case manager or transition facilitator. Both these suggestions align with current literature regarding effective practices for assisting transition age youth and young adults with SMHC (Benz, Lindstrom & Yovanoff, 2000; Clark & Unruh, 2009). Service providers identified restrictive eligibility criteria, which is typically different from eligibility criteria for most child and adolescent mental health systems, as the primary barrier to providing services to young adults with SMHC. Funding, particularly as it relates to grants, was another identified barrier.

Conclusion

In recognition of the poor outcomes for young adults with SMHC and the necessity for additional services for this population, addressing the needs of young adults with SMHC has become a priority among mental health service providers, special educators, researchers, and professionals working in this field. However, many transition age youth and young adults do not receive adequate services due to a variety of reasons, including a reluctance to seek services due to stigma associated with these conditions, a lack of awareness of the symptoms of mental health condition, and, differences in eligibility requirements among youth and adult systems. Furthermore, there is a lack of appealing, developmentally appropriate, evidence based programs for transition age youth and young adults with SMHC. Over the last several years, the number of programs serving transition age youth with SMHC has increased, both nationally and statewide. However, programs designed for this group can only serve a small population due to limited funding and eligibility restrictions.

V. Future Directions and Recommendations in Developing Systems of Care to Support Transition Age Youth:

- Establish eligibility and medical necessity criteria that span the child and adult mental health systems to provide continuous, uninterrupted access to Transition Age Youth specific services and supports (eliminates eligibility “cliff”). Develop a Medicaid funding authority to support these services.

- Evaluate the role of Medicaid expansion and health care reform in reimbursing the array of transition services. Position state to capitalize on these changes.

- Establish systems that facilitate **continuity of care** between, within, and among various service delivery systems throughout the transition years.

- Enhance core competencies of behavioral health practitioners in developmentally appropriate and empirically supported practices to support the needs of Transition Age Youth.

References

Benz, M.R., Lindstrom, L., & Yovanoff, P. (2000). Improving graduation and employment outcomes of students with disabilities. *Exceptional Children, 66*(4), 509-529.

Cheney, D., Hagner, D., Malloy, J., Cormier, G., & Bernstein, S. (1998). Transition services for youth and young adults with emotional disturbance: Description and initial results of project RENEW. *Career Development for Exceptional Individuals, 21,* 17-32.

Clark, H. B., & Davis, M. (2000). *Transition to Adulthood: A Resource for Assisting Young People with Emotional or Behavioral Difficulties*. Baltimore: Brookes Publishing Company.

Clark, H. B. (Ed.), Deschênes, N., & Jones, J. (2000). A Framework for the development and operation of a transition system. In M. Davis (Ed.), *Transition to Adulthood: A Resource for Assisting Young People with Emotional or Behavioral Difficulties* (pp. 29-51). Baltimore: Brookes Publishing Company.

Clark, H.B., Pschorr, O., Wells, P., Curtis, M., & Tighe, T. (2004). Transition into community roles for young people with emotional/behavioral difficulties: Collaborative systems and program outcomes. *Transition of Secondary Approaches for Positive Outcomes,* 201-226.

Clark, H.B. & Unruh, D. (2009). *Transition of youth and young adults with emotional or behavioral difficulties: An evidence-based handbook.* Baltimore: Brookes Publishing Co.

Copeland, W., Shanahan, L., Costello, E. J. & Angold, A. (2011). Cumulative prevalence of psychiatric disorders by young adulthood: A prospective cohort analysis from the Great Smoky Mountain Study. *Journal of American Academy of Child and Adolescent Psychiatry,* 50(3), 252-261.

Cox, K.F. (2006). Investigating the impact of strength-based assessment on youth with emotional or behavioral disorders. *Journal of Child and Family Studies, 15*(3), 287-301.

Davis, M. (2007). *Pioneering transition programs: The establishment of programs that span the ages served by child and adult mental health.* Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

Davis, M., & Koroloff, N. (2006). The great divide: How public mental health policy fails young adults. In Community Based Mental Health Services for Children and Adolescents, Vol. 14. W.H. Fisher (Ed.). Oxford, UK, Elsevier Sciences. pp.53-74.

Davis, M., Vander Stoep, A. (1997). The transition to adulthood for youth who have serious emotional disturbance: Developmental Transition and young adult outcomes. *Journal of Mental Health Administration,* 24(4), 400-426.

Drake, R.E. & Bond, G.R . (2011). IPS supported employment: A 20 year update. *American Journal of Psychiatric Rehabilitation, 14,*155–164.

Forness, S. R., Freeman, S. F. Paparela, T., Kauffman, J. M., & Walker, H. M. (2012). Special education implications of point and cumulative prevalence for children with emotional or behavioral disorders. *Journal of Emotional and Behavioral Disorders, 20(*1), 4-18.

