

# OHTP HAND BOOK

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# INTRODUCTION TO THE OHIO HEALTH TRANSITIONS PROJECT

The purpose of this program is to improve access to treatment and support services for youth and young adults, ages 16-25, who have a serious emotional disturbance (SED) or a serious mental illness (SMI), hereafter referred to as serious mental disorders. It is expected that this program will improve emotional and behavioral health functioning so that this population of youth and young adults can maximize their potential to assume adult roles and responsibilities and lead full and productive lives.

The needs of Transitional-Aged Youth (TAY) with SMI/SED and/or I/DD in Cuyahoga and Lorain Counties mirror the nation per a lack of seamless transfer from the youth to adult system. TAY are over-represented in the foster care and justice systems, struggle to meet developmental milestones, and have higher rates of suicide attempts and deaths. Evidence suggests that approximately half of all lifetime cases of mental disorders begin by age 14.

TAY are at risk for poor outcomes in young adulthood and beyond, yet approximately 50% to 70% of TAY with behavioral health needs do not receive services. Barriers include: 1) Siloed services (vocational, behavioral health, education, social security, etc.); 2) lack of TAY-specific services and failure to connect with adult services; 3) lack of awareness among system leadership, service providers, and educators.

Youth and young adults with SMI or SED between the ages of 16-25, including those with intellectual developmental disabilities, may not be working, in school, or in vocational and higher education programs. Some face the additional challenge of experiencing homelessness, or being in contact with the juvenile or criminal justice system, thereby increasing the likelihood of admissions to hospitals, mental health, and/or correctional facilities.

Unfortunately, these same youth are among the least likely to seek help and may “fall through the cracks” and not receive the services and supports they need to become productive and healthy adults. It is imperative that appropriate outreach and engagement processes are developed and implemented to create access to effective behavioral health interventions and supports.

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# ABOUT A HEALTHY TRANSITIONS PROGRAM



## ABOUT THE PROGRAM LAUNCH

- Ohio Healthy Transitions Project is a five-year SAMHSA grant awarded to OMHAS in 2018, in partnership with DODD, CWRU and Wingspan Care Group.
- **NEED:** Less than a quarter (21.8%) of mental health services in Ohio (2017) offered programs exclusively dedicated to or designed for Transitional Age Youth (TAY)-  
Source: SAMHSA, National Mental Health Services Survey, Ohio 2017
- Address unmet needs of youth and young adults in Cuyahoga and Lorain counties, aged 16–25, with serious emotional disturbance (SED), a serious mental illness (SMI), or co-occurring mental health and intellectual developmental disabilities (I/DD).
- Wingspan collaborates with local partners to promote awareness of unique challenges faced by transitional-aged youth (TAY) with behavioral health and intellectual/developmental disabilities, and provide culturally representative services including a full continuum of life-skills, vocational, educational, and social-emotional wellness.
- Since the beginning of the grant, we have served more than 300 youth/young adults in Cuyahoga and Lorain Counties
- Long-term goal of this grant is to replicate the Healthy Transitions Project state-wide

### OHTP GOALS:

1. Increase awareness among youth, young adults, their families, and youth serving providers on the best-practice programs and services (signs and symptoms) of serious mental illness
2. Demonstrate engagement strategies and policy recommendations for serving the unique needs of the target TAY that can be replicated in more communities statewide
3. Equip TAY providers with training resources to co-create strategies with youth that encompass self-directed pathways for education, employment, health, independent living and community involvement

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# PROGRAM MODELS





## PROCESS FOR REFERRALS TO OHTP

### From Psychiatry Only:

- Referral Source will complete OHTP Referral Form and send to Navigators Clinical Supervisor
- Referral source will complete CAF (New/Additional Service) and send to Navigators Clinical Supervisor
- Navigators Clinical Supervisor will attain insurance information and get to support to complete needed enrollments.
- Navigators Clinical Supervisor will complete and send needed forms to Wingspan OHTP
- If the client is exclusively receiving Psychiatry services, a full PDE will be completed by assigned staff.
- Navigators Clinical Supervisor will assign OHTP client to TBS worker to complete ITP and begin services.

### From SBC:

- Referral Source will complete OHTP Referral Form and send to Navigators Clinical Supervisor
- Referral source will complete CAF (New/Additional Service) and send to Navigators Clinical Supervisor
- Navigators Clinical Supervisor will assign OHTP staff to meet with client and complete OHTP paperwork- Navigators Clinical Supervisor to scan to Wingspan
- Assigned OHTP staff will complete PDE Update for additional service
- Assigned OHTP staff will complete ITP update to add OHTP goals and TBS/CPST methods
- OHTP Worker and SBC worker will need to maintain communication for purposes of ongoing ITP reviews. When an ITP review is completed, workers should communicate between departments in order to acquire the needed staff signatures.





### **From Outpatient**

- Referral Source will complete OHTP Referral Form and send to Navigators Clinical Supervisor
- Referral source will complete CAF (New/Additional Service) and send to Navigators Clinical Supervisor
- Assigned OHTP staff will meet with client and complete OHTP paperwork- Navigators Clinical Supervisor to scan to Wingspan
- Assigned OHTP staff will complete PDE Update to document additional service
- Assigned OHTP staff will complete ITP update to add OHTP goals and TBS/CPST methods
- OHTP Worker and OP therapist will need to maintain communication for purposes of ongoing ITP reviews. When an ITP review is completed, workers should communicate between departments in order to acquire the needed staff signatures.

### **From ASP**

- Referral Source will complete OHTP Referral Form and send to Navigators Clinical Supervisor
- Referral source will complete CAF (New/Additional Service) and send to Navigators Clinical Supervisor
- Assigned OHTP staff will meet with client and complete OHTP paperwork- Navigators Clinical Supervisor to scan to Wingspan
- Assigned OHTP staff will complete PDE Update for additional service
- Assigned OHTP staff will complete ITP update to add OHTP goals and TBS/CPST methods
- OHTP Worker and ASP worker will need to maintain communication for purposes of ongoing ITP reviews. When an ITP review is completed, workers should communicate between departments in order to acquire the needed staff signatures.

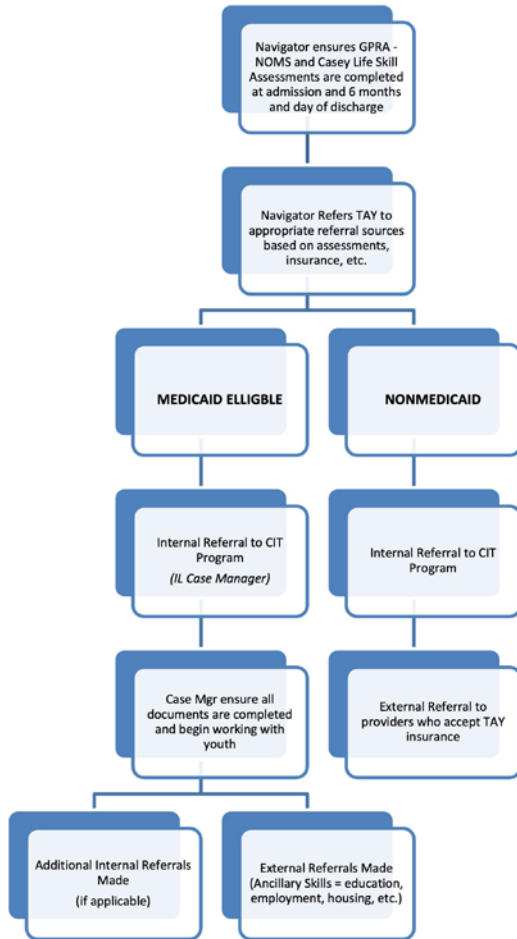
### **From In-Home**

SOC; Etc.: follow OP/ASP directives as you would only insert your program where the other program name is

