Report

To the

Governor's Council on Behavioral Health

From its

Youth Transition Subcommittee

March 13, 2012

Vision:

We envision a partnership among communities, youth, families, schools, government, and provider agencies that improves outcomes, increases access to services and supports, and promotes positive change in the lives of youth with behavioral health needs as they transition into adult services.

PURPOSE

This report was prepared for the Governor's Council on Behavioral Health. The Governor's Council convened this committee in August 2009 to investigate the transition of youth with behavioral health needs into the adult system. The committee was charged with making recommendations to the Governor's Council. This committee had participation from members of the Governor's Council, consumers, family members, advocacy organizations, community providers and staff from the state Departments of Behavioral Health Developmental Disabilities and Hospitals (BHDDH), Children Youth and Families (DCYF), Education (RIDE), Health (DOH), Human Services (DHS), Labor and Training (DLT), and Rehabilitation Services (ORS). Go to page 15 for a list of participants. In addition to this report, the committee created a *Web Based Resources* document based on the document review and guest presentations which is included at the end of this report.

PROCESS

The Subcommittee met 17 times between August 2009 and February 2012 and reviewed the following documents:

- *June 2008 GAO Report: Young Adults with Serious Mental Illness*
- *September 2006 Partnership for Youth Transition Draft Report to the Children's Cabinet*
- *July 2010 USF Research Highlights: excerpts from the 23rd Annual Children's Mental Health Resource and Policy Conference.*

Speakers were invited to meetings and the following topics were presented and discussed:

- Transition of youth with significant behavioral health needs into adult services (DCYF to BHDDH staff)
- High School Secondary Transition for students with IEPs (RIDE staff)
- Rehabilitation programming for youth with special needs (ORS staff)
- Youth specific programs including Youth Centers and the Shared Youth Vision program (Department of Labor and Training-DLT)
- Shared Youth Vision Presentation (Shared Youth Vision Consultant)
- Presentation of Adolescent Health Care Transition (DOH Staff)
- Medicaid eligibility and programs for youth and adults (DHS Staff)
- Programs available within the Community Mental Health Centers (Community Mental Health Providers)
- Family Care Community Partnership (FCCPs) Agencies (3 regional FCCP directors presented their programs)
- Housing Resources

POPULATION TARGETED

The population identified is youth at risk for or who have a behavioral health need or disability, aged twelve (Middle School) through 26. The concern is that these youth are at increased risk for homelessness, poverty, dropping out of school, substance abuse issues, involvement with the juvenile or adult justice system, and other issues if they do not receive preventive or treatment services and supports appropriate for their age and need. This is a broad group of youth that includes:

a. Youth who may or may not be involved with DCYF
b. Youth who may or may not access available behavioral health services through public or private payers (schools, Medicaid, commercial insurance)
c. Youth who may or may not receive special education services or other school programs
d. Youth who need services but have not been identified or connected with appropriate resources
e. Youth who have behavioral health diagnosis and are not connected to any system.

THE ISSUE

The data on behavioral health issues among youth in Rhode Island is disturbing. Nationally, people ages 18-25 are more likely (7.4%) than older adults (4.6%) to have Severe Mental Illness (SMI). Rhode Island has the highest rate of SMI (7.2%) across all ages and the highest rate of SMI among 18-25 year olds (9.1%) in the country. Similarly, the rates of depression and of those who have had any mental illness in the past year are higher among 18-25 years than among older adults, and Rhode Island's rates are among the highest in the country. Rhode Island saw the highest increase in depression among all adults (9.5%) and among 18-25 years olds (11%) in the country, according to the US Department of Health and Human Services State Estimates of Substance and Mental Disorders from the 2008-2009 National Surveys on Drug Use and Health (known as the Household Survey).

The period between middle school and age 26 is the life stage during which individuals must attempt to establish themselves as self-sustaining adults. Young adults need all of their resources: intellectual, physical, psychological, economic, family, community, peer, etc., to negotiate the gap between childhood and adulthood. Deficits in any of these realms create difficulties that are particularly acute at this stage of life because of the complexity of this transition. Thus, limited education or depression, which may have been mitigated by a supportive family life, can, at adulthood, develop quickly into long-term joblessness, self-isolation or suicidality.

