

Transfer Protocols and Guidelines that Enhance Continuity of Care from Child to Adult Mental Health Systems of Care

Cross system coordination/collaboration at state and local levels

- Form micro and macro cross system teams/committees at local board levels
- Work with other systems (ie-children's services, education) to ensure behavioral health is embedded into planning at state and local levels
- Include cross system providers at agency level meetings and case staffings
- Incorporate a Youth/Young Adult in Transition (Y/YAT) ombudsman/advocate in the Service Coordination System as an extension of existing Family Children First Council work to promote the right service at the right time
- Document benefits/cost savings to other systems

Mental Health System Coordination

- Overlap community psychiatric supportive treatment (cpst) services (90 day or greater timeframe) from child to adult provider
- Develop Mental Health Y/YAT teams at agency levels
- Incorporate Y/YAT service related questions in ODMH/ODADAS Board Community Plans (SFY 2012) to catalog what services are being provided and where
- Advocate for National Accrediting bodies to incorporate standards for Y/YAT
- Develop a process to determine the diagnostic/level of care eligibility criteria for Y/YAT to gain entrance into adult system
- Promote education about Medicaid Requirements. In particular clarification that Medicaid rules do allow child serving agencies to provide services to youth after they turn 18.
- Encourage providers to begin talking with the Y/YAT and their families/support systems to begin transition planning at ages 14-16

Y/YAT friendly environments/service options

- Assess service sites/space for their appeal to Y/YAT
- Become informed of the Y/YAT focus group outcomes in Voices for Ohio's Children and [Paving the Way position paper](#)
- Staff local centers with young people, and involve young people in program design and implementation
- Include peer supports and peer groups for Y/YAT
- Keep school open after hours for activities (School Based Initiatives in Cuyahoga)
- Ensure that there is space and activities for Y/YAT with SMD to feel accepted and valued
- Provide transportation (Washington Cty vans)
- Utilize Peer Mentors/College volunteers to help connect Y/YAT to pro social groups in community
- Hire younger staff or staff that respects Y/YAT culture
- Avoid use of word "system" and the focus on simply connecting them to

"system." Y/YAT desire a life beyond their diagnosis and mental health services, focus on hope and their future goals.

- Ensure Empowerment/Self Advocacy/Youth Driven framework with specific Y/YAT self advocacy training (Y/YAT asks consistently for this)
- Specify housing units and supports for Y/YAT
- Ensure services are relevant (jobs, housing, resources)

Workforce Development

- Encourage development/promotion of CEU trainings on Y/YAT
- Distribute monthly email newsletter highlighting Y/YAT best practices
- Teach youth driven/family supported (shared decision making) principles to psychiatrists, therapists, and CPST providers
- Teach relationship building/communication/service delivery strategies for working with Y/YAT
- Identify Ohio's Y/YAT practices that are working and promote through 1 page white papers that outline each program.

Y/YAT Resource Access

- Statewide Advocacy Organization promote inclusion of this age group
- Distribute local Y/YAT publications (ex. Cuyahoga Cty youth pages that are youth friendly and printed by the United Way)

Benefits/Service Continuity

- Learn from foster care and criminal/juvenile justice system
- Promote expansion of eligibility until age 25
- Address this population in current SSI eligibility pilots
- Research being conducted by JFS to support a Medicaid Waiver that would allow Ohio to support services to bridge between the child and adult systems.
- Track Universal Healthcare discussions at the Federal level and be positioned to implement changes