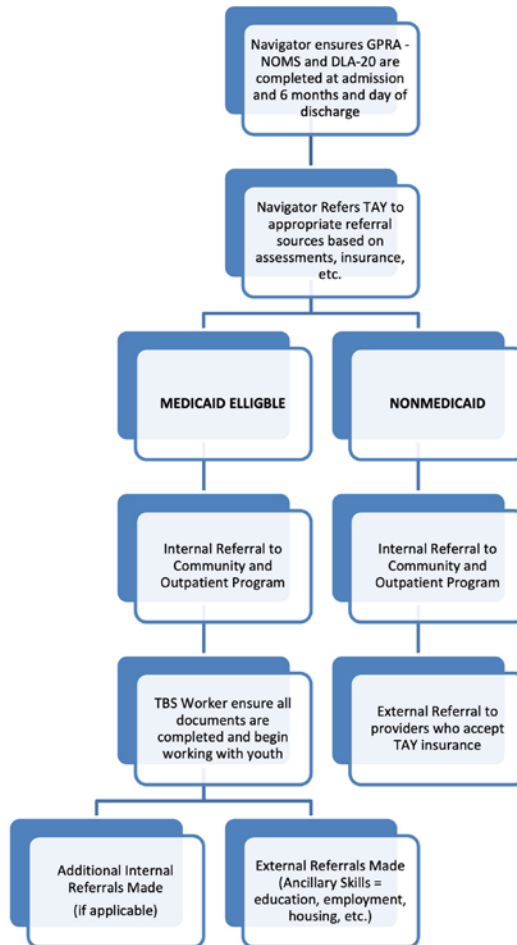
# ADMISSION PROCESSES

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## Bellefaire



## Lifeworks



## LOGIC MODEL

RESOURCES / INPUTS	ACTIVITIES	OUTPUTS
<p><b>Direct Service Personnel</b></p> <ul style="list-style-type: none"> <li>• Navigators &amp; Supervisors</li> <li>• Youth coordinators</li> <li>• OHTP Local Leadership</li> <li>• Volunteers</li> <li>• System partners</li> </ul> <p><b>Partners &amp; Service Linkages</b></p> <ul style="list-style-type: none"> <li>• TAY youth</li> <li>• TAY family/permanent connections</li> <li>• Direct Service Providers</li> <li>• Network of Community Partner Agencies for Referrals &amp; Services (schools, child &amp; adult behavioral health providers)</li> </ul> <p><b>Systems Level Resources</b></p> <ul style="list-style-type: none"> <li>• Wingspan EHR</li> <li>• OICY</li> <li>• Curriculum (TIP, EBPs)</li> <li>• State agency partners</li> <li>• CWRU partners</li> <li>• OHTP workgroups &amp; stakeholders</li> <li>• Intake/referral protocol</li> <li>• Training opportunities</li> <li>• Youth Advisory Board</li> <li>• Grant funding</li> <li>• Needs Assessment</li> <li>• Referral line/email</li> <li>• Student Suite technology</li> <li>• Outreach efforts</li> </ul> <p><b>Program Model Components</b></p> <ul style="list-style-type: none"> <li>• Developmentally appropriate, culturally and linguistically competent services and supports</li> <li>• Trauma-Informed</li> <li>• Evaluation/CQI</li> </ul>	<p><b>Outreach</b></p> <ul style="list-style-type: none"> <li>• Targeting TAY Resources</li> <li>• Active Social Media platforms &amp; Applications (App) for TAY</li> </ul> <p><b>Intake &amp; Assessment</b></p> <ul style="list-style-type: none"> <li>• Screening Tool</li> <li>• Assessments (GPRA-NOMS, Casey Life Skills, PDE, ITP, Case Planning)</li> </ul> <p><b>Care Coordination</b></p> <ul style="list-style-type: none"> <li>• Navigating / Engaging TAY to needed services <ul style="list-style-type: none"> <li>▪ Crisis services (shelters, food pantry, etc.)</li> <li>▪ Ancillary services (e.g., housing, employment, education, life skills)</li> <li>▪ EBP/informed practices</li> <li>▪ Life skills, ADLs</li> <li>▪ Behavioral health</li> <li>▪ Physical health, dental, vision, and holistic</li> </ul> </li> <li>• Attending trainings certifications</li> <li>• Evaluation/CQI</li> <li>• Creating individual case plans</li> </ul> <p><b>Community/System Education</b></p> <ul style="list-style-type: none"> <li>• Develop TAY informed training for community programs / service providers</li> <li>• Engaging &amp; mobilizing stakeholders who are invested &amp; can help with meeting TAY unique needs (implementation of SOC)</li> </ul>	<p><b>Client (TAY) Level</b></p> <ul style="list-style-type: none"> <li>• # of contacts</li> <li>• # of referrals</li> <li>• # of screenings</li> <li>• # of enrollments</li> <li>• # of direct &amp; indirect outreach contacts and events</li> <li>• # trained in the TIP model</li> <li>• # of Mental Health Assessments (PDEs) &amp; plans of care</li> <li>• # of TAY actively involved in: <ul style="list-style-type: none"> <li>▪ vocational training</li> <li>▪ educational services</li> <li>▪ safe/stable housing</li> <li>▪ behavioral &amp; physical health services</li> </ul> </li> </ul> <p><b>System Level</b></p> <ul style="list-style-type: none"> <li>• GPRA NOMS reports</li> <li>• GPRA IPP reports</li> <li>• # of OHTP workgroup meetings</li> <li>• # of OHTP sub workgroup meetings</li> <li>• Data and CQI reports</li> <li>• # Policy/Process instructions</li> <li>• # of trainings created &amp; conducted for professionals and providers</li> <li>• Development of niche services for TAY</li> <li>• # of MOUs</li> <li>• Creation of Youth Advisory Board</li> </ul>

## SHORT TERM OUTCOMES (during grant period)

### Client (TAY) Level

- # of TAY
  - w/improved functioning
  - w/decreased problem severity
  - w/improved social connections
  - w/ no or decreased justice system involvement
  - w/ safe and stable housing
  - Attending educational program regularly and/or currently employed
  - Successful in meeting goals
  - Participating in recommended referrals

### System Level

- Youth Advisory Board integration into state level policy & local workgroups
- Creation of a provider network that will meet the unique needs of TAY
  - Culturally competent
  - Timely response to crisis
  - Accessible/mobile resources to meet needs
  - Collaborative & streamlined process
  - TIP reinforced
  - Ongoing training & professional development
  - Adequately resourced (staff, space, funding)
  - Funding that is creative/ braided/sustainable to transition into adulthood
- Improved decision making through the use of data (IDEAS)
- Optimizing Power BI for improved supervision & resource development

## LONG TERM OUTCOMES (after grant period)

### Client (TAY) Level

- TAY are:
  - actively employed or advancing career opportunities through education
  - maintaining safe/stable housing
  - maintaining improved self-sufficiency, efficacy & esteem
  - accessing community resources for mental/ physical health, ancillary services & refer peers
  - not involved in the criminal justice system
  - maintaining stronger networks of trusting and supportive relationships with adults and peers

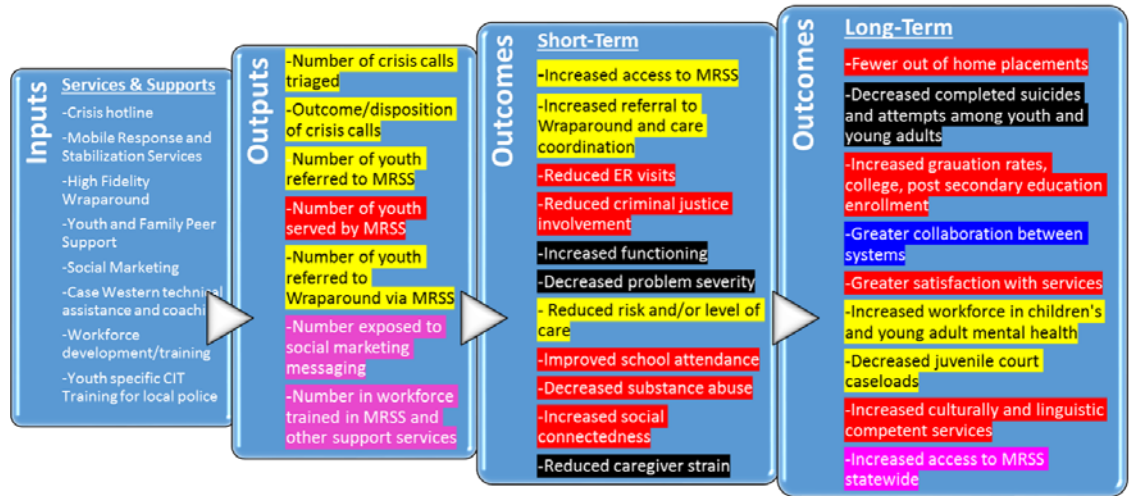
### System Level

- Increased awareness & decreased stigma around Mental Health
- Increased access to culturally and linguistically competent care
- Transformation of a formal local system for increased coordination and collaboration for TAY
- Increased financial sustainability of services
- Sustain services & networks to meet the unique needs of TAY
- Identified leaders that will uphold the OHTP approach to service delivery
- Create a flexible "system" catered to TAYs individual needs and link them to necessary services.

## STATE LEVEL SYSTEM EXPANSION OUTCOMES

- Online toolkit / handbook
- All counties receiving TIP & TIC training specific to TAY
- OHTP specific e- learning academy content
- Policy changes in the state legislature to support TAY entering adulthood
- Dissemination & collaboration of key learnings at state wide conferences through technical assistance
- Youth Advisory Board in place at multiple counties
- Reducing disparity associated with access & capacity to (mental/ physical/ancillary) services and supports
- **Additional State Goals Insert Here!**

## ENGAGE 2.0 EVALUATION LOGIC MODEL



### Data Sources:

- GPRA NOMs
- National Evaluation Measures
- Levels of Collaboration Survey
- Local data source needed
- OhioMHAS responsible for external data source

# MONTHLY PROGRESS FORM



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## OHTP Monthly Progress Form



**Record Management:**

Month/Year of Report:  /  Agency Client ID Code:

Client Name:

Staff ID Code:  Agency:  Applewood  Bellefaire  Lifeworks

**Domains Addressed This Month:**

Community Life Functioning  Educational Opportunities  Employment & Career Planning  
 Living Situation  Permanent Connections  Personal Effectiveness/Well-Being