In addition, data from the most recent (2009) Rhode Island High School Youth Risk Behavior Survey (YRBS-www.health.ri.gov/data/webquery.php), with about 4,000 9th-12th graders reporting, includes:

- **24.6 %** of students responded that they "felt sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months".
    - Hispanic/Latino Youth reported a rate of 9-10% higher than other races reported
- **12.3%** of students responded that they "seriously considered attempting suicide during the past 12 months".
- **10.7%** of students responded that they "made a plan about how they would attempt suicide during the past 12 months".1
- **8.7%** of students responded that they had "actually attempted suicide during the past 12 months."
- **3.9%** of students who had attempted suicide responded that the attempt "resulted in an injury, poising, or overdose that had to be treated by a doctor."

The National Center for Children in Poverty, April 2010 Report *Children's Mental Health: What Every Policymaker Should Know*, reports that mental health and substance abuse problems occur commonly among today's youth and begin at a young age:

- **20%** of children birth to 18 has a diagnosable mental disorder
- **10% of** youth has mental health problems severe enough to impair functioning in the home, school and community
- Roughly **half** of all lifetime mental health disorders start by the mid-teens
- **4.4%** of youth aged 12-17 had serious emotional disorders in 2008
- Children and youth at increased risk for mental health problems include those in low-income households, children involved with child welfare, those in juvenile justice systems, and those in military families:
    - **21%** low income children have mental health problems
    - **50%** children and youth in child welfare systems have mental health problems
    - **67-70%** youth in juvenile justice system have a diagnosable mental health disorder

Rhode Island Kids Count reports in its June 2010 *Behavioral Health Fact Sheet:*

- All youth adjudicated to the Training School received counseling services as part of their service plans
    - 156 youth received mental health services for psychiatric diagnoses *other* than conduct disorders or substance abuse disorders.
- **20%** of children in RI ages 9-17 has a diagnosable mental health disorder with one in ten being severe enough to impact functioning at home, school or in the community.

COMMITTEE'S RECOMMENDATIONS

- Improve access to services for youth with behavioral health needs

- Strengthen the integration of behavioral health and primary care:

> *Integrated health care is the systematic coordination of physical and behavioral health care. The idea is that physical and behavioral health problems occur at the same time. Integrating services to treat both will yield the best results and be the most acceptable and effective approach for those being served*. – The Hogg Foundation for Mental Health (*A Family Guide: Integrating Mental Health and Pediatric Primary Care* Page 7 2011 by NAMI, the National Alliance on Mental Illness www.nami.org/Content/ContentGroups/CAAC/FG-Integrating.pdf)

- Establish Governor's Cabinet level scrutiny to address the issues identified and the potential solutions recommended by this report The transition of youth with behavioral health needs into the adult system is complex and components of the system e.g. education, health, employment, housing, eligibility, benefits…are overseen by multiple entities.
  - Improved coordination and teamwork across child and adult serving systems (e.g. education, child welfare, Medicaid, behavioral health)

- Appoint the Youth Transition Subcommittee as a standing committee of the Governor's Council on Behavioral Health

- Develop more home and community based services that will provide intermediate, community based treatment options (e.g. Bridge Services and Supports)

- Increase targeted prevention and early identification of behavioral health issues (start prevention activities in Middle School)

- Ensure those working with youth to understand the affect trauma has on the brain development of young children and its impact on their behavior as adolescents

- Create a holistic approach to coordinate across major systems: education, health, employment, and housing

- ❖ Establish a statewide mental health emergency intervention line that would simplify access for families (with children and adults) to a certified mental health emergency service team

The committee has identified what's working and not working in the current system and has developed a list of specific recommendations to support its findings. These issues have been organized into the following areas:

