Improving Coordination of Services for Vulnerable Youth in Transition in Montgomery County

Vulnerable Youth in Transition Committee
Montgomery County Family and Children First Council

September 2012
LETTER TO THE COMMUNITY

Dear Community Member:

The Vulnerable Youth in Transition Committee, an ad hoc body of the Montgomery County Family and Children First Council, is pleased to present this report, Improving Coordination of Services for Vulnerable Youth in Transition. Representatives from multiple sectors of the community were engaged for nine months to better understand the challenges faced by vulnerable youth in transition in Montgomery County and to propose solutions to those challenges.

Vulnerable youth in transition are youth and young adults aged 16 to 24 with little or no family support and who are experiencing one or more of the following:
• Aging out of foster care,
• Transitioning out of the juvenile justice system,
• Mental illness,
• Disabilities,
• Homelessness.

For these youth, life's ordinary challenges become extraordinary and require additional assistance for successful resolution. Many foster youth aging out of care find it difficult to secure stable housing and lack other support necessary to secure education, training or employment that will lead to earning a living wage. The same is true for youth leaving the juvenile justice system; however, the lack of support systems, housing and work may result in further involvement in the criminal justice system. Mental illness is a common problem affecting many vulnerable youth in transition, in some cases due to the trauma of abuse experienced at the hands of family members. Homeless youth, those with past involvement in the juvenile justice system, and former foster youth often experience high rates of mental illness.

The overlap of challenges among vulnerable youth in transition is significant. However, it is unclear how many vulnerable youth in transition are served by multiple systems. This is an indication of a need to improve cross-system communication and data collection as well as ensuring integrated services. The Committee recognizes the importance of these activities as reflected in its recommendations.

This report provides reference points about the state of vulnerable youth in transition in Montgomery County and starting points for improving the services to them by creating a system of care specifically addressing the identified gaps and barriers. Developing a system of care for vulnerable youth in transition requires cross-system communication and collaboration not seen in most communities. Montgomery County has a history of creating solutions to such challenges. We urge you to read the report and join us in the commitment to making an impact.

Sincerely,

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Vulnerable Youth in Transition Committee Chair, 12/11 - 5/12

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Vulnerable Youth in Transition Committee

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EXECUTIVE SUMMARY

In September of 2011, the Montgomery County Family and Children First Council approved the creation of an ad hoc committee to address concerns about vulnerable youth in transition in our communities. This action was taken in response to a report completed by a Young People Succeeding work group that sounded an alarm about gaps in services to youth in transition and the need for a coordinated system of care.

The Vulnerable Youth in Transition Committee (hereafter “Committee”) began meeting in December 2011 under an aggressive timeline to complete its work by September 2012. Almost 50 representatives from multiple sectors of the community, including youth in transition, participated on the Committee and four subcommittees. The Committee focused its attention on youth and young adults aged 16 to 24 with little or no family support and who are experiencing one or more of the following:

- Aging out of foster care,
- Transitioning out of the juvenile justice system,
- Mental illness,
- Disabilities,
- Homelessness.

When youth age out of foster care, they must make a transition to independent adult living on their own. Approximately one in four transition-aged foster youth do not receive a high school diploma nor a GED. At least that many also experience homelessness after leaving foster care. Other statistics indicate a high likelihood of early pregnancy among female former foster youth and of criminal justice involvement among male former foster youth. Awareness among policy makers of the needs of youth aging out of foster care has resulted in public policies and programs that provide critical support. However, there are limited resources and not enough to meet the need.

Youth who serve time in the juvenile justice system are released at some point to resume their lives in the community. A large number of youthful offenders end up back in the system because they lack support systems, housing and opportunities for work. Only 12% of formerly incarcerated youth had a high school diploma or GED by young adulthood, compared with a national average of 74%. Only about 30% were in either school or a job one year after their release. In addition, mental health and substance abuse issues are common among these youth.

The Ohio Department of Mental Health reported that in 2009 one in four patients (25 percent) served by Ohio’s community mental health providers was between the ages of 14 and 25. Nationally, the percentage of all adults with past year severe mental illness has been found to be highest among young adults aged 18 to 25. Severe mental illness has been found to be a significant barrier to youth in transition completing high school, which leaves them unemployed, unable to pursue post-secondary education, and without skills to live independently. Locally implemented federal vocational rehabilitation grants are being utilized to assist some youth in transition with severe mental illnesses obtain training and employment.