**Targets Addressed This Month:**

<p>1. <input type="checkbox"/> Identifying and Accessing Community Resources Time (Minutes) <input type="text"/></p> <p>2. <input type="checkbox"/> Participation in Pro-Social Activities Time (Minutes) <input type="text"/></p> <p>3. <input type="checkbox"/> Academic &amp; Educational Training &amp; Support Time (Minutes) <input type="text"/></p> <p>4. <input type="checkbox"/> Employability/Career &amp; Vocational Planning (including job related social skills) Time (Minutes) <input type="text"/></p> <p>5. <input type="checkbox"/> Obtaining &amp; Maintaining Safe &amp; Stable Housing Time (Minutes) <input type="text"/></p> <p>6. <input type="checkbox"/> Safety: Personal, Fire, Community &amp; Apartment (including transportation) Time (Minutes) <input type="text"/></p> <p>7. <input type="checkbox"/> Healthy Relationships: Peers, Family, Significant Others, Permanent Connections Time (Minutes) <input type="text"/></p> <p>8. <input type="checkbox"/> Budgeting &amp; Money Management (including income tax) Time (Minutes) <input type="text"/></p>	<p>9. <input type="checkbox"/> Consumer Skills Time (Minutes) <input type="text"/></p> <p>10. <input type="checkbox"/> Effective Communication &amp; Social Skills Training Time (Minutes) <input type="text"/></p> <p>11. <input type="checkbox"/> Futures Planning: Goal Setting, Time Management &amp; Road Maps Time (Minutes) <input type="text"/></p> <p>12. <input type="checkbox"/> Healthy Lifestyle: Health, Sexual Health, Nutrition, Hygiene, Grooming, Cleanliness, Self-Esteem/Self-Worth Time (Minutes) <input type="text"/></p> <p>13. <input type="checkbox"/> Prevention Maintenance Planning (including Chemical Dependency Education) Time (Minutes) <input type="text"/></p> <p>14. <input type="checkbox"/> Problem Solving &amp; Decision Making Skills Time (Minutes) <input type="text"/></p> <p>15. <input type="checkbox"/> Stress/Anger Management &amp; Coping Skills Time (Minutes) <input type="text"/></p> <p>16. <input type="checkbox"/> Other <input type="text"/> Time (Minutes) <input type="text"/></p>
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**Service Referrals:**

Services	New Referrals Made This Month		Referrals TAY Participated In This Month		Referrals That Benefitted TAY This Month	
	Yes	No	Yes	No	Yes	No
Educational Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing Assistance Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intellectual/Developmental Disability Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pro-Social Activities or Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use/Abuse Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Services (Please Specify in Space Below):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Staff Signature: \_\_\_\_\_ Today's Date:  /  /

Send completed forms to: [OHTPteleform@wingspancg.org](mailto:OHTPteleform@wingspancg.org)



## TIP MODEL

**The Transition to Independence Process (TIP) Model** is an evidence-supported practice with six published studies supporting its effectiveness to improve post-secondary outcomes. These include: increased employment and post-secondary career education, improved community-life functioning, and reductions in the use of intensive mental health services and in incarceration.

The TIP Model is a strength-based, youth-driven framework that was developed for working with youth and young adults (14-29 years old) with emotional/behavioral difficulties (EBD) to:

- Engage youth and young adults in their own futures planning process
- Provide youth with developmentally appropriate, non-stigmatizing, culturally competent, and appealing services and supports
- Involve youth and their families and other informal key players in a process that prepares and facilitates them in their movement toward greater self-sufficiency and successful achievement of their goals related to their relevant transition domains.

All staff of Ohio Healthy Transitions Project have been trained in the TIP Model. The Transition to Independence Model is the gold standard for how to best to connect with transitional aged youth, 16-26. Through the OHTP Grant, we were able initially to train our internal team at the Wingspan Care Group. Next, we were able to get our own trainers by having them complete the train the trainer process. Lastly, we were able to open our trainings to ALL of the staff from the partner agencies and programs, so they too, while working in partnership with OHTP could all have the same consistent model and approach.

### Resources

Star Training Academy TIP Model Institute



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# YOUNG ADULT LEADERSHIP





## CERTIFIED YOUTH PEER SUPPORTER

In April 2022, Ohio expanded the Peer Certifications to include a Certified Youth Peer Supporter designation.

A Certified Youth Peer Supporter (CYPS) is someone who has direct lived experience with behavioral health challenges (mental health/substance use disorder) and who is between the ages of 18-30.

Although the direct lived experience is the same as the Certified Peer Recovery Supporters, CYPSs are unique in that they have been impacted by behavioral health challenges while they were a part of the child-serving system. A CYPS is trained to use their lived experience to help youth/young adults advocate for services and systems supports. A CYPS also works with youth/young adults to create and maintain positive peer interactions that promote wellness, resiliency and recovery. They promote youth-guided practices that focus on strengths as part of the solution and ensure that youth/young adults participate in all aspects of their care. These practices align with the philosophy of the Ohio Healthy Transitions Project to ensure youth voice and youth choice.

Not all transitional age youth involved in the project may choose to be linked with a CYPS but having the option available is an added benefit.

## YOUTH VOICE, YOUTH CHOICE

### Youth voice is important because:

- Young people feel misunderstood when most people they meet haven't experienced what they have.
- Young people have been through traumatic experiences that, unfortunately, make it much more difficult for them to trust people - making building a positive therapeutic relationship that much more difficult.
- Young people become mistrustful of systems; they are represented by many people, and many TAY youth have been negatively impacted by foster care, social workers, judges, or other individuals in the community that typically are viewed there to help them - but in the TAY experience, these individuals play a large role in the difficulties a young person faces.
- TAY come from a history of being devalued, doubted, and having their experiences miscounted; never taken at face value.
- TAY do not want to work with individuals that may harbor private or unconscious ideas about them; relating to or about their experiences and whether or not it is their fault personally they have landed in them.
- TAY are tired of working with individuals with no interest in hearing their side of the story, or that will take their thoughts, ideas, or aspirations as a joke or something to cast doubt upon.
- TAY youth deserve services that are built with them and their needs in mind. TAY historically have been taken advantage of by individuals and networks within the services that are supposed to protect them and level their playing field - this leaves an impact.
- Young adults should not only be asked to serve on committees; they also should be in a leadership capacity on committees with their thoughts/ideas directly woven into decisions.





## YOUTH VOICE, YOUTH CHOICE

### **Youth Choice:**

- Youth choice is what individuals use to help organizations realize that you can't just listen to youth voices and have them at the table
- You have to collect and take their voices into account, enacting change at different levels in response to findings
- TAY choice directing services has helped us to combat difficulties with engagement and TAY retention in services
- TAY choice consistently teaches us new areas in which TAY voice and choice should be taken into account
- TAY choice represents the uplifting and importance of how the individuals actually receiving services in the community think, feel, and react to the experience of getting services
- TAY choice represents the importance of all individuals to have the right to self-determination, power of choice over their futures, and empowerment to reach their own goals and dreams.
- Service plans for young adults must be developed with input of the young adult and reflect their thinking on their immediate needs as well as the path that they want their life to take; a young adult must own their plan for the plan to work.

## TAY ADVISORY BOARD

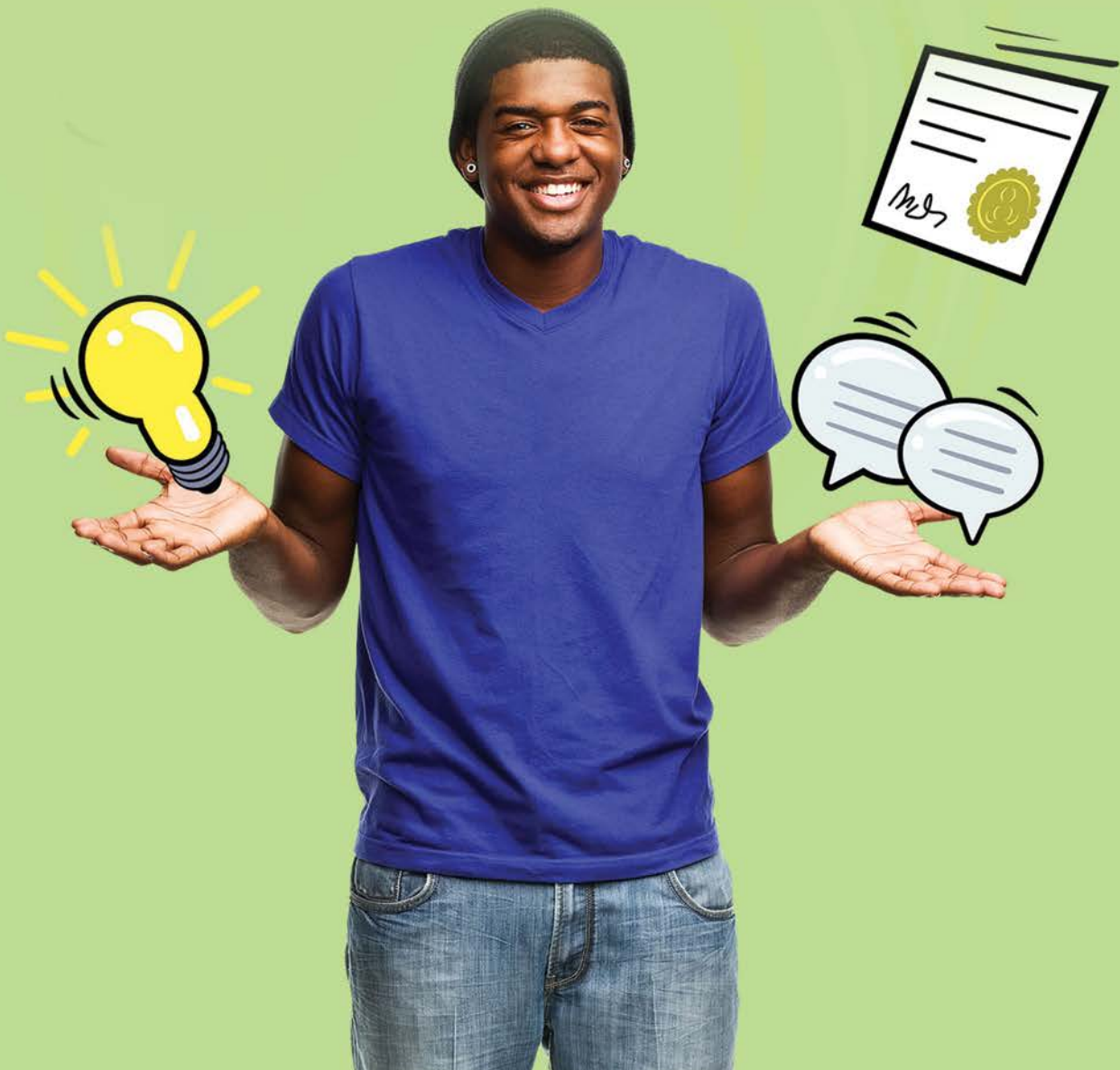
- The TAY advisory board is a safe space for youth to be among like-minded individuals and share experiences without service professionals present
- TAY board allows for youth to go into depth about their thoughts and ideas for topics discussed in OHTP committee meetings
- TAY board creates well-rounded, articulate thoughts and experiences of TAY in an organized fashion for service professionals, evaluators, and OHTP leadership to take advantage of
- The TAY board is what has cultivated a community, strength, and bond between our TAY leaders that regularly attend all OHTP committee and partnership meetings related to the OHTP project (drop in center, etc.)
- The TAY board would not be the same without an approachable individual with lived experience to help the young people strategically share and report their lived testimony to service professionals
- The TAY board and meetings have served as OHTP saying "We care about you beyond your lived experience you report in meetings. We see you. You are part of our Team."