I. Communication/Coordination
II. Access to Care/Coverage
III. Funding
IV. Data Gaps

I. COMMUNICATION/COORDINATION

What's Working	What's Not Working	Recommendations
❖ Dedicated, caring professionals work within our Behavioral Health, health care and educational systems ❖ Pockets of programs or services within programs or agencies across the state provide supports to youth with behavioral health needs ❖ Linkage between schools and community child mental health providers is good ❖ Transitioning of youth with most significant behavioral health needs into adult system is improving ➢ Staff assigned from Department of Children Youth and Families (DCYF) and the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) ➢ Regularly scheduled meetings for case review and resolution ➢ Individualized programming ➢ Working within rules and regulations of both agencies ❖ Memorandum of Understanding (MOU) between RIDE and ORS ➢ ORS counselor assigned to each high school; there is a point of contact for staff.	❖ **Professionals working with youth often work in silos and are not aware of services and programs in the community or other agencies** ➢ There is no cohesive system for the transitioning of youth with behavioral health needs. ➢ Many agencies at the state and local level provide services but there is no real systemic coordination among and across agencies and providers ➢ Semantics may cause confusion across systems e.g. what is the meaning or function of a case manager? ❖ **There are limited resources and staff** ➢ Crisis driven system ➢ Targeted Preventive Care is not a priority ➢ The system is tiered to meet most needy individuals ➢ Prevention/early identification models are not funded to prevent more intense needs ❖ **Youth who do not qualify for programs due to type or severity of disability, income/resources or are not enrolled in a program that would identify them may be lost in the system or unable to access services** ➢ Many programs require a specific behavioral health diagnosis in order to	❖ **Breaking down the silos:** ➢ Develop a cohesive vision for all stakeholders to use, such as the Vision on title page ➢ Educate community via a Global Information Dissemination Plan including but not limited to: ▪ parents, PTAs, Local Advisory Committees for special education, Rhode Island Parent Information Network (RIPIN), Educational Advocates, private schools, Community Mental Health Centers, Medical providers (pediatricians), state and local agencies ▪ utilize and work with the United Way 211 ➢ Incentivize systems to work together in order to increase collaboration for improved services to youth ➢ Expand knowledge of resources that are available for youth among providers and across systems, such as: ▪ Creation of family/youth-centered materials ▪ Use RIDE/RITAP transition materials http://ritap.org/ritap/mytransition/ ▪ Use "Got Transition" materials www.gottransition.org ▪ Use of social media to expand outreach to youth • Wiki sites • Interactive calendars

➢ Counselors attend Individualized Education Program (IEP) meetings and are part of the secondary transition process for eligible students. ➢ ORS can provide information to assist in the development of IEPs and transition planning ❖ Department of Labor and Training Youth Centers ▪ Statewide Services in 15 Youth Centers (13 communities) offering a variety of services to youth with documented disabilities ▪ in school and out of school ➢ Building Exemplary Systems Training (BEST) ➢ Comprehensive professional development class for youth employment professionals ❖ Department of Health oversees two Medical Home Model peer support programs ➢ Pediatric Practice Enhancement Project (PPEP) ▪ Medical Home model that provides cost effective Parent consultants housed in pediatric primary care and specialty care sites ▪ Extensive training through the Rhode Island Parent Support Network (RIPIN) Connection ▪ Available to all children and youth: Medicaid, commercial and uninsured ➢ Peer Assisted Health Initiative (PAHI) ▪ Peer support provided in adult medical practices for adults with disabilities ❖ Rhode Island Transition Academies	become eligible for services, this prevents some youth with access to needed services ➢ Different eligibility requirements ➢ Lack of insurance and funding e.g. Medicaid eligibility lost at age 18 for some ➢ Conflicting rules and regulations across state agencies ➢ Youth who drop out of school don't have connections to services and are "lost" ❖ **Often, self-advocacy does not work with youth** ➢ They do not want to be different ➢ They are not ready to self-advocate ➢ They do not have the skills and supports to self-advocate ❖ **Secondary Transition from Special Education** ➢ Transition planning varies from district to district ➢ Not all youth with behavioral health needs are eligible for ORS. ➢ ORS' role not understood by schools, parents, DCYF, others ➢ Challenges for young adults moving from secondary education and the protections within special education (IDEA) to higher education systems which are mandated to comply with the Americans with Disabilities Act (ADA)	• Facebook ▪ Protocols for this type of communication needs to be developed or reviewed ➢ Investigate Career and Technical High School Carpentry programs for providing repair/rehab work to bring existing housing units up to code for rental to increase affordable housing ➢ Create a way for schools, housing and behavioral health providers to collaborate to help support these youth ▪ Provide school staff with information about housing resources and contacts ❖ **Program Eligibility** ➢ Improve coordination and communication between schools and adult agencies, such as: SSA, BHDDH, and Community Mental Health Centers. ▪ Katie Beckett eligibles: inform/educate families, providers, schools, transition coordinators about applying for SSI at 17 years 11 months. (cash benefit and Medicaid coverage) ➢ Strengthen relationships and coordination between LEAs and Local Prevention Task Forces ➢ Increase awareness among youth and families about the information in their Summary of Performance (SOP) that could assist adult service providers ➢ Create common referral format ➢ Create comment referral document that "speaks the same language" ➢ Improved communication and awareness of eligibility and services among schools, state