Individuals with Disabilities Education Improvement Act of 2004, 20 U.S.C. § 1400 *et seq*.

Killackey, E., Jackson, H.J., & McGorry, P.D. (2008). Vocational intervention in first-episode psychosis: Individual placement and support v. treatment as usual. *The British Journal of Psychiatry, 193*, 114-120.

Koroloff, N., Davis, M., Johnsen, M. & Starrett, B. (2009). *Under construction: Linkages between youth and adult systems.* Rockville, MD: U.S. Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

Koyanagi, K. & Alfano, E. (2013). Promise for the future: How federal programs can improve the career outcomes for youth and young adults with serious mental health conditions. Worcester MA: University of Massachusetts Medical School, and Washington DC: Bazelon Center for Mental Health Law.

Osterling, K.L., & Hines, A.M. (2006). Mentoring adolescent foster youth: Promoting resilience during developmental transitions. *Child and Family Social Work, 11,* 242-253.

Podmostko, M. (2007). *Tunnels and cliffs: A guide for workforce development practitioners and policymakers serving youth with mental health needs.* Washington, DC: National Collaborative on Workforce and Disability for Youth, Institute for Educational Leadership. Retrievedrom:http://www.ncwd-youth.info/assets/guides/mental_health/Mental_Health_Guide_complete.pdf.

Scott, R., & Presmanes, W. (2001). Reliability and validity of the daily living activities scale: A functional assessment measure for severe mental disorders. *Research on Social Work Practice,* 11, 373-389.

Sinclair, M. F., Christenson, S. L., & Thurlow, M. L. (2005). Promoting school completion of urban secondary youth with emotional or behavioral disabilities. *Exceptional Children, 71*(4), 465–482.

United States Government Accountability Office (2008). *Young adults with serious mental illness: Some states and federal agencies are taking steps to address their transition challenges.* GAO08-678. Retrieved from: http://www.gao.gov/products/GAO-08-678.

Wagner, M., & Newman, L. (2012). Longitudinal transition outcomes of youth with emotional disturbance. *Psychiatric Rehabilitation Journal, 35,* 199-208.

Appendix A

Core Service Agencies
Programs for Transition Age Youth (TAY)

CSA	Service Providers	Name of program	Type of Program	Ages Served	Eligibility	Available services & supports	Funding
Anne Arundel	Partnership Development Group (PDG)	TAY Grant	PRP, with access to SE	16-26	Youth must be in the PMHS and meet MNC for either Targeted Case Management (TCM) or PRP	Youth are provided with TCM or PRP services, depending on eligibility and their individual need. Includes youth-directed support funds to assist youth to move toward greater self-sufficiency and successful achievement of goals related to relevant transition domains. Additional clinical oversight and consultation is provided by a licensed mental health professional supported by the grant.	MHA funding (fee for service); MHA (grant funded)
Baltimore City	PEP	TAY RRP	RRP, with access to SE	18-23	Diagnosed with Serious Mental Illness and meet MNC for RRP	Provides psychiatric and residential rehabilitation services and housing for individuals with a serious mental illness who need extensive support and a structured living environment, to include psychosocial assessments, medication monitoring, support with living skills, and case management. Services are available at the residence and off-site in the community to help develop skills to live independently. Access to on call staff 24/7.	MHA (fee for service); MHA (grant funding)

	University of Maryland Harbor City Unlimited	TAY RRP	RRP, with access to SE	18-23	Diagnosed with Serious Mental Illness	Same as above	MHA (fee for service); MHA (grant funding)
	On our Own	Transitional Age Youth Center	Peer Support	18-30	Self-identified as a consumer of mental health	Peer support groups, WRAP action plans	MHA (grant funding)
Baltimore County	PEP	Transition Age Youth (TAY) Program	Independent Living Program/ Supported housing/ RRP, with access to SE	18-23	Diagnosed with Serious Mental Illness and meet MNC and financial eligibility for PRP or RRP.	Provides training and supervision to clients regarding daily living skills. The overall goal is for clients to live successfully in the community as independent adults. Provides a couple of hours each day of psychiatric/residential rehabilitation interventions and support.	MHA (fee for service) MHA (grant funding)
Calvert/ Charles/ St. Mary's Counties	Pathways	Transition-Age Youth Independent Living Program	Outpatient mental health treatment PRP RRP Independent Living Program/ Supported Housing; Supported; Employment; Supported Education	18-22	Individuals must have a priority population mental health diagnosis and be involved in the Public Mental Health System; individual must have Maryland Medicaid or PAC insurance. Individual must be willing to relocate to St. Mary's County for the housing portion of this Independent Living	The program is designed to TAY with a serious mental illness obtain the necessary skills and entitlements needed to live on their own in the community. There is a set curriculum that is followed for the TAY program. Clients are also linked to the appropriate entitlement services as well such as Supported Employment, SSI, Food Stamps, Education-GED, College, etc. Clients have the opportunity participate in the program while still living with their family or through another living arrangement	MHA (fee for service); MHA (grant funding)
	Pathways	TAY-MISA Program	Outpatient mental health treatment Independent	18-22	Presence of a serious mental illness (meeting adult target population criteria)	The TAY-MISA program serves the co-occurring population who have a serious mental illness and substance abuse concerns or who	MHA (grant funding) Self pay