## YOUTH EXPERIENCE - STIGMA OF MENTAL HEALTH/DISABILITY

- **Stigma**
  - o Mark of disgrace, associated with a circumstance, quality or person
  - o Met with negative attribute and negative mindset
  - o Implicit bias - relatively unconscious automatic, prejudice, judgment, attitude, and behavior towards socially stigmatized groups
  - o Met with hate, discrimination, blame, hurtful intent, humiliation and fear
  - o Think less of the whole person because of category
  - o Public perception of people with mental illness
  - o Non parity
  - o Fewer resources
  - o Alienation
  - o Isolation

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# STAFFING



## COUNTY/REGIONAL OHTP STAFFING STRUCTURE

1. Clinical Oversight/Supervisor: provide clinical oversight to all behavioral health and I/DD services to Transitional Age Youth (TAY); ensure supervisory support is provided in formal and informal settings; ensure all assessments and services are provided to TAY.
2. Youth/Young Adult Coordinator: Someone, preferably a young adult, with lived experience as a TAY with a mental health diagnosis. Provides outreach to TAY through one-on one or group contacts, community presentations, school/ educational settings, etc. Links TAY to Navigators. Represents Youth Voice/Youth Choice in the community and advocates for youth-directed policy changes. Sits on/Leads various committees/work groups/coalitions in the community/state.
3. Transitional Age Youth (TAY) Navigator: point person for TAY; ensure linkages and referrals to appropriate Case Manager within the TAY service pipeline





## YOUTH COORDINATOR POSITION

- Helped to recruit for and organize focus groups
- Panelist in TIC summit
- Helped strum up initial referrals and TAY to represent in meetings
- Began interning as a group therapist
- Facilitate transportation for TAY to meetings
- Communicate and plan meetings with TAY, send TAY reminders of those meetings & provide them meeting info
- Head virtual drop in
- Lead contact for TAY when they have questions/concerns
- Help to get meetings and intakes scheduled for TAY
- Help other service providers understand the nature of the grant and how to make an appropriate referral
- Assist with engagement and provide tips on how to best engage the population
- Become TIP trained
- Provide outreach to collabs and organizations as necessary for referrals and partnerships
- Attend community meetings in both Cuyahoga and Lorain county
- Advocate for TAY in statewide meetings
- Promote and share TAY events with participants and direct practice providers
- Connect TAY with opportunities such as volunteering or mentoring



## GUIDE TO YOUTH COORDINATOR POSITION

Have you ever had an important task that you needed to complete, but with no idea how to do it, and knew you had to do it without any guidance, outline, or instructions? This is the typical life of a Transitional Aged Youth, struggling towards self-sufficiency. Securing housing; transportation; healthcare; navigating public systems, such as the public health system, mental health system, the foster care system, juvenile justice system; management of medical conditions, trauma; avoiding homelessness, early pregnancy, low education, and even early death - are just some of what a Transitional Aged youth is faced with. Despite this experience, TAY are still tasked with taking care of themselves, and figuring out how to survive, with little guidance, support, or experience.

Despite the tasks, TAY are at a greater risk of poor outcomes due to the ACES they have been exposed to, the typical lack of positive role models and adult figures, typical lack of a support system, and lack of resources. There is no guide, checklist, or cheat sheet to achieving self-sufficiency and independence. To make the odds even more skewed, many transitional aged youth cannot rely on their biological family to fall back on when their foster care experience draws to a close. These youth end up enlisting in the military, few pursue higher education, and some move on to the arduous world of blue collar work - and they are the lucky ones. Those who are not so lucky may come from an area where their local DCFS does not have an adequate independent living and emancipation program; these youth typically exit from foster care with - literally - no other supports or resources than the foster system they left. Many of them emancipate into homelessness, abuse, extortion, prostitution, or incarceration.

Knowing what faces this group of young people is the first step. It is also important to note that while large groups of our youth do come from the foster care system, many of them also do not. They grew up outside the social welfare system, with biological families, relatives, or adoptive families. These young people face the same risks, only without the free services that foster care does provide.

I definitely felt the pressure on, to figure out what I was going to do when I turned 17, and knew I had to navigate my way through college without familial assistance, coaching, or support. I was a first-generation student, I had just stood in front of a judge and gotten myself emancipated from foster care. While I spent a lot of time in foster care, I also spent time with biological family. Therefore, I experienced two worlds of family to take with me when I graduated from high school and went on to emancipation.

We all know the familiar story - I had come of age, and no one could tell me anything - about life, about school, about anything. And even if they had, I wouldn't have listened. For the first time in my life, I was free to make any choice I felt like - and despite the fact that all of those decisions were not the wisest, I discovered myself through testing the boundaries in my new environment. Even making a poor decision



# LEVEL UP.

for me was an experience - because I was able to decide for myself, and no one questioned me about my decisions.

Many of the young people that we work with are currently in this mindset. It is hard for them to trust any one person, organization, system. Each experience can be life or death to young people with trauma in their backgrounds. I consider myself lucky - I was in a position that most 17-year old, female foster youths were not in. I had lost and suffered much in my life, but I had also just secured a one-of-a-kind scholarship for former foster kids with dreams. I had a foster family that still considered me family - connections that would last beyond my stay in care; a place that I could go to for advice, a place that I could visit on the holidays. And even outside of my external resources, I had internal resources as well. I had a good head on my shoulders - I had a wide variety of parenting styles, experiences, households, cultures, all from my stay in foster care. I had the survival resources and resilience that I developed and built through my hectic childhood. Looking back, I had so much more than I believed that I had. And even then, I felt hopelessly alone, unsupported; confused by my inability to understand life and disheartened by my continued battle with major depression.

Staying aware of these feelings can be helpful for you as you pursue what your role as youth coordinator will be. It will be your role to connect with these disconnected youth. Despite the fact that you still may be a transitional-aged youth, you will be stepping into a leadership role, taking responsibility of being the coordinator between young people and the OHTP Level Up program. As the “face” of the program, you may feel uncomfortable at times with the questions that people ask or the things that they may ask of you. This is normal, and to be expected. Just as a professional environment is scary, it is scary for individuals to interact with people who they have different experiences from.

I had more self-discipline than was typical of my age, and that helped me to keep up with my numerous scholarship responsibilities - which for some of my peers, was harder than advertised. College is hard - and there are an infinite number of distractions. I found myself distracted much of the time as well; and I certainly did take time during college to be a kid and just have fun, because it was truly my first time being able to socialize with my peers without the restrictions of foster care rules. Even more importantly, I became a self-sufficient adult, responsible for the tasks I needed to continue earning my school tuition, room and board, and meal plan. I paid for my own materials, I learned to cook a couple things, and I certainly had some times where Ramen was the main course. But even I still had that moment that I hit, when I realized that I wasn't okay - that I still had healing that I needed to do, and things that I wanted to work through. Only I'd ignored and suppressed my painful feelings for so long, that I experienced some very painful times that I could have avoided, if I had taken care of my mental health and self-care needs sooner.

Many of the young people seeking help from Level Up and the Healthy Transitions program are in the same boat. Stuck in this murky world between their experience of adolescence and an uncertain understanding of what self-sufficient adulthood entails, they are pulled in multiple directions, finding themselves with more responsibilities by

the day, possibly accompanied by a dwindling understanding of the support and help resources available to them through their network and community.

When I started working as the youth coordinator for the Healthy Transitions Grant, I had no idea what I was doing. It can be very daunting to start a position and not be sure exactly what you are supposed to be doing; what activities are worth spending time on, what events are appropriate for the position, and so on. I was completely green - which, despite the amount of stress I spent on it, was an advantage. The Healthy Transitions Youth Coordinator should be able to flex and adapt to rise to any occasion dealing with youth that have lived experience; it is important to be able to attend important meetings, understand the purpose of them, contribute to the flow of information sharing, and play a part in the overall purpose of those meetings.

Here's a little bit of insight on my initial experience, in my first month of working with OHTP.