➢ Provide experience to youth 18-21 who have met their academic requirements and are transitioning from high school to meet their transition goals ▪ Academic, social and functional supports ❖ Regional Education Collaboratives provide regional mechanism for training and professional development opportunities ❖ Statewide substance abuse prevention network is well developed through School Assistance Counselors and BHDDH "Reducing the Use of Marihuana and Other Drugs" grant.		agencies and community providers such as: ➢ Create or share information via ▪ Web site ▪ Written materials (brochures ▪ Presentations/information sessions ▪ Statewide conferences ➢ Utilize High School Transition Advisory Committees (TACs) as a vehicle for information sharing between schools, agencies and community providers ➢ Train DLT staff to meet needs of all youth, including those with disabilities ➢ Explore the expansion of adult services for youth who meet Serious Emotional Disturbance (SED) criteria but do not meet criteria for adult Seriously Persistently Mentally Ill (SPMI) ❖ **Need for Youth Advocacy Training** ➢ all providers should develop processes to share tools with youth that promote self-advocacy

II. ACCESS TO CARE/COVERAGE

What's Working	What's Not Working	Recommendations
❖ Medicaid services for children birth to 21 includes mandatory Early and Periodic Screening Diagnosis and Treatment (EPSDT)	❖ **Knowledge of Eligibility requirements** ➢ Not all parents or providers are aware of connection between birth to 18 eligibility for Katie Beckett and 18+ eligibility for	❖ **Coverage** ➢ Develop a clear point of entry for youth and adults in need of behavioral health services (part of the problem is that pieces of the