			Living Program/ supported housing Supported Employment; Supported Education; Substance use disorder treatment		and a substance abuse history or at risk for substance abuse issues. The individual must also have Medicaid or PAC and will be willing to relocate to St. Mary's County for the housing portion of the program.	are at risk for substance abuse issues. The program consists of both males and females, but they do not live together. Clients are linked to the appropriate entitlements and support services such as SSI, Supported Employment, Food Stamps, Education, etc. Clients are required to participate in mental health services and are referred to Walden Behavioral Health for substance use disorder treatment services. While living in the program housing they are required to pay a portion of the rental fees if they have income.	
Carroll	Way Station	TAY	RRP, with access to SE	18-22	Priority population diagnosis and in need of intensive, supervised and structured housing setting in the community. RRP medical necessity.	Traditional intensive RRP setting which includes a home like setting in the community with the addition of 24 hour staffing support.	MHA (fee for service) MHA (grant funding)
Frederick	Way Station	HTI	HTI - Assertive Community Treatment; Supported Employment; Peer support; Family support; Youth leadership development/	16-25	Mental Health Diagnosis – MNC for service.	Goal direction by consumer, facilitated by team including peer facilitator and transition facilitator Work with family to maintain consumer in the home when appropriate along with goal of helping consumer toward independence in multiple transition-related domains. Adopts empirically-supported TIP model.	MHA (fee for service) MHA (state and federal grant funding

			mentoring				
	Way Station	Sojourn	PRP; Supported Employment	18+	Services for co-occurring intellectual and mental health conditions.	Long term supervision along with increased independence.	MHA (fee for service) MHA (grant funding) DDA
	Way Station	TAY	PRP; RRP; Independent living program/ Supported housing; Supported Employment	18-24	Basic Diagnostic Criteria for RRP. General ability to maintain ADLs, Agreement to placement.	Development of independent skills (e.g., food prep., ADLs, budgeting, employment etc.)	MHA (fee for service)
Garrett	Garrett College	TAY RRP	Peer Support Youth leadership development/ mentoring	13-18	Students must be at least 13 for the initial year. Once the initial year is completed, students can become involved in the TAY-C program during the high school years. The 13 year old group has separate programs days than the high school age group.	TAY Program staff maintain consultation with the MH Therapists and school staff throughout the program year. The TAY Mentors, college students enrolled in the Adventure Sports program, meet with TAY participants to assist with TAY assignments. There are scheduled outdoor/indoor adventure activities which relate to a theme discussed during the program day each week. Following the activity, participants are involved in a debriefing session to discuss what they learned about others and themselves during the activity. As the programming progresses, participants begin completing journals focusing on self-discovery. There are also evaluation forms completed by the	MHA (grant funding)

						TAY Program Mentors. Teacher and Parent Pre/Post Evaluations are also collected on the TAY Participants and compared in the final program report.	
Harford	Upper Bay	TAY/PRP	PRP/SE	16-21	At least two of the listed impairments: Psych Hospitalization, RTC Placement; substance abuse; aggressive behavior; behaviors resulting in danger to self or others; psychosis; poor reality testing; high levels of impulsivity, poor judgment, and/or inability to self-protect in the community.	The program helps individuals learn the skills needed to obtain independent housing, competitive employment and a positive, sustainable social support system Areas of Focus: Employment; Education; Life skills; Supportive social networks.	MHA (fee for service)
Howard	Humanim	TAY	PRP; RRP; Independent living program/ Supported housing; Supported Employment; Supported Education	17-26	Individuals must meet the medical necessity criteria established for the public mental health system for each service. Youth who have experienced RTC placements or high in-patient utilization are the first priority for TAY Program.	The TAY program provides residential and psychiatric rehabilitation as well as linkage to other community programs.	MHA (fee for service) MHA (grant funding)
	Way Station	Sheppard Pratt of Howard	Outpatient mental health	18-21	Individuals must meet the MNC for	Outpatient mental health treatment; PRP; RRP; Independent	MHA (fee for service)