- I was hesitant to ask questions about things that seemed like general knowledge. I didn't understand phrases, like mutualism between organizations. Strategic plans, RFPs, MOUs, comprehensive services - these terms were all new to me.
- I was afraid to speak up in meetings; I had no idea why I was even included in certain committees.
- When I was in meetings, I would frantically try to write everything down - rather than jotting important points, dates, events, and timelines.
- I was not prepared for the level of politics involved in advocacy and policy.
- I was overwhelmed with the idea of completing a strategic plan, needs assessment, and environmental scan all within the first year of the grant.

With time, I learned that my role was not just to have the lived experience, but to demonstrate that lived experience; to show it through my statements, to energize with my passion. Lived experience is different and more complex than any other teacher.

This is because youth voice and youth voice is always relevant - whether the conversation is regarding input from partner organizations or discussing details of an assessment. At the same time, it is equally important to have honed communications skills to be prepared for mediation between youth, addressing difficult topics, and helping youth to feel understood. You may end up working from several locations, including schools, and these skills will help you to stay calm during physical altercations or other crises that may arise.

So, how did I go from knowing nothing to knowing what activities were vital to my role? Well, for starters, feedback in supervision was crucial. At times, I could see why it would be important to attend many events - but whether they were appropriate, or conducive to the goals of OHTP, was a different story. Certain activities I took on by myself - such as finding and dispersing the resources available to youth in the two counties we serve. Others were expectations of the program, but grew and became more impactful when guided by and touched by lived experience.

# LEVEL UP.

Sometimes, you will be the only person in the room with the ability to change the minds and hearts of individuals in the field. You may find yourself in a room full of professionals, needing to speak up on the behalf of all young people, or help to clarify the situation for adults that have not come from vulnerable groups. It is difficult to understand what you cannot imagine, and you cannot imagine another's experience accurately without their input. It is also to understand the thought process in individuals when the pot you draw from consists of totally different and unique experiences than the individuals you work with professionally.

Having a brother or sister that has major depression and has been self-medicating is a different experience than only working with individuals that have lived experience. Understanding why individuals make certain decisions that seem like common sense, maneuvering through their environment, trying to survive, isolated, mistrustful, and with very little resources or understanding of another type of life. A man who has lived in a cave his whole life, and has only seen shadows on the wall casted by firelight, cannot imagine the sun, because he has never seen the sun. He has never even considered the fact that the shadows in the cave have characteristics he's never imagined, a birth, evolution, a history, and impacts life drastically - but since he has not seen it, it may as well not exist. Similarly, a young adult who has only been let down in life does not consider

One strategy that can be employed to help professionals understand what it's like to be a TAY is through ice breakers. Exploring topics such as bias, compassion, compassion fatigue, support, values, and more can help guide these conversations. You may also find others asking you on advice for working with TAY and young professionals.

## ICE BREAKER

Good morning everyone, we have more of an interactive ice breaker game for you all to engage in today.

What I'll be doing is splitting up the participants in four groups. Once you get into the breakout rooms, you will all do your best to work together to complete a task

- If your name starts with a vowel, you are not allowed to unmute yourself and you must be creative to communicate.
- If your name starts with A-M, you are allowed to unmute yourself but you are not allowed to have your camera on.
- If your name starts with L-Z, you must only communicate with zoom buttons like the like button or the heart button.
- If the number of the zoom room you are in is an even number, all group members can use any zoom feature for exactly one minute.

Your task is to form a list of your group members' names, in birth date order. The first group to return to the main session with a correct list wins.

**What did you think of the exercise?**

**Was it difficult to be robbed of your communication resources?**

Youth choice and youth voice speaks to more than it may appear to. Youth choice speaks to the fact that the TAY youth served do indeed have voices; and voices that have gone previously unheard. The TAY voice historically has been scrutinized, doubted, and devalued. Youth choice is a powerful phrase that brings attention to the fact that the power of choice and self-determination must be integrated into the process of creating services for TAY young people. Youth choice speaks to the fact that youth voice is of great importance; therefore, we need to work to cultivate the minds and voices of young people in order to empower them and educate them while they challenge us to rise to the occasion and heed their choices. Youth choice is overlooked as well because when youths voices are doubted, not much attention is given to their values, preferences, and right to choose different pathways into their future.

The youth coordinator position is integral to the Healthy Transition Grants. Due to the nature of the job, many find that they are unsure of how to spend their time, or what their responsibilities are. Please find the general duties of the Youth Coordinator outlined below.

**General**

- Monitor Email & keep up to date on all community and team meetings
- Attend mandatory meetings on time
- Serve as an ambassador for the grant and the agency
- Demonstrate high standards and respect for the privacy of client's personal health information
- Contribute to the development of a TAY-guided Handbook and Toolkit for other professionals and youth to access as a resource
- Role model cultural and clinical competence in the community
- Engage with clients, caregivers, and other significant individuals in TAY's life

**Federal**

- Adhere to all federal guidelines and requirements as outlined in the grant proposal
- Create and man federal binder – record of planning meetings, resources, and other activities carried out by the grant
- Resource List – find and add new resources to the collection of resources available (to help with reduction of duplicative services.)

## **OHTP Staff and Team Meetings**

- Attend OHTP meetings and community collaborator meetings (all workgroups if possible)
- Lead the Virtual Drop-In Center and presentation of community resources. It may be difficult to find resources in the beginning – seek and utilize partnerships so you give an accurate communication of events and resources in the community
- Help to reduce transportation and resource barriers for TAY by proposing creative solutions and helping professionals understand where the need is
- Identify areas of improvement for the cultivation of youth voice and youth choice in service provision
- Gain peer support certification through the state & peer support duties (such as mandated reporting)
- Assist TAY when they have questions or need assistance during grant meetings
- Facilitate transportation for TAY in-person meetings
- Provide regular reminders for TAY

## **TAY-Related Activities**

- Help facilitate recruitment for initial referrals, focus group participants, and Y/YA participants in OHTP meetings
- Serve as main contact for TAY if they have questions, need to change their intakes, never got a call, etc.
- Assist with engagement of TAY clients and provide tips on how to best engage the population
- Respond to emails from school staff, other service providers, parents, or TAY themselves regarding TAY needs (food, rental assistance, etc. while waiting for services with the grant)
- Connect TAY with opportunities in the community such as volunteering or mentoring
- Chair the YAB – handle scheduling, handbook for YAB, recruiting members; ensuring YAB gives all feedback needed by different facets of the grant
- Invite local advocates, leaders, or TAY role models to present to YAB
- Coach and teach young people how to share their voices more effectively
- Communicate available OHTP meetings to TAY, reminding TAY of meetings, helping TAY with forms, paying TAY for meetings
- Facilitate transportation to and from meetings (if applicable)
- Devise communication system with TAY and provide occasional reminders to keep them apprised of meetings (group chat, app, Slack space, etc.)

- Provide TAY meeting info and handouts for meetings; communicate meeting minutes to TAY
- Send out meeting minutes after the meeting for TAY and other attendees
- Send TAY reminders of YAB and other paid meetings
- Create, promote and share TAY social events (can be based on community connection, outreach, marketing, social awareness, or a combination) with participants and direct practice providers
- Connect with partners as needed to provide for TAY needs, such as hygiene care packages when applicable
- Resource: [\*5 Things: Engaging Youth in Launching System of Care Efforts\*](#) (constantcontact.com)

### **Advocacy**

- Advocate for TAY and youth with MH by attending events as a panelist or giving workshops
- Advocate for TAY by attending and keeping records of local and statewide meetings (governing board of grant – our is OICY)
- Provide youth voice and choice for TAY in grant, agency, and community meetings
- Advocate for TAY at community and state-wide events/forums that promote and capture youth voice
- Advocate for policy change
- Advocate for amendments to youth-serving policies
- Participate in advocacy organizations

### **Marketing**

- Give presentations on the grant/population
- Connect with schools and educational service centers so they are aware of the grant and how to make a proper referral
- Discover possible partners in the community and integrating them to grant partner network (invite to Partnership meeting, take down contact info, add services to the resource list)
- Provide outreach for the grant to indirect contacts (TAY professionals/ TAY providers). Help other service providers understand the nature of the grant / what is an appropriate referral; options for making a referral (warm intake line, website, app, etc.)
- Provide outreach to collaborations and organizations as necessary for referrals, partnerships, reduction of duplicative services
- Create marketing videos or film interviews about the grant and serving youth Give presentations about the grant to various organizations, agencies, and trainings

## **Paperwork and Tracking**

- Complete necessary paperwork for TAY incentives (Incentive Forms, Check Requests)
- Contact Logs – Document and track direct and indirect contacts obtained through Youth Coordinator Position
- Establish quarterly goals for committees being led
- Track mileage
- Complete interim reports quarterly (For YAB)
- Complete yearly reporting documents as required by Evaluation Team or other staff

## **Training Duties**

- Attend as many mental health and developmental disability trainings as calendar permits
- Attend agency trainings (orientation, Relias online training system)
- Attend community trainings
- Become trained/certified in Adult and Youth Peer Support
- Become trained in TIP / engage as a TIP trainer (if appropriate/feasible)
- Provide tips on teaching professionals how to address TAY/communicate with TAY
- Train professionals/partners how to incorporate youth voice
- Train professionals/partners how to work with youth and young adults more effectively

## **Professional Development Trainings**

- Social Work Methods
- Working With Someone With Mental Illness
- Peer Support
- Equity in Behavioral Health for Youth & Families
- Person-Centered Collaboration
- ASAM Training
- Counseling on Suicidality and Access to Lethal Means
- Dialectical Behavioral Therapy – Substance Use
- DBT for individuals with PTSD
- Sex, Drug, and Labor Trafficking
- LGBTQ Population
- Cultural Competency and Awareness
- Culture of Poverty