program within Medicaid ❖ Community Support Program (CSP) is a good program and model ❖ Medicaid Managed Care Plans, United Health Care (UHC) & Neighborhood Health Plan (NHP) can provide youth up to age 21 with enhanced outpatient services and intensive home based treatment ❖ DCYF provides residential support for youth with serious emotional disturbance (SED) up to age 21 ❖ YESS-Youth Establishing Self Sufficiency Program: 18-21 independent living program in a supportive environment	Supplemental Security Income (SSI) ➢ Potential loss in Medicaid coverage for youth who transition out of RIte Care and RIte Share ➢ Differences in childhood and adult disability definitions may result with children not eligible for SSI at 18. ❖ **Coordination of care for those with behavioral health and medical needs** ❖ **Access to Services** ➢ Lack of investment to develop dedicated services for young adults-they must fit into the adult services world ➢ Medicaid funding is capped to the community mental health agencies-not on number of clients or meeting needs of clients ▪ Every year services get diluted ▪ Work supports (vocational)-needs a Behavioral Health component ❖ Schools don't have the capacity to meet the behavioral health needs of all children and families. ➢ Most interventions are geared to small and large groups. ➢ There is limited counseling provided for students during a crisis or through special education (IEPs) ➢ Connections with community behavioral health providers varies from community to community	system are overseen by multiple agencies. ➢ Review Affordable Care Act (ACA) to see what is in place or will be in place for youth and young adults to maintain Medicaid or commercial insurance coverage. ▪ Share this information with youth, parents, schools, community providers, advocates • continuation parent's insurance through 26 • eligibility for coverage through Health Exchange ❖ **Access to Services and Supports** ➢ Create a Statewide system to replace the function of Kids Link ➢ Develop primary care models that integrate primary and behavioral health care ➢ Follow and implement American Academy of Pediatrics well child screenings which include behavioral health screenings ▪ Review and revise EPSDT Periodicity Schedule ▪ Review and revise School Based Health Regulations ▪ Review and revise commercial insurance plans (Office of the Health Insurance Commissioner) ➢ Build a set of developmentally appropriate " bridge" or transition services and supports in Community Mental Health Centers to support youth leaving high school ➢ Improve capacity for schools to provide prevention programs such as Positive Behavioral Supports and Interventions

	➢ Youth 18 and older in crisis who don't meet hospital admission criteria are released without a plan for services and supports ➢ Uninsured issues ▪ 100 chronically homeless Community Support Program (CSP) vouchers (need to meet the eligibility criteria) ▪ If the individual is not insured then neither Gateway nor the Providence Center could take on the uninsured ➢ Adults not eligible for CSP don't have services available ▪ Mostly crisis management is provided ➢ Outpatient services are limited ▪ Shortage of psychiatrists ▪ Wait to see a doctor for outpatient behavioral health services is 8-10 weeks ▪ Limitations with private insurance of what's available when transitioning from inpatient psychiatric hospitals to community ➢ Child and Adolescent Intensive Treatment Services (CAITS) is limited in scope and duration of needed services ➢ Third Party insurances don't look at continuity of care ➢ There are gaps in services and supports for young adults in early 20's who may not have made connections to the adult world and who come out of therapeutic foster care and don't meet criteria for the adult developmental disabilities system	(PBIS), social skills groups and peer mentoring targeted at specific ages e.g. Elementary, Middle School, High School ➢ Strengthen current diversion and bridge plan to prevent incarceration of youth and young adults through Family And Truancy Courts ➢ Publicize youth programs that don't require parental consent, including Youth Centers ➢ Connect formal and informal supports for youth and their families with BH needs ➢ Strengthen recovery-oriented system ➢ Strengthen the continuum of behavioral health services to cover preventive services, ▪ Need to engage youth who are not cooperative, those in denial, off medications, self-medicating

	▪ High School drop-outs may not be aware of resources available ❖ **Stigmatism of having a behavioral health diagnosis** ➢ Small percentage of families that need and could be eligible for community supports like those available within the adult system often don't receive them because there's a reticence to get a diagnosis ("label") ➢ Chronic Behavioral Health conditions aren't treated like a chronic disease	
III. FUNDING		
What's Working	**What's Not Working**	**Recommendations**
❖ Medicaid eligibility and programs for children birth to 21 through the federal Early and Periodic Screening Diagnosis and Treatment (EPSDT) program ❖ Some examples of shared or blended funding ➢ Pediatric Practice Enhancement Project (PPEP) and Peer Assisted Health Initiative (PAHI) expansion through grants and blended funding from DHS ➢ Shared funding for the Transition Academies ▪ Local education agencies and ORS	❖ Funding for PPEP and PAHI programs are limited (grant thru DOH) ❖ Paraprofessional is not reimbursable through medical billing ❖ Often systems try to "pass the buck" to other systems rather than coordinating or sharing during the transition period from childhood to adult programs ❖ RI lost 97% affordable housing funds which is traditionally low funded	❖ Expand funding opportunities ➢ Explore opportunities for reimbursing paraprofessionals ➢ Explore opportunities for enhanced funding ▪ Commercial providers ▪ Medicaid ▪ Health care reform ❖ Expand blended funding opportunities ➢ Funding should follow the person using a blended funding formula e.g., ensure that there are enough funds available to transition a child from a residential placement back to a community setting with the appropriate supports needed for success in the community setting. this will require interagency coordination ❖ Invest in a permanent funding stream for affordable housing

