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Crossing the Divide:

Programs that Bridge Child & Adult Mental Health Services

Helping youth with serious mental health conditions transition from adolescence to adulthood has also meant transitioning them from child to adult mental health services, which are two very different systems. One's age (e.g., 18, 21, or 25) often serves as the criteria that divides eligibility for one provider or system of service to another. The consequence of this practice is that mental health services are typically oriented to children or young teens or to mature adults, but are not tailored to the "between" ages of 14 – 25. Further "age-dichotomized" services can force a disruption to services and to therapeutic relationships.

Our Research

There are "pioneering" programs that cross the divide and provide services though this age span. How did they do it?

Despite this discouraging scenario, there are mental health programs that succeed in serving youth and young adults across the "between" age without discontinuity of services. We researched these programs to learn about the processes they used to establish such services in 2006. "Pioneering programs" that continuously serve people from adolescence through early adulthood (typically 16-23) were identified. Administrators, program staff and other stakeholders from seven programs across the country that are partly publicly funded were interviewed using a standard set of questions. We wanted to find out how these transition programs came about. Additionally, we identified one state and one federal pioneering grant program that we included in this report.

Guidelines for Pioneering Transition Programs

The following guidelines emerged regarding the development of pioneering transition programs:

• Recognize the problem and take action

In all pioneering transition programs, the initial step was recognizing the need to change the service system for the transitioning population.

• Become a champion

In most instances, one or two individuals took it upon themselves to seek a solution and pursued options until a satisfactory situation was achieved.

• Involve other stakeholders

Involving multiple stakeholders facilitated the development process, including the identification of funding sources.

• Build on what you know

Programs were designed and implemented based on existing local clinical experience and trial and error, as well as evidence-based treatments modified for this age group.

• Get funding from key players that trust you

Long-standing and trusting relationships between key players (providers, mental health administrators, public agencies, interagency groups, and others) facilitated the identification and allocation of funds for transition program development.

• Start small and build funding over time

Most programs started with a relatively small amount of funding from a variety of sources. In fact, funding did not always originate from mental health agencies or organizations.

• Use local autonomy to change services

The majority of programs were funded through mechanisms that permitted a fair amount of local autonomy in decision making. Statewide funding initiatives that allow for the extension of programs across the transition age appear to be uncommon.

• Obtain federal or state sponsorship that can speed growth

Maryland's grant program and the Federal Partnerships for Youth Transition grant program demonstrate that decisions to fund pioneering programs at higher levels of government lead to more rapid development of such programs.

• Seek Funding from child or adult systems, but not both

In examining the funding from public mental health agencies, this source of funding was dichotomized to child or adult funding in most of these settings, with the program obtaining funding from either, but not both systems.

Table 1. Programs Studied

Name & Location	Ages	Brief Description of Program*
Community Connections Community Services of Stark County, Inc. Canton, OH	12-25	An interdisciplinary community support program & case management team with vocational supports.
Community Outreach Through Resources & Education Family Services of Westmoreland County Westmoreland County, PA	16-24	Utilizes person–centered planning & provides vocational services including support, counseling, & preparation. It is governed by a multidisciplinary task force representing traditional service providers as well as community groups, & youth.
Jump Onboard for Success Washington County Mental Health Agency, Inc., VT Division of Mental Health, Burlington, VT	16-22	Supported employment for youth with serious emotional difficulties. Also focuses on providing educational, mental health, substance abuse, & medical health supports.
Program in Assertive Community Treatment Adolescent, Adult Mental Health Madison, WI	15-21	Part of the original PACT model that was first researched (for 18-35 year olds). Individuals have either schizophrenia or a major mood disorder, & qualify for Community Support Program MH services.
Successful Employment Program MA Department of Mental Health South Shore Mental Health Center Quincy, MA	16-22	Helps young adults diagnosed with a mental illness successfully transition into the work force by supporting skill development, peer support, & social activities. Members participate in job coaching, peer support, social activities, & their drop-in center. Public child MH services end at age 19 & adult MH services begin at age 18.
Transitions Community Treatment Team North Central Mental Health Columbus, OH	16-22	Focuses on individuals diagnosed with mental illnesses who are at highest risk for institutional placement, suicide, or homelessness. TCTT is based on the Program in Assertive Community Treatment (PACT).
Westchester Youth Form Westchester County Office of Mental Health & Family Ties Westchester, NY	16-23	A consumer-lead program offering peer support, recreation activities, advocacy for youth in child & family team meetings, leadership for youth in the system, advocacy at the state & national level, & training to various groups.
Transition Age Youth Initiative Mental Hygiene Administration, MD	13-25	This grant funds 12 programs. Each provides services for those transitioning from the child to adult MH system. The goals are to create a set of services for transition age youth that promote innovations & allow for testing of models & approaches; develop expertise to then be shared statewide.
Partnerships for Youth Transitions Center for Mental Health Services (CMHS), Substance Abuse & Mental Health Services Administration	14-25	A federally-funded discretionary grant program through the CMHS. The purpose was to develop, implement, stabilize, & document models of transition support programs. Funds were limited to youth with a serious emotional disturbance or young adults with an emerging serious mental illness. Grants went to public MH agencies in UT, WA, MN, ME & PA.

* In all programs except MA, public child MH services end and adult services begin at age 18.

Conclusions

There are programs that cross the great age divide in mental health services and they provide guidance of how this can be done. Since there is no established category of service tied to a funding stream for transition services, this is challenging to develop. Asking for "special funding" may be short-lived, not enough, and won't change the policy needed to sustain change. Pioneering programs seem to rely on program innovation techniques such as leadership, stakeholder buy-in, good relationships and local autonomy. Otherwise policy change that recognizes the need for age continuity in services is needed to promote rapid development of pioneering programs.

Reference

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.

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