**Places that the Youth Coordinator should present the grant to:**

- Local JFS; State JFS
- Local and state advocacy boards for youth and individuals with lived experience  
Trauma collaborative meeting
- State Children’s Work councils
- State governing boards for the grant
- Local education service centers and libraries
- CASA Teams and staff
- Cross-Systems Collaborations teams
- Probation officers of all counties served
- Behavioral Health Juvenile Justice Collaborative
- Local ADAMHS Board
- Local colleges, universities, trade schools
- Boys and girls detention homes
- Transitional living houses and organizations
- Systems of care meetings
- Homeless Task Force
- Trauma Informed Care - meetings and trainings
- Early Intervention and Diversion staff

**Youth Advisory Board**

- There are implications for working with young professionals
- Remember many meetings are long and boring. Have a debriefing meeting for young adults after meetings/on a regular basis. Young adults are sometimes intimidated when in a large group. This becomes a venue for young adults to share information on a topic that they may have held back. Pursue youth feedback in a myriad of mediums.
- Get youth to run your social media. Many youth don’t follow organization’s accounts because their content is not engaging or deemed helpful/interesting. Having a peer or advisory council can get you a following and reach youth easier.
- Zoom Meetings have made it easier than ever for young adults to participate in a myriad of meetings/services. Continue Zoom as an option even if in-person meetings begin again for those with transportation barriers.
- Directly asking young adults for their opinion thoughts helps create an environment for young adults to give their opinion. Using metaphors or giving examples is very effective for soliciting the proper youth feedback you desire.

- Providing monetary reimbursement to young adults for meeting attendance, etc. is an important tool to make the young adults feel that their time is respected/valued/appreciated. This also acknowledges that their lived experience is a form of intellectual capital, just like writings and ideas. The exchange of money for intellectual capital recognizes that youth experience has important and can aid agencies in improving their services/marketing.
- If you wish to have youth at the table, it is not adequate to provide two slots for youth to make it to meetings. Further, hour long meetings are not an adequate amount of time to capture youth testimony, especially when youth all have their own unique piece to contribute and shouldn't be rushed.
- Youth may go to school or work for their own agencies, organizations, and have strict schedules. Many times professionals are so busy, they expect young people to meet THEIR availability and do not incorporate any flexibility to be inclusive to youth. Many times, youth are doing this as a volunteer service or for a small stipend and the satisfaction of knowing they are helping the youth that come after them. Oftentimes they are giving up precious hours to attend advocacy meetings that will never directly improve outcomes for them, and it's important to keep that in mind
- Youth are not provided with education regarding sharing; they often don't know how to inform professionals and need to be taught how to provide intellectual capital effectively and in a way that will bring them no harm. They can use guidance in this area
- Sharing with professionals as an advocate or as a client is difficult/daunting either way for young people
- Lastly, give this position your all. The more effort and productivity you put in, the more that the grant will be able to utilize and benefit from your position. In doing so, you will open up more opportunities like this for other former foster youth and transitional-aged youth in the future.

### **Topics to hit in this memoir**

- Why a person with lived experience, close to the same age range, will always be necessary
- The difficulties of the work
- Barriers to providing lived experiences and testimony
- Coaching other youth
- Boundaries and youth
- Coping with mental health as the youth coordinator
- Coping with boundary issues with young adults
- The impact of stigma on the workplace and the advocacy environment

## Language

<p>"Thank you, everyone, for attending. And we have three TAY on the call as well."</p>	<p>"Thank you, everyone, for attending. And we have three young adults on the call as well."</p>
<p>"All of these TAY are very unreachable."</p>	<p>"The young adults are difficult to get into contact with."</p>

## Lessons Learned

- Prepare your youth for what they will experience in the world
- Support your youth through what is currently happening in their worlds
- Stick up for your youth when they are disrespected or stigmatized rather than staying silent
  - o Ask the young person how they felt
  - o Acknowledge the event
  - o Be honest with them
- Its OK to shut things down or end a meeting when things get emotionally charged and people become angry, upset. It is okay to disagree, but it is not okay to verbally abuse each other
- It is very, very important to listen to young adults, and take what they are saying seriously

## Lived Experience Testimony

- "It was people I thought I could trust and I thought they would have my back, and they didn't."
- "I ended up telling him my whole life story just to show him that I wasn't there for money."

## Misconceptions and Harmful Statements - What do youth hear about themselves in the voices of the community?

- "I don't like the darker generation"
- Think people are getting paid through the government to say certain things or defend vulnerable people
- Believe that youth with issues are liars
- Believe that youth have a hidden agenda,

## Trauma Informed Care

- People should not be experiencing threats and racial slurs in affiliated meetings



## RESPONSIBILITIES AND ACTIVITIES

### General

- Monitor Email & keep up to date on all community and team meetings

### Federal

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### Meetings

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- Cross-Systems Collaborations teams
- Probation officers of all counties served
- Behavioral Health Juvenile Justice Collaborative
- Local ADAMHS Board
- Local colleges, universities, trade schools
- Boys and girls detention homes
- Transitional living houses and organizations
- Systems of care meetings
- Homeless Task Force
- Trauma Informed Care - meetings and trainings
- Early Intervention and Diversion staff

## YOUTH COORDINATOR POSITION – ADVICE FROM COORDINATOR

The Youth Coordinator position is best filled by someone with lived experience who brings more understanding and direction directly to the youth and young adults to guide them as they take different steps into the community.

Starting off the position you will need to create a central binder that holds a record of planning meetings, resources, and other activities carried out by the grant. The Youth Coordinator connects with multiple different partnerships in the community as well as connecting with schools and educational service centers so they are aware of the grant and how to make a proper referral.

The position requires an individual who will attend every meeting and community collaborator meetings along with initial referrals, focus group participants, and youth/young adult participants. It also requires advocating for the TAY and youth with a mental health diagnosis by attending events as a panelist or giving workshops and helping provide youth voice / youth choice for TAY in grant, agency, and community meetings.

The Youth Coordinator should help to reduce transportation and resource barriers for TAY by proposing creative solutions and helping professionals understand where the need is.

Gaining a peer support certification through the state is recommended, and peer support duties (such as mandated reporting) are very helpful to attend.

Educate yourself with as many mental health and developmental disability trainings as your schedule permits, and also provide tips on teaching professionals how to address TAY and communicate with them in the professional setting.

Assist with engagement of TAY clients and provide tips on how to best engage the population. Respond to emails from school staff, other service providers, parents, or TAY themselves regarding TAY needs (food, rental assistance, etc. while waiting for services with the grant).

### **Chairing the Young Adult Board (YAB)**

Begin by creating a group chat that is easy to use for communications with TAY scheduling, sending the handbook for the YAB, recruiting members, and ensuring YAB gives all feedback needed by different facets of the grant. TAY will also post resources occasionally.

Any meetings and links as well as reminders should be posted. TAY should be notified when meetings are created and reminded the day of any meetings. This includes sending forms, minutes and materials, TAY Incentive forms and consultant forms, and lastly, trainings. These will help a new youth coordinator become acclimated to the position and understand what they are supposed to be doing.



LEVEL  
UP.

# MARKETING AND AWARENESS





## START WITH YOUR TARGET AUDIENCES

As with every marketing plan, one of the first things to do is identify your audiences. For the Ohio Healthy Transitions Project (OHTP), there are two distinct target audiences – agencies, providers and referral sources, etc.; and TAY and their families. These two audiences require different messaging/information delivered through a variety of targeted media. There is also a broader awareness of the program that needs to be raised in the general population in Cuyahoga and Lorain counties.

### Focus Groups

If funding and time frame allow, conducting focus groups is an ideal way to gather insights on your audiences' media habits and learn what resonates with them/what messaging they respond to best. Because "Youth Voice and Youth Choice" is integral to OHTP marketing efforts, Wingspan conducted a series of focus groups with TAY and parents of TAY, along with interviewing social workers and other social services providers.

### TAY Informed Insights

1. Be real. Build trust.
2. Be different. OHTP can't just be another social services program.
3. Be positive.
4. Be tailored, customized and personal.

## DEVELOP MESSAGING/CREATIVE CAMPAIGN

In the early stage of the program, marketing and communication tactics can be fairly general while more specific messaging and creative products are being developed. Even if focus groups are not possible, messaging for TAY should be informed by youth in order to ensure it is genuine and highly relevant (possibly with guidance from local Youth Move chapter or Peer Support Specialists).

With direction and input from the OHTP Marketing Committee (particularly from the TAY), as well as data compiled from the focus groups, a local creative agency developed the campaign, "Level Up." The campaign features bright colors and a diverse group of Gen Z individuals to deliver an optimistic, uplifting message. Showcasing young people who've achieved greater independence and control of their future, the campaign focuses on the following key messages:

- This isn't just another social services program.
- Our goal is to improve access to treatment and support services for young adults who are living with a mental health issue.

- We know everyone has different hopes, dreams and goals in life. And it's our job to put young adults in the best place to succeed, with free help from people who've been there – giving them all a chance to “level up.”

Campaign elements include targeted billboards, television advertisements (local television stations), paid social media advertisements (Facebook, Twitter and Instagram), digital web ads, TV interviews, ads on streaming services, a range of printed posters and other collateral, and the Toolkit website.

## DESIGN MEDIA STRATEGY AND DEPLOY CAMPAIGN

Depending on individual factors of the county or other entity, including funding considerations, campaign and paid media strategies may vary greatly.