		County	treatment; PRP; RRP; Independent living program/ Supporting housing; Supported Employment		each service established by the public mental health system (PMHS)	living program/ Supporting housing; supported employment services	
Mid Shore Mental Health Systems (Kent/Queen Anne's/Caroline/Dorchester and Talbot	Crossroads	TAY Program	PRP/SE	18-25	Mental Health Diagnosis- MNC for service.	Psychiatric rehabilitation program services informed by the empirically-supported TIP model with focus on independence in relevant transition-related domains	MHA (fee for service); MHA (grant funding)
	Channel Marker	TAY Program	PRP; SE	18-25	Mental Health Diagnosis- MNC for service	Psychiatric rehabilitation program services informed by the empirically-supported TIP model with focus on independence in relevant transition-related domains	MHA (fee for service); MHA (grant funding)
Montgomery	Cornerstone	Career Transitions	PRP; Supported Employment; Supported Education	16-24	Youth with SED entering junior year of high school who would benefit from psychiatric rehab and supported post-secondary education or employment.	PRP and Supported Employment. Rehab counselors engage youth regarding educational and vocational goals, develop service plans for implementation.	MHA (fee for service) MHA (grant funding) Local government funding
	Guide/ Family Services	TAY Program	RRP with access to SE	18-22	TAY youth eligible for services in the PMHS that need residential	Provides psychiatric and residential rehabilitation services and housing for individuals with a serious mental illness who need	MHA (fee for service) MHA (grant funding)

					rehabilitation services.	extensive support and a structured living environment, to include psychosocial assessments, medication monitoring, support with living skills, and case management. Services are available at the residence and off-site in the community to help develop skills to live independently. Access to on call staff 24/7.	Local government funding
	Community Connections	Youth in Transition	RRP with access to SE	18-22	TAY youth that are eligible for services in the PMHS.	Provides psychiatric and residential rehabilitation services and housing for individuals with a serious mental illness who need extensive support and a structured living environment, to include psychosocial assessments, medication monitoring, support with living skills, and case management. Services are available at the residence and off-site in the community to help develop skills to live independently. Access to on call staff 24/7.	MHA (fee for service) MHA (grant funding) Local government funding
Prince Georges	Rehabilitation Systems, Inc.	TAY with Families	RRP	18-24	Must be 18 to 24 years of age with at least one child or pregnant.	Skill development/enhancement in the following areas: parenting, social skills, childhood development, somatic care, mental health symptom management, employment, money management, household management. The program also provides child care and mentoring services.	MHA (fee for service) MHA (grant funding)

Washington	HTI	HTI- Supported Employment; Assertive Community; Treatment Peer support; Family support; Youth leadership development/ mentoring	Currently grant funded Services based on the Transition to Independence model	16-25	Mental Health Diagnosis- MNC for service	Goal direction by consumer, facilitated by team including peer facilitator and transition facilitator Work with family to maintain consumer in the home when appropriate along with goal of helping consumer toward independence in multiple transition-related domains. Adopts empirically-supported TIP model	MHA (fee for service) MHA (state and federal grant funding
Wicomico/ Somerset	Go-Getters, Inc.	TAY Program	RRP	18 and older	Meet MNC for this level of service to be screened by the CSA.	RRP program offers varied levels of care.	MHA (Fee for Service)
	Maple Shade Youth and Family Services	TAY Program	Outpatient mental health treatment	5 and older	Services for co-occurring intellectual and mental health conditions.	PRP services, respite services, and outpatient counseling	MHA (Fee for service)
Statewide	County Departments of Social Services	Foster Care	Child Welfare Program	18-21	The services offered by DSS are specific to children removed from their parents and placed in the State of Maryland's foster care system. If children are not placed back in custody of their parents, family members, or adoptive parents prior to age 18 they	Services and supports include, but are not limited to, housing, case management, independent living skills training, budgeting skills, and guardianship.	Department of Human Resources

					may be eligible to be served through the age of 21.		

Abbreviations Key:

ADL – Activities of Daily Living
HTI – Healthy Transitions Initiative
MHA – Mental Hygiene Administration
PRP – Psychiatric Rehabilitation Program
PEP – People Encouraging People
RRP – Residential Rehabilitation Program
TAY – Transition Age Youth
TCM – Targeted Case Management
PMHS – Public Mental Health System
MNC – Medical Necessity Criteria
WRAP – Wellness Recovery Action Plan
SE – Supported Employment

Appendix B

Needs and/or Gaps in Services[1]

Needs or Gaps in Services	Frequency (out of 24 respondents)	Representative Comments
Housing, including RRP, TAY specific RRP, TAY housing, residential services for TAY with mental health needs and intellectual disabilities, crisis beds, independent living options, and homeless shelters with behavioral health support for TAY	21	Specialty RRP services would be the number 1 priority. Many of these youth, particularly those coming out of an RTC, Group Home, or Foster Care, do not have the resources or life skills to be successful in independent living. All of the non-residential peer programs I can talk day in and day out about what works, but the issue I run up against, is really housing.
Need for more programs & services designed specifically for TAY, and provide the life skills training and other supports to promote successful transition	15	Well, you know to me, the most important thing is that services for transition age youth have not been developmentally appropriate. In order to be successful in treatment, older kids need services that are developmentally appropriate for their age.
Consistent & coordinated services facilitated by a case manager or transition coordinator/facilitator	11	I'm convinced that the most effective and best practice for mental health is effective case management and the flexibility. Linkages are good, but they only work if there is something else to link to. I think that effective early intervention and case management is really the most important thing. Case management is always something that could be useful to so many...but so many don't qualify for it for whatever reason, whether it be their parents insurance or something else. I think the other issue is just transition needs and life skills needs and there aren't enough places where you can get all of them. You should be able to get them all