IV. DATA GAPS		
What's Working	**What's Not Working**	**Recommendations**
❖ There is a lot of data within systems through state and federal reporting and collection requirements ➢ Education ▪ State and local ➢ Health ▪ State and local ➢ Medicaid ▪ Eligibles ▪ Service utilization ➢ Behavioral health ▪ Eligibles ▪ Service utilization ➢ Training school ➢ Department of Corrections ➢ Housing ➢ Employment ➢ Courts ▪ Juvenile justice	❖ **Data Fragmentation** ➢ There is no comprehensive way to share data across systems	❖ Creation of a comprehensive system to address the data gaps ➢ Develop tracking system to identify children at risk or in need e.g. RIDE's Early Warning System ➢ Develop a system that shares/explains data consistently across agencies ❖ Use data to make decisions when creating policy, establishing practices or developing programs and how and what to fund ➢ Utilize data from the Statewide Epidemiological Workgroup (SEOW) and the Youth Risk Behavior Survey (YRBS) to target prevention programs in specific communities ➢ Department of Corrections (DOC) ▪ 18-26 year olds with BH diagnoses ▪ Youth in Training School with BH diagnoses ➢ Number of 18-26 year olds in homeless shelters ➢ Juvenile Justice data from Police Departments ➢ SEOW report ➢ National Center for Post Outcomes (NCPO): 1 year out of school ➢ Court System Data ▪ Mental Health ▪ Drug ➢ Truancy ❖ Create MOU's for interagency data sharing to assist in transition planning and identification

		❖ Use advances in Brain science research to make policy decisions ❖ Use advances in Brain science research to influence treatment practices e.g. trauma informed care

Governor's Council on Behavioral Health Youth Transition Committee Participants

Representing the voice of youth ages 14-26, the Youth Transition Subcommittee of the Governor's Council on Behavioral Health collectively agrees that Rhode Island needs to provide a collaborative and seamless system of intervention and support for youth with behavioral health needs from school to adult life for improved outcomes and better fiscal efficiency through shared resources and data management. This group included:

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Web Based Youth Transition Resources
Focused on youth with behavioral health care needs

Emergency Services

Emergencies: call 911

United Way's 211 program

www.211ri.org/

Suicide Prevention Resources

RI Youth Suicide Prevention Resource Guide

The *Guide* provides an inventory and characterization of agencies throughout Rhode Island that provide relevant services to youth at-risk of suicide.

www.riyouthsuicidepreventionproject.org/images/clientid_267/riyouthsuicidepreventionresourceguide.pdf

RI Youth Suicide Prevention Project

Project website with Rhode Island specific resource and training materials.

www.riyouthsuicidepreventionproject.org

United Way 2-1-1

Website and 24-hour information and referral hotline.

www.211ri.org (or dial 2-1-1)

Samaritans of Rhode Island

Rhode Island online resource and 24 hour crisis hotline/listening line.

www.samaritansri.org/youth-resources

National Action Alliance for Suicide Prevention

News and information about the National Strategy for the general public, suicide prevention community, media, policy makers and other key stakeholders.

www.ActionAllianceforSuicidePrevention.org

American Foundation for Suicide Prevention (AFSP)

Website details prevention initiatives and education resources nationally.

www.afsp.org

Suicide Prevention Resource Center (SPRC)

Information on government suicide prevention efforts, news, events and links to important prevention publications.

www.sprc.org

The Jason Foundation

Provides information about youth suicide and provides free educational material for teachers and youth workers.
www.jasonfoundation.com

American Association of Suicidology (AAS)

AAS promotes research, public awareness programs, public education and training for professionals and volunteers. In addition, AAS serves as a national clearinghouse for information on suicide.
www.suicidology.org