Similarly, some vocational rehabilitation services are available for other youth in transition living with different disabilities. The Montgomery County Board of Developmental Disabilities Services provides habilitation and employment services.
The Ohio Rehabilitation Services Commission helps young people ages 14-22 with disabilities move from the classroom to the workplace or to college. These services are critical due to the odds faced by transition-age youth with disabilities who are three times more likely to live in poverty as adults than their peers without disabilities.\(^8\)

As a result of lacking support systems and opportunities for work, homelessness may be experienced by youth in transition aging out of foster care, leaving the juvenile justice system, living with a serious mental illness or other disability. Twenty-one percent of the total single adult homeless population served in Montgomery County during 2011 was between the ages of 16 and 24.\(^9\) Once homeless, the tasks of securing employment and stable housing become more onerous.

Further complicating the above challenges is the fact that many of these vulnerable youth in transition are being served by multiple systems in a largely uncoordinated manner. In fact, it is not known nationally, statewide or locally how many vulnerable youth in transition are being served by more than one system and which ones. A coordinated system of care is needed to bridge systems in support of youth in transition.

The Vulnerable Youth in Transition Committee heard about best practices for serving vulnerable youth in transition and conducted an analysis of the current environment’s strengths, weaknesses, opportunities and threats. Four subcommittees were created to address the most pressing areas of concern:

- Data
- Education, training and employment
- Housing
- Mental health and case management

Subcommittee findings include:
- More affordable housing options are needed for youth transitioning to adulthood.
- More life skills education opportunities are needed to help vulnerable youth in transition become independent.
- There is no systemic gathering or sharing of client data about vulnerable youth in transition.
- The quality of case management varies by organization and youth would be better served if case management practices met certain quality standards.

Each of the subcommittees worked independently and developed recommendations of their own. In some cases there were similar recommendations from more than one subcommittee. To make them more functional, subcommittee recommendations were consolidated into the following five overarching recommendations.
1. Identify a lead organization to take responsibility for ensuring a more seamless approach to navigation and resolution of service needs that exist “in the gaps” for multi-systems youth and on behalf of the service delivery system.

2. Establish an IT system which can access, store, share and aggregate data for vulnerable youth in transition, ages 16-24, who access governmental or other support systems.

3. Develop a youth resource center that would provide access to information and resources for youth in transition and adults involved with them, such as parents/guardians, educators, social service professionals, and others.

4. Adopt a consistent set of high quality case management standards and practices that build on existing regulatory structures.

5. Develop and/or expand supportive housing programs for vulnerable youth in transition ages 16-24.

The recommendations of the Vulnerable Youth in Transition Committee provide next steps to begin the process of ensuring we know how many vulnerable youth in transition need assistance as well as preparing to improve coordination of services to them. We must also develop metrics for success. Consistent progress should be expected with a single entity taking responsibility for facilitating involvement of multiple service providers.

As the list of community accomplishments in this area grows, we should expect to see better outcomes overall among vulnerable youth in transition, such as fewer youth entering homelessness after aging out of foster care and more vulnerable youth in transition completing their secondary education, pursuing post-secondary education or training, and gaining consistent employment.
The process of moving from adolescence to adulthood has become longer, more complex, and less orderly over the last fifty years. Many youth in the general population experience the transition to adulthood with the financial and emotional support of parents or other family members. In fact, parents are supporting their children longer than ever before. It is not uncommon for a young adult to remain living with parents well into his or her twenties.

Youth and young adults without parents or other family members to provide financial or other physical support must fend for themselves in every way and may face challenges in the areas of physical and mental health, education and employment. These vulnerable youth in transition also do not have the emotional support and guidance parents ideally provide to encourage high school completion, development of basic job skills, and plans for furthering one’s education or career.

In 2009, the Ohio Family and Children First Cabinet Council formed a Youth and Young Adults in Transition Steering Committee comprised of youth, state agencies, providers, associations, and other external stakeholders vital to this task and population. This committee spent the next 16 months producing a strategic plan on how Ohio could best align and consolidate policies, efforts, and resources for youth and young adults ages 14 to 25. Recommendations were made about how Ohio could improve resources, services, and supports for this population.

These recommendations were narrowed to three priorities as a methodology and efficient manner in which to meet the needs of youth and young adults in transition. These three priorities were:

• Establish a comprehensive system of sustainable resources by aligning state agencies’ processes and policies.
• Develop a communication plan.
• Empower youth and families with tools for successful transition.

Simultaneously and in an unrelated effort, the task of addressing this issue was taken up in Montgomery County by a Youth in Transition Work Group under the Family and Children First Council’s Young People Succeeding (YPS) Outcome Team. Vulnerable youth in transition were defined as youth and young adults aged 16 to 24 with little or no family support and who are experiencing one or more of the following:

• Aging out of foster care,
• Transitioning out of the juvenile justice system,
• Mental illness,
• Disabilities,
• Homelessness.