[1]This chart was compiled from data collected by CSAs survey, individual interviews with stakeholders, including representatives from advocacy groups and MSDE, and individual and focus group interviews with current and former grant staff and supervisors, as well as focus group interviews with transition age youth with SMHC and caregivers participating in a grant funded program.

		in one place and feel safe there. It is extremely taxing on young people and families who have to run to multiple places to get a different services.
More services for transition age youth with mild or moderate mental health conditions	11	They've got the ED population (individuals with emotional disabilities) that doesn't rise to the level of being significant mentally ill. The services simply aren't there. They have so many needs but they have to pay for it. There needs to be funding for that population. It gets back to the issue that there is not a large range of services. I mean it seems to be for people with more significant disabilities. It seems to me that the younger population has more of the mild/moderate disabilities. We need to find a way to hook them up with the services they need.
Collaboration/Stronger linkages between systems to address the problem of fragmented services	7	It is hard to have fragmented services. It gets exhausting. When you have additional challenges, it's just that much more difficult. I would like to see more connection between schools and adult agencies. They need to work with schools more...and the schools need to work with them more. I think that the child and adult systems are run so differently that one could receive services that work at a younger age, only to have it fall apart at an older age. Linkages are good, as long as there is something to link to.

Appendix C

Barriers to Providing Services to TAY[2]

Barriers	Frequency (11 respondents)	Representative Comments
Different diagnostic criteria between child and adult systems, which often results in ineligibility and discontinuity of care	14	Also, individuals in this age group often still have a "child" diagnosis and do not meet the adult target population criteria for a serious mental illness, so they are unable to obtain these services in the adult world. There used to be some flexibility with the diagnosis and this age group; however that has since changed. Youth transitioning into adulthood often carry diagnoses that do not meet criteria excluding them from service options. Often, youth transitioning into adulthood may lose other services received as a child due to no longer meeting qualifying diagnoses. The difficulty with serving youth and adults is when they go from the child serving system to the adult system the MNC changes significantly, but the need of the individual remains the same.
Change in, or discontinuity of, services due to “aging” out of child systems	4	"Aging out" of the children's system into the adult system can cause disruption in service continuity. Being referred and approved for services can be a stigmatizing process, not to mention difficult to navigate for a young adult. Youth over 18 may prefer to continue in services with a youth-serving provider, but may be forced to discontinue care with that provider once they move into the adult system of care.
Eligibility restrictions regarding private insurance	6	Many parents keep the young adult on their health insurance after the age of 18, which makes the youth ineligible for PMHS funded services such as (our) TAY (program).
Funding & Billing Issues	8	Funding is one of the biggest barriers. Currently, the two TAY programs that are available are grant funded and the rest of the funding is billed through the fee for

2 This chart presents data collected from the survey completed by CSA representatives

		service system for PRP services. Providers are not able to sustain financially at this rate and provide the intense services that are needed. Barriers include limited or lack of funding available to serve area youth transitioning into adulthood. Currently, the only TAY services that are available are grant funded and it is difficult for providers to financially sustain a grant funded program and provide the intensive staffing necessary for this age group.

Appendix D

Maryland Youth and Young Adult Initiatives

Daryl Plevy and Dr. Albert Zachik

Mental Hygiene Administration

Benefits of Behavioral Health Integration

- Improve communication between providers and consumers and health care managers
- Engage consumers in managing illness and recovery
- Reduce interruptions in care
- Reduce fragmentation in the service delivery system
- Develop an outcome-driven process for administrative and clinical decision making
- Reduce disparities in health care
- Reduce morbidity and overall cost of care

Merger of the Administrations

GOALS:

- Maintain the strengths of both agencies – MHA & ADAA
- Align the Behavioral Health Administration more closely with a public health oriented agency. Initiatives include:
  - overdose prevention, Suicide Commission, Mental Health First Aid, problem gambling, and behavioral health on college campuses
- Engage administrative representatives and stakeholders
- Establish new guidelines that reflect the changing role of the local authorities
- Provide for ongoing cross-training and agency collaboration

Process for Organizational Integration

- July 2011 - memo from Secretary to interested stakeholders regarding the need for an integrated administration