RI Student Assistance Services (RISAS)

RISAS provides school and community-based substance abuse prevention and early intervention services to Rhode Island schools and communities.
www.risas.org

Bradley Hospital Safe Quest Program

The Safe Quest program is an intensive afterschool program for adolescents who are at risk for self-harm and/or who are suffering from significant mood or anxiety disorders.
www.lifespan.org/bradley/services/adol/safequest.htm

Resources for Youth

National Collaborative on Workforce and Disability:

Youth page: www.ncwd-youth.info/

Mental Health transitioning brief: http://www.ncwd-youth.info/information-brief-24

Guides: www.ncwd-youth.info/type/guide

Blazing the Trail White Papers: www.ncwd-youth.info/white-paper/blazing-the-trail

National Health Care Transition Center (formerly Healthy and Ready to Work)

www.gottransition.org/

Youth Advocacy/Diagnosis Awareness

Child and Adolescent BiPolar Foundation
www.bpkids.com

Depression and Bipolar Support Alliance
www.dbsalliance.org

Mental Health Awareness Program founded by Glenn Close and her sister Jessie
www.bringchange2mind.org

Rhode Island Youth Pride (Gay, Lesbian, Bisexual, and Transgender)

www.youthprideri.org/
Rhode Island Youth Pride Facebook
www.facebook.com/youthprideri
The Icarus Project: a forum for people to share stories, questions and art relating to their life
www.theicarusproject.net
Parent Support Network: Youth Speaking Out
www.psnri.org/html%20docs/youth/youth.html

Rhode Island State Agencies

Department of Children Youth and Families (DCYF)
www.dcyf..ri.gov
www.dcyf.ri.gov/link.php

Department of Behavioral Health Developmental Disabilities and Hospital (BHDDH)
www.bhddh.ri.gov

Department of Education
RI Department of Education Secondary Transition Page: resources available for schools and parents on secondary transition:
www.ride.ri.gov/Special_Populations/Programs_Services/Secondary_Transition/Secondary%20Transition%20Services.aspx
RITAP: My Transition
www.ride.ri.gov/Special_Populations/Programs_Services/Secondary_Transition/Secondary%20Transition%20Services.aspx#Transition%20Products
RITAP/RIDE Secondary Transition IEP: case study, IEP form, IEP Guidebook: www.ritap.org/iep/publications/publication.html
RITAP/RIDE My Transition site (resources, transition brochure…):
http://ritap.org/ritap/mytransition/welcome.php

Department of Health
Adolescent Healthcare Transition:
www.health.ri.gov/family/specialneeds/transition/index.php
Youth Risk Behavior Survey (YRBS) Data:
www.health.ri.gov/data/webquery.php

Department of Human Services
Home Page: www.dhs.ri.gov

DHS Services for Children and Families
www.dhs.ri.gov/DefaultPermissions/FamilieswithChildren/tabid/194/Default.aspx
DHS Services for Children with Special Needs
www.dhs.ri.gov/DefaultPermissions/ChildrenwithSpecialNeeds/tabid/775/Default.aspx
Katie Beckett
www.dhs.ri.gov/ChildrenwithSpecialNeeds/KatieBeckett/tabid/840/Default.aspx
Medical Services/Programs for Adults
www.dhs.ri.gov/AdultswithDisabilities/HealthMedicalServices/tabid/258/Default.aspx

Department of Labor and Training

www.dlt.ri.gov/
www.networkri.org/ (Network RI)
www.dlt.ri.gov/jobseeker.htm (Job-seeker services)
www.dlt.ri.gov/wfds/youthserv.htm (Youth Services, including **Youth Centers**)

Office of Rehabilitative Services

www.ors.ri.gov/
Vocational Rehabilitation Division:
www.ors.ri.gov/VR.html
Resource links:
www.ors.ri.gov/ResourceLinks.html