Wingspan partnered with a media company with experience working with other social service agencies and nonprofits to maximize the impact of OHTP's Level UP campaign through highly targeted advertising in Cuyahoga and Lorain counties. In-house social media, e-blasts, and extensive outreach efforts were also employed in addition to paid media.

## EVALUATE AND EVOLVE

One of the most important aspects of any campaign is to regularly evaluate its effectiveness. Find out what is working best and what is not performing as well so adjustments can be made.

Quarterly evaluation of the Level Up campaign (clicks, impressions, time spent on web pages, etc.) proved to be very helpful as the campaign evolved over time. Slight tweaks in messaging, placements, and timing were made as more data and analytics were gathered to improve results.





Throughout the campaign, we measured the website activity quarterly. This allowed us to understand which areas of awareness were helping us reach the most amount of people so we could adjust marketing budgets accordingly. We also monitored the geographic regions in Ohio where website visitors were coming from, along with average engagement times, to give us a sense for how far our efforts were reaching.

## 12-month overview August 2022-September 2023 Comparison with statistics from previous 12 months

Throughout the campaign, we measured the website activity quarterly. This allowed us to understand which areas of awareness were helping us reach the most amount of people so we could adjust marketing budgets accordingly. We also monitored the geographic regions in Ohio where website visitors were coming from, along with average engagement times, to give us a sense for how far our efforts were reaching.

Page	Views 49,906 (+7%)	Users 29,681 (+3.5%)	Engagement Time 11 seconds (+46%)
Home	22,439	17,825	12 second
Health	8,334	7,632	19 seconds
About	1,275	998	29 seconds
Contact	850	786	15 seconds
Blog	458	130	40 seconds
Events	392	366	8 seconds
Resources	215	183	23 seconds
Employment	212	174	22 seconds
Housing	190	149	37 seconds
Life Skills+	172	133	30 seconds

## 12-month overview

August 2022-September 2023  
Comparison with statistics from previous 12 months

### Acquisition

	Sessions	Avg. Engagement Time
Direct	16,513 (-22%)	5 seconds
Paid Search	8,900 (+382%)	21 seconds
Organic Search	1,707 (+158%)	28 seconds
Referral	1,346 (+27%)	11 seconds
Social	1,208 (-66%)	4 seconds
Display Advertising	39 (-3%)	7 seconds

### Search Traffic

#### Organic Search

Impressions: 30,209  
Clicks: 830  
Average Click-through rate (CTR): 2.7%  
Average position: 28

#### Paid Search

Impressions: 265,028  
Clicks: 9,605  
Average Click-through rate (CTR): 3.6%

### User Snapshot

Location (within Ohio)	Users	Avg. Engagement Time
Cleveland	4,238	15 seconds
Columbus	690	9 seconds
Parma	454	10 seconds
Akron	443	7 seconds
Elyria	396	15 seconds
Lorain	396	13 seconds
Canton	325	3 seconds
Euclid	257	24 seconds
Cleveland Heights	256	16 seconds
Mayfield Heights	220	15 seconds
Lakewood	213	16 seconds
Strongsville	202	14 seconds

#### Language

English	98.1%
Spanish	1.9%

#### Age & Gender

Female	55.3%
Male	44.7%

Green/ "U": Statistic Increased from Previous Report

Red/ "D": Statistic Decreased from Previous Report

# LEVEL UP.

## POSTERS

**Adulting skills + support to help you grow.**

**LEVEL UP.**  
LevelUpToday.org

MENTAL HEALTH EDUCATION HOUSING EMPLOYMENT TRANSPORTATION +MORE

Level Up is brought to you by the Ohio Healthy Transitions Project in partnership with:

WINGSPAN Ohio Department of Rehabilitation Services SAMHSA

**Adulting skills + support to help you thrive.**

**LEVEL UP.**  
LevelUpToday.org

MENTAL HEALTH EDUCATION HOUSING EMPLOYMENT TRANSPORTATION +MORE

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**Adulting skills + support to help you take off.**

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**Adulting skills + support to help you go places.**

**LEVEL UP.**  
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**Adulting skills + support to help you soar.**

**LEVEL UP.**  
LevelUpToday.org

MENTAL HEALTH EDUCATION HOUSING EMPLOYMENT TRANSPORTATION +MORE

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**Adulting skills + support to help you get ahead.**

**LEVEL UP.**  
LevelUpToday.org

MENTAL HEALTH EDUCATION HOUSING EMPLOYMENT TRANSPORTATION +MORE

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## OUT OF HOME BOARDS



Adulting skills + support  
to help you grow.

**LEVEL  
UP.**

[LevelUpToday.org](http://LevelUpToday.org)



Adulting skills + support  
to help you take off.

**LEVEL  
UP.**

[LevelUpToday.org](http://LevelUpToday.org)



Adulting skills + support  
to help you succeed.

**LEVEL  
UP.**

[LevelUpToday.org](http://LevelUpToday.org)



Adulting skills + support  
to help you thrive.

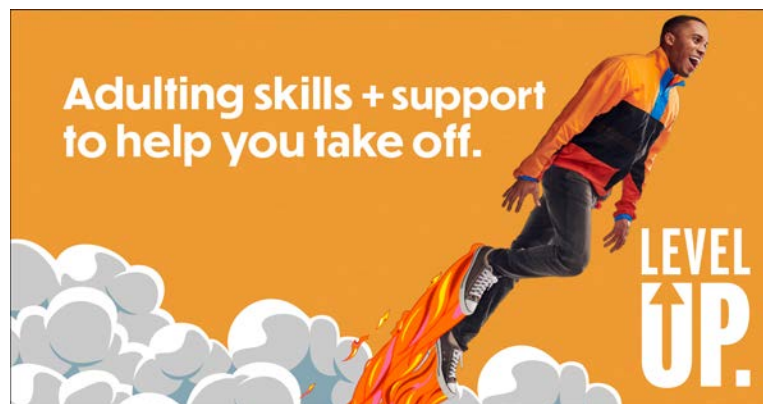
**LEVEL  
UP.**

[LevelUpToday.org](http://LevelUpToday.org)

# LEVEL UP.

# LEVEL UP.

## FACEBOOK SOCIAL POSTS





Adulting skills + support to help you succeed.

LEVEL UP.

Adulting skills + support to help you thrive.

LEVEL UP.

Adulting skills + support to help you go places.

LEVEL UP.

# LEVEL UP.

# LEVEL UP.

## INSTAGRAM SOCIAL POSTS



LEVEL  
UP.

# COMMUNITY PARTNERSHIPS



## BUILDING STRONG COMMUNITY PARTNERSHIPS/OUTREACH

OHTP should create partnerships with agencies and individuals in the Community who provide a myriad of services needed by transition aged youth/young adults. Examples of the types of services that young adults need and want include but are not limited to: mental health, drug and alcohol, workforce development, education, housing, food pantries, physical healthcare, LGBTQ, intellectual disability, juvenile justice and peer support. Partner Agencies should be a mix of public and private service providers.

Agencies who enter into partnerships with OHTP must agree to the values of Youth Voice/Youth Choice, Youth Leadership and Youth Involvement. For services to transition aged youth/young adults to work, the youth/young adult must desire to receive the service and see value in the service. The youth/young adult must not only feel heard, but they truly must be heard. Planning must be youth/young adult driven. Trust between provider(s) and youth/young adult is a must to create a success driven environment for the youth/young adult.

The lead OHTP Agency must not endeavor to replace/supplant services provided by other service providers but seek to add additional/missing services to the array of services provided to assist in creating a successful transition process for the youth/young adult.

OHTP's goal is a win-win relationship for the youth/young adult and service providers, as well as a win-win between providers.

A goal of the OHTP process should be to help partner agencies identify staff who want to work with the transition aged youth population; not all counselors, social workers, therapist want to work with this population.

As the work of the OHTP lead agency progresses – youth/young adults and partner agencies need to be members of all sub-committees and work groups. The youth/young adults must be active, completely engaged members of committees. Remember that interacting with “adult professionals” can be intimidating, so coaching/support for the youth/young adults may be needed; also, the professionals are usually on the committees in their “work capacity” and are paid – the youth/young adults should be provided a stipend for their time and travel expenses as well.

A monthly OHTP Partnership Meeting which includes all partnership agencies, youth/young adults involved in OHTP and OHTP staff is a way to create on-going dialogue; identify new or existing services in the community that youth/young adults can benefit from receiving; share statistics, evaluation and trends; and have frank discussions (lead by youth/young adults) around their needs.

Community outreach can involve use of multiple forms of social media/apps that are used by youth/young adults as well as face-to-face contact. Face-to-face contact requires going to where youth/young adults are located/frequent: schools, universities, fairs, concerts, events put on by partner agencies, libraries, educational events, workforce events, detention homes or other state/county juvenile correctional facilities, children services agencies. The outreach team should include transition aged youth involved with OHTP; Youth/young adults want to hear from peers. Literature, pamphlets and items can be given away to those in attendance. After interacting with youth/young adults at the event/site, provide an opportunity for youth/young adults to sign up for services or learn more about services that can be provided. This is where a strong Youth Coordinator surrounded by a committed core of youth/young adults comes into play.

OHTP should also join community taskforces creating better pathways for transition to adulthood or working to alleviate crisis conditions for youth/young adults. There are a multitude of these types of taskforces: creating a drop-in center, ending youth homelessness, ending youth violence, ending youth hunger are just a few examples; there are many, many more.