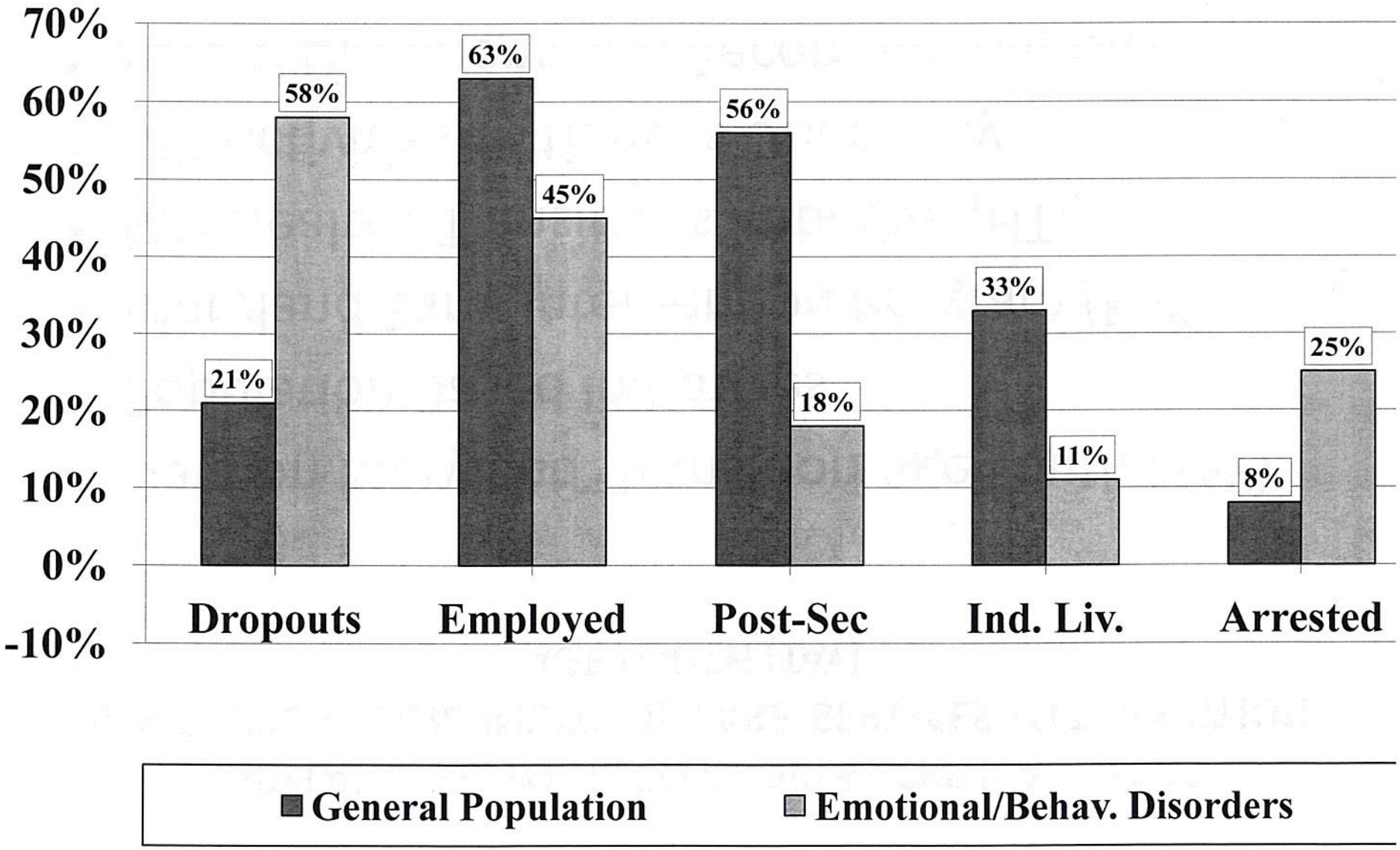
- December 2011 - JCR on behavioral health integration sent to the Maryland General Assembly

- Summer 2012 - Organizational charts for a proposed behavioral health administration were circulated. There was a public comment process, and the charts were finalized.

MARYLAND'S EFFORTS TO ADDRESS CRITICAL NEEDS AND SUPPORT CONTINUITY OF CARE/SERVICES TO TRANSITION AGE YOUTH (TAY)

- Data on Maryland Transition Age Youth (TAY)
- Population Based Initiatives
- Maryland Early Intervention Program (EIP)
- MD Healthy Transitions Initiative (HTI)
- TAY Activities/Initiatives Underway
- Future Directions and Recommendations
- Challenges

Comparison of Transition Domains Between the General Population and Young People with Emotional/Behavioral Disorders



Facts on Transition Age Youth & Transitional Services for Youth with Mental Illnesses