Rhode Island Community Resources

RI Council of Community Mental Health Organizations (links to all Community Mental Health Centers)

www.riccmho.org/

Fellowship Health Resources

www.fellowshiphr.org/rhode-island/
www.fellowshiphr.org/resources/get-help-now/

Housing

http://www.rhodeislandhousing.org/ (RI Housing)
http://www.rhodeislandhousing.org/sp.cfm?pageid=418 (services)
http://housing-guide.com/?section8_state=RI (Section 8)

Rhode Island Parent Information Network (RIPIN)

www.ripin.org

http://www.startingpointsforriparents.org/transitions (Transition Guide)

Sherlock Center's College Planning Guide:

www.ric.edu/sherlockcenter/publications/CollegeGuide.pdf

Parent Support Network of Rhode Island (PSN)

www.psnri.org

http://www.psnri.org/html%20docs/resources/publications.html (Truancy Prevention Tool Kit)

Truancy

www.gatewayhealth.org/KidsLinkRI.asp

www.psnri.org/html%20docs/resources/publications.html

Way to Go RI: secondary transition planning tool:

https://secure.waytogori.org/Default.aspx

National Organizations

American Academy of Pediatrics Scope of Health Care Benefits Children Birth to 26: *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents,* third edition. The Bright Futures recommendations were referenced as a standard for access and design of age-appropriate health insurance benefits for infants, children, adolescents, and young adults in the Patient Protection and Affordable Care Act of 2010 (Pub L No. 114–148).

http://pediatrics.aappublications.org/content/129/1/185.full?sid=fdcf0f84-a45c-45c0-8e56-e514c97bcdb1

America's Children: Key national indicators of wellness; child and family statistics

www.childstats.gov/americaschildren/index.asp

Education/IDEA Partnership

http://www.ideapartnership.org/index.php?option=com_content&view=category&id=35&Itemid=111

National Health Care Transition Center (formerly Healthy and Ready to Work)

www.gottransition.org/

National Alliance on Mental Illness, NAMI

www.nami.org

NAMI: *Family Guide Integrating Mental Health and Pediatric Primary Care 2011*

www.nami.org/Content/ContentGroups/CAAC/FG-Integrating.pdf

National Center on Secondary Transition (located at the University of Minnesota):
www.ncset.org/
National Institute on Mental Health, NIMH
www.nimh.nih.org
SAMHSA's youth section (Youth Services: transitioning, school violence, bullying… My Map, Funding Opportunities...)
http://findyouthinfo.gov/index.shtml
SAMHSA's family section (health, financial assistance, health insurance, safety…):
www.hhs.gov/children/index.html
SAMHSA'S prevention section (suicide, substance abuse…); National Registry of effective programs (MH, SA)
www.samhsa.gov/prevention/
Social Security Administration (SSA)
www.ssa.gov
http://ssa-custhelp.ssa.gov/app/answers/detail/a_id/270 (Apply for Adults)
http://www.ssa.gov/applyfordisability/child.htm (Apply for Children)
Transition Coalition:
http://transitioncoalition.org/transition/index.php

Documents, Toolkits…

GAO Report: Young Adults with Serious Mental Illness:
www.gao.gov/new.items/d08678.pdf
Transition to Independence (TIP):
http://tip.fmhi.usf.edu/

TIP Documents:
TIP Guidelines and Definitions, word document:
http://www.wsti.org/documents/Conference%20Handouts%202010/Session%20C/TIP%20Define%20Guidelines%20.doc

Transition of Youth and Young Adults with Emotional or Behavioral Difficulties: An Evidence-Supported Handbook-how to order:
http://tip.fmhi.usf.edu/tip.cfm?page_ID=31
Robert Wood Johnson Program on Chronic Mental Illness Report:
http://www.rwjf.org/files/publications/books/2000/chapter_06.html
Evidence-Based Mental Health Treatments and Services: Examples to Inform Public Policy
http://www.milbank.org/reports/2004lehman/2004lehman.html
Federal evidenced-based toolkits
http://mentalhealth.samhsa.gov/cmhs/CommunitySupport/toolkits/community/