**LEVEL  
UP.**

# **EVALUATIONS AND DATA**

## RESOURCE LISTS AND AGENCY CODEBOOK

Transitional Age Youth with mental health issues need support and treatment to succeed at becoming healthy, productive, successful, and independent adults. The Ohio Healthy Transitions Project created a resource list with an aim to provide concise up-to-date information about various support and treatment resources (include Housing, Employment, Education, Food, etc.) in Cuyahoga and Lorain Counties. Additionally, an agency codebook was created to provide easy-to-use codes with information on the agency, service category, and access information which could be used for referral purposes. The resource list was created by compiling individual resource lists from our community partners, adding other publicly available resource information, and continuously updating access information. One of the biggest challenges is to keep the resource list up to date as it requires to be continually reviewed to ensure that it is serving the intended purpose and audience, and that content is current and relevant. A few ways to ensure that the resource list is updated is to use dedicated full-time editors, use link checker to ensure all links are active, and by promptly removing database links that are no longer serving.

## FOCUSING DATA ON POPULATIONS IN THE SYSTEM OF CARE

The Disparities Impact Statement (DIS) tool is used to achieve equity for racial and ethnic minorities, sexual and gender minorities, people with disabilities/special needs, underprivileged people, and rural populations. At the beginning of the HT grant, we projected counts in our DIS by taking county level proportions in the census data and weighting them by the county population sizes to reach an even target number of 100 clients per year. We continually identify and implement policy changes at organizational level to achieve the goal of serving these subpopulations and review the number served on a quarterly basis. Additionally, we focus our efforts on creating specific resource guides for these subpopulations (e.g., LGBTQ+ resource list). One of the challenges is that certain subpopulations are hard to keep a track of because of lack of metrics in the NOMs forms (e.g., living in poverty). A goal for OHTP is to implement this tool into a handbook guide and make it more interactive so that TAY can contribute new additions and feedback or insights on existing entries.

## CREATING A CQI COMMITTEE

Continuous Quality Improvement (CQI) is a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality for state and local OHTP levels. We created an interdisciplinary CQI team consisting of data evaluators, community partners, providers/clinicians, and TAY to improve decision making by using data and team knowledge. The team focused on creating benchmarks for certain outcomes and met quarterly to review them to make data informed decisions necessary to achieve sustainable improvements. The team continues to meet quarterly and review data discussing the context of the data and potential steps to make improvements. A lesson learned for this group is to prioritize on only a few measures at a time and to focus on the causal factors that can be changed or improved upon.

## CONDUCTING A COLLABORATION SURVEY

Interagency collaboration and the integration of health and social services are highly desirable to address the increasing complex needs of TAY and to reduce barriers accessing care. We measured the interagency collaboration every year using a collaboration survey. The collaboration survey measured the degree and nature of collaboration on a scale ranging from networking to collaboration as well as a few qualitative questions to capture challenges and strategies to overcome those challenges. The results are shared yearly with the large workgroup to increase awareness and improve collaborative efforts. One of the challenges with this survey is a low response rate. Despite the convenient nature of the online survey, it is hard to engage partners who already have a lot going on. The best way to improve survey response rate is to administer it traditionally with pen & paper during the workgroup meeting. A lesson learned is that the level of collaboration is also dynamic. A partner joining in year one or two may not have the same level of involvement throughout or in later years but it is important to maintain those partnerships and engage in new and existing opportunities.

## CREATING A NEEDS ASSESSMENT

The 2018 & 2019 Healthy Transitions awardees were required by SAMHSA to conduct a needs assessment as part of the strategic planning process. SAMHSA did not specify the methods or content associated with the needs assessment other than stating that it should focus on opportunities and barriers in the organization that will facilitate or impede implementation of new services. The Begun Center for Violence Prevention Research and Education within the Mandel School of Applied Social Sciences at Case Western Reserve University facilitated the completion and writing of the needs assessment. The needs assessment should be a collaborative effort



involving all parts of the organization. Needs, barriers, and opportunities for service implementation are found across all aspects. In the case of OHTP, an evaluation workgroup that included researchers from the Begun Center, a youth coordinator, and representatives throughout Wingspan and OhioMHAS participated in the planning and many advisors, key informants, survey respondents and volunteers gave of their time to provide data and insight. There are multiple guidebooks available online that will help with ideas about how to frame and conduct needs assessment. They differ somewhat based on how comprehensive the assessment will be and the methods and data sources involved. An important lesson learned was the value of conducting a literature review in the early stages for the needs assessment. There are some needs and barriers that are going to be more universal and impact all implementation sites and service delivery models for the targeted population (i.e., TAY aged 16-25). Examples include difficulty with engagement and retention in services, transportation, transiency, and housing instability are found in the literature. It is also recommended to use multiple sources of data. Our team used an online survey, key informant interviews, and a review of existing supports to gather data for the assessment.

## **OHTP ENTRANCE CRITERIA SCREENING FORM**

The Ohio Healthy Transition Program (OHTP) Entrance Criteria Screening Form was created with the purpose of screening potential program participants for appropriateness of OHTP services. The form begins by identifying the referral source and the referral source's contact information. The screener then ensures that the transitional age youth (TAY) meets the initial OHTP entrance criteria, then looks at the TAY's behavioral health service history and their current needs. Once the screener completes these sections of the form the staff member decides whether or not the TAY would be a good fit for OHTP. If indeed are a good fit they will mark what agency they will be referred to and what services they will be requiring. If they are not a good fit for OHTP the screener will select the most appropriate reason to why they were not selected and then to what services they will need to be externally referred out to in the community.





## OHTP MONTHLY PROGRESS FORM

The Ohio Healthy Transition Program (OHTP) Monthly Progress Form was created with the intention to track and report out service domains, service targets and service referrals addressed in the past month. The form was originally an adaptation/combination of the Monthly Treatment & Progress Summary (MTPS) form from the Child and Adolescent Mental Health Division (CAMHD) and the Independent Living (IL) Reflection Form from Bellefaire JCB. The OHTP Monthly Progress Form was first piloted at Bellefaire JCB in order to receive feedback from staff and then was piloted to Applewood and Lifeworks. It is now being utilized by all three agencies within Wingspan Care Group umbrella and is completed by staff during their monthly supervision. The OHTP Monthly Progress Form records six domains: five from the Transition to Independence Process (TIP) Model and one from Positive Youth Development (PYD). Additionally the form tracks the type of service targets addressed in the past month as well the amount of time spent on these targets. Lastly, the OHTP Monthly Progress form tracks the type of service referrals being made, the type of referrals that transitional age youth (TAY) participated in and what type of referrals benefited TAY in the past month.

## OHTP OUTREACH TRACKING SHEET

The Ohio Healthy Transition Program (OHTP) Outreach Tracking Sheet was created with the goal of capturing direct one-on-one and indirect large group outreach conducted by OHTP staff and partners. The form defines direct outreach and indirect outreach and then provides a space to capture the type of outreach. If it is direct outreach it provides space for the individuals contact info and if it is indirect outreach the form provides the total # of contacts made during indirect outreach: community outreach, education outreach or outreach to youth professionals as well as the location of the event.

## OHTP REFERRAL & LINKAGE FORM

The Ohio Healthy Transition Program (OHTP) Referral and Linkage Form was created with the goal of capturing more detail and information on referrals being made from OHTP to external organizations and partners in Northeast Ohio. Internally the OHTP Evaluation Workgroup needed a way to capture which specific organizations that OHTP staff members were utilizing when they made referrals outside of the Wingspan umbrella of agencies. Additionally, OHTP external partners wanted a way to track the number of referrals that were being sent their way from OHTP. The Referral and Linkage Form uses the Referral Agency Codebook, a database of organizations and nonprofits in Cuyahoga and Lorain County, to help staff identify external organizations and then track them once they are made. The OHTP Referral and Linkage Form is to be completed and turned in every time a staff makes a new referral in order to track what organizations youth are being referred to.

## TRAINING ON THE GPRA NOMS AND DATA COLLECTION

At the beginning of the Ohio Healthy Transition Program (OHTP) members within the OHTP Evaluation Workgroup realized additional training materials would be needed with regards to the required GPRA NOMs Assessment. Therefore, within the Innovation HUB at Wingspan Care Group, staff developed a training deck using Microsoft PowerPoint to assist staff on conducting the GPRA NOMs and the requirements that come along with the assessment. Additionally, the Innovation HUB at Wingspan made the GPRA NOMs Assessment a Teleform enabled form. Teleform is an electronic form processing application that reads, reviews and then exports the data into a database of our choosing. By making the GPRA NOMs a Teleform enabled form, data did not have to be hand entered into a database and was able to be reviewed and monitored for accuracy. The electronic copies of the forms were then sent to Case Western Reserve University (CWRU) to be entered into SPARS and officially count towards the grant.

## LESSONS LEARNED/TAKEAWAYS

Two major lessons/takeaways were learned while and after developing these forms for the Ohio Healthy Transition Program (OHTP). The first is that by making these forms Teleform enabled our team was able to ensure the accuracy of the data and save time when processing. This provided our team the ability to provide accurate information and data to our partners and staff in a timely manner. The other lesson/takeaway is the importance of limiting the length of the various assessments and the number of assessments. There is already an abundance of paperwork and assessments for OHTP staff to complete so it was important for our OHTP Evaluation team to be mindful of adding additional forms to complete and their length. Our team learned that in order for staff to not feel overloaded with the additional paperwork we needed to make our forms short and concise. Therefore, it was our goal to limit the forms to one page so we would make sure staff could complete the forms quickly while providing accurate and relevant data. This goal was attainable for all of the forms except for the OHTP Screening form as we were unable to fit all the necessary screening questions on one page.