- **More** than 3 million transition age youth have been diagnosed with a serious mental illness (Vander Stoep et al, 2000).
- **Adolescents** transitioning to adulthood with a serious mental illness are three times more likely to be involved in criminal activity than adolescents without an illness (Vander Stoep et all, 2000).
- **Incarcerated** youth age 18-22 are more likely to have a mental illness than younger adolescents in the juvenile justice system (Teplin, 1994).
- **Transitional** age youth with a serious mental illness have higher rates of substance abuse than any other age groups with mental illness (U.S. Department of Health and Human Services. Mental Health, 1999).
- **Over** 60 percent of young adults with a serious mental illness are unable to complete high school... often unemployed...lack ... skills necessary for independent living. (Hagner, Cheney, & Malloy, 1999).
- **Making** use of the evidence-based interventions already at hand could potentially save billions of dollars by preventing or mitigating disorders that would otherwise require expensive treatment (Preventing Mental, Emotional, and Behavioral Disorders: for Policymakers, National Academy of Sciences, 2009).
- **Services** are most effective when they are developmentally appropriate, tailored to meet the goals of each young person, & youth are able to develop problem-solving skills and learn to experience consequences through their decisions (Clark, 2003).

Maryland Transition Age Youth

Transition Age Youth Population Estimates, 2011							
Total Population Projections and Transition Age Youth Projections 2015 and 2020							
	Projection 2020		Projection 2015		Estimate 2012		1-Jul-11
AGE							Total
Total	6,216,150		5,962,000		5,884,563		5,828,289
15							76,805
16							78,863
17							80,286
18							84,149
19							77,898
20							80,449
21							81,169
22							78,006
23							80,305
24							79,866
25							81,772
26							80,978
27							78,723
	1,106,475		1,061,236		1,047,452		1,039,269
	17.8%		17.8%		17.8%		17.8%
In PMHS, FY 2012					30,143		
					2.9%		
Minimum Projection							
PMHS	*31,842		*30,540				

Claims Based Diagnoses -FY 2012 Claims			
Maryland Public Mental Health System (PMHS)			
Youth Ages 15-18, 19-26			
(Most Severe Diagnosis Encountered for each Consumer)			
	Age Group		
Diagnosis	15 to 18	19 to 26	Total
Schizophrenia	213	1,643	1,856
	1.3%	8.6%	5.2%
Bipolar Disorder	1,840	4,440	6,280
	11.2%	23.3%	17.7%
Depression with Psychotic Features	167	333	500
	1.0%	1.7%	1.4%
Major Mood Disorder	4,493	5,638	10,131
	27.3%	29.6%	28.5%
Other Psychotic Disorders	120	273	393
	.7%	1.4%	1.1%
Organic Brain Disorders	9	11	20
	.1%	.1%	.1%
Substance Abuse	1	22	23
	.0%	.1%	.1%
Neuroses	5,692	5,336	11,028
	34.6%	28.0%	31.0%
Personality Disorders	3,816	1,191	5,007
	23.2%	6.2%	14.1%
Other MH Diagnosis	104	187	291
	.6%	1.0%	.8%
Total	16,455	19,074	35,529
	100.0%	100.0%	100.0%

* = Minimum Projected Transition Age Youth in Maryland Public Mental Health System

Population-based Initiatives

- ***Mental Health First Aid*** on College Campuses– UMBC and AACC

- Young Adult Leadership Development-- ***Taking Flight-*** a program of the Coalition of Families & On Our Own—Leadership Retreat & National ***VOICE*** Award

- Young Adult Suicide Prevention—Maryland Crisis Hotline Network

The Maryland Center of Excellence: Early Intervention Program (EIP)

Purpose: alter the course of illness, reduce disability, and maximize the likelihood a person with early signs of psychosis will be able to manage their illness, move successfully through the appropriate developmental stages of growth, and establish a life of their choosing.

EIP is comprised of three components:

- **Outreach and Education Services** will provide general background on clinical high risk and early psychosis to behavioral health providers, schools and primary care settings

- **Clinical Services for 12-30 year olds who present with clinical high risk symptoms, early signs of psychosis or those in initial stages of psychoses. Services will include:**
    - The Clinical High Risk Clinic
    - Two first episode clinics: Maryland Psychiatric Research Center First Episode Clinic and University of Maryland Division of Community Psychiatry First Episode Program
    - Consultation service

- **Regional Early Intervention Learning Collaborative Teams (EIT's)**
    - Create a statewide learning collaborative so that EITs and others providing services to those with early psychosis can collaborate, share resources, and provide support and coordination of service delivery

Maryland Healthy Transitions Initiative (HTI)

A 5-year SAMHSA-funded systems change state/community partnership implementing developmentally-appropriate, empirically-supported services and supports: **Evidence-Based Practice (EBP) Supported Employment + EBP Assertive Community Treatment + Transition to Independence Process (TIP) + Peer/Family support**

HTI Goals:

- **Improve** outcomes for Transition Age Youth with serious mental health conditions in areas such as education, employment, housing, mental health and co-occurring disorders, and decrease contacts with the juvenile and criminal justice system;
- **Foster** youth self determination; **Engage** and support families;
- **Enhance** core competencies of behavioral health practitioners in developmentally appropriate and empirically supported practices to support the needs of Transition Age Youth;
- **Link** local implementation to state-level program and policy development to address broader system and financing issues; and
- **Disseminate** and replicate to other geographic locations throughout the state.

Successful Strategies, Programs, and Collaborations Already in Place in Maryland

- **Self-Directed Care –** Transition Age Youth are supported in directing the nature and type of services and supports that he or she considers necessary to achieve his or her person-centered futures plan. Transition Age Youth have access to self-directed care funds to support the achievement of individual goals. Program currently available in Washington and Frederick Counties.

- **Wellness Recovery Action Planning (WRAP) for Youth - D**esigned specifically for youth and young adults with mental illness (WRAP® Outreach Project available within On Our Own (OOO) wellness and recovery centers and network affiliates)

- **Transition-Age Youth Outreach Project –** Youth-directed leadership and advocacy opportunities are developed and fostered (existing and expanding within On Our Own of Maryland network of Wellness & Recovery Centers)
  - Transition Age Youth leading peer support groups
  - Transition Age Youth Marketing Initiatives for a cause (bracelets, water bottles, t-shirts with recovery messages)
  - Young Adult Advisory Boards
  - Young Adult Recovery & Youth Systems Best Practice Panels (Trauma Informed Care, foster care, MHA, SAMHSA, Transitions Residential Treatment Center conferences and more)
  - Youth Focus Groups and Youth Peer Juries
  - Youth Volunteer Groups: Habitat for Humanity, Volunteer positions at Wellness & Recovery Centers to serve as supportive liaisons between the new ADAA clubhouses (serving younger youth) and the adult Wellness & Recovery Centers as 18 yr. olds age out of the clubhouses)

Successful Strategies, Programs, and Collaborations Already in Place in Maryland

- **Family Navigators / Navigating the Transition Years** – Trained parents deliver seminars designed to enhance family member knowledge of system resources and provide family peer and mutual support (Maryland Coalition of Families)

- **Mentor Moms –** Parent mentors introduce new parents to the transition planning process, assist with system navigation and provide family peer and mutual support (NAMI) (Frederick County)

- **Self-Advocacy Modules** - Consistent, unified curriculum delivered in local education system and reinforced in HTI through in vivo skills training and small group activities. Modules are designed to support Transition Age Youth and their families in Maryland and are aligned with the empirically supported practice of Transition to Independence Process (TIP). Currently available in Frederick and Washington Counties, and being implemented in several additional Transition Age Youth programs throughout the state

- **Family Psychoeducation –** Evidence-Based Practice family psychoeducation group co-facilitated by HTI transition facilitator (Frederick County)

- **Futures Planning** - Transition Age Youth are engaged through relationship development, person-centered planning, and a focus on their futures (available in Frederick and Washington Counties; other Transition Age Youth programs in training and will be available)

- **MHA** has contracted with the **University of Maryland's Evidence Based Practice Center** to provide consultation, technical assistance, and training to Transition Age Youth providers in selected jurisdictions throughout the state

- **Continuity of Care Task Force -** Legislatively mandated, currently in process, includes a focus on the needs of the Transition Age Youth population

Future Directions and Recommendations in Developing Systems of Care to Support Transition Age Youth

- **Establish** eligibility and medical necessity criteria which span the child and adult mental health systems to provide continuous, uninterrupted access to Transition Age Youth specific services and supports (eliminates eligibility "cliff").
- **Evaluate** the role of **Medicaid expansion** and **health care reform** in reimbursing the array of transition services. Position state to capitalize on these changes.
- **Establish** systems which facilitate **continuity of care** between, within, and among various service delivery systems throughout the transition years.
- **Enhance** core competencies of behavioral health practitioners in developmentally appropriate and empirically supported practices to support the needs of Transition Age Youth.

Future Directions and Recommendations in Developing Systems of Care to Support Transition Age Youth

- **Provide** individualized, empirically-supported services that lead to seamless transitions (i.e. – Transition to Independence Process - TIP, supported employment and/or supported postsecondary education)
  - Assist Transition Age Youth to secure competitive employment before graduation through Evidence-Based Practice Supported Employment (EBP SE)
- **Foster** TAY self-determination and engage and support family members in adjusting to new roles and relationship structures through family psychoeducation (**FPE**), peer education and mutual support

Challenges Facing Maryland

- **Increased numbers eligible** for Medicaid (MA) given decoupling of income and disability under ACA = increased demand for Transition Age Youth services
- **Children in foster care** able to maintain MA to age 26 = increased demand for Transition Age Youth services
- **High incidence of co-morbid substance use and mental health disorders** in Transition Age Youth population + integration of MHA and ADAA = increased demand for Transition Age Youth services