Further complicating the absence of supportive parents or guardians is the fact that many of these youth are being served by multiple systems in a largely uncoordinated manner.
As noted in the YPS Youth in Transition Work Group’s report (Appendix B), there is considerable overlap among the above groups of vulnerable youth in transition which compounds the challenges they experience. For example:

- Nationally, 22 percent of transition-age youth experience homelessness after leaving foster care.\(^\text{11}\)
- Youth who age out of foster care continue to experience poor employment outcomes at age 24.\(^\text{12}\) Median yearly earnings from employment are $8,000 compared to $18,300 earned by their peers in the general population.\(^\text{13}\)
- Young adults with disabilities are three times more likely to live in poverty as adults than their peers without disabilities.\(^\text{14}\)
- Among youth involved in the juvenile justice system, more than 70 percent experience a mental health disorder.\(^\text{15}\)
- Transition-aged youth with severe mental illness (SMI) are three times more likely than peers without SMI to become involved with the juvenile justice system.
- Mental health problems are as much as 11 times higher for homeless youth than for the general population.\(^\text{16}\)

These areas of concern became the focus of a report that illustrated a need to build upon the efforts of the YPS Youth in Transition Work Group. The Work Group made a recommendation to the Montgomery County Family and Children First Council (FCFC) that an ad hoc committee be created to:

- Strengthen coordination and collaboration among Montgomery County agencies, other service providers and community partners that results in improved outcomes achieved on behalf of and with vulnerable youth in transition.\(^\text{a}\)
- Identify and address gaps and barriers to supportive services for vulnerable youth in transition in addition to those reported by the YPS Youth in Transition Work Group.
- Ensure sufficient options exist in Montgomery County for vulnerable youth to successfully complete their secondary education.
- Take steps to improve access, success and completion in higher education and training for vulnerable youth in transition resulting in employment that pays at least a living wage.
- Identify what kind of data should be collected to better understand what supports are needed for vulnerable youth in transition to succeed.
- Take other appropriate actions.

The Montgomery County FCFC accepted the recommendation and created the Vulnerable Youth in Transition Committee. The above proposed actions became the charge for the Committee. Almost 50 representatives from multiple sectors of the community, including youth in transition, participated on the Committee and/or one of four subcommittees during nine months of meetings. (A complete list of participants can be found in Appendix A.)

This report describes the issue of vulnerable youth in transition as well as the activities, findings and recommendations of the FCFC Vulnerable Youth in Transition Committee. Initial strategies for implementation are also identified.

\(^\text{a}\) Guided in part by the work of the Youth and Young Adults in Transition Steering Committee under the Ohio Family and Children First Cabinet Council.
AREAS OF CONCERN

Developmentally, youth in transition may spend years finding out who they are and where they want to go with their lives. However, there are many differences among them: “some are in school, others are not; some live with parents, others do not; some are married, others are not; and some are parents, while others are not.” Individual circumstances influence the level of success experienced during this developmental stage of life.

For those youth without parental or other family support, life’s ordinary challenges may become extraordinary. Many of these vulnerable youth are unable to successfully maneuver their way through this developmental stage without significant assistance.

The descriptions below of each target group identify reasons for concern and illustrate the overlap among groups.

Foster Care
Nationally in 2010, approximately 10 percent of youth in foster care “aged out” of the child welfare system. “Aging out” means a youth is emancipated, or discharged, from the system that has provided housing, food, clothing, medical care, transportation, and any other basic needs for him or her. When youth age out of foster care, they must make a transition to independent adult living on their own.

On average, 14 percent of youth in foster care—about 1,300 youth—emancipate from Ohio’s foster care system annually around age 18. During 2011, the Children Services Division of Montgomery County Department of Job and Family Services delivered services to 451 youth in transition, ages 16-20:

• 262 (58 percent) were female and 189 (42 percent) were male
• 104 received independent living services provided by the agency in preparation for emancipation
• 84 emancipated ("aged out")
• 227 were older than 18 years and determined eligible for continued services

Nationally, approximately one in four transition-aged foster youth do not receive a high school diploma nor a GED, compared to seven percent of their peers. In addition, 22 percent of transition-age youth experience homelessness after leaving foster care.

Other national statistics indicate the following about former foster youth at age 23 and 24:

• Only six percent have completed a two- or four-year degree compared to 19 percent of peers who were not in foster care.
• Four of five (80 percent) females have become pregnant compared to half that (40 percent) among peers in the general population.
• Overall, they are diagnosed with Post-Traumatic Stress Disorder (PTSD) at six times the general population and double the rate of veterans returning from war.
• Eight of ten (81 percent) males have been arrested compared to 17 percent of their peers who were not in foster care.
At the federal and state level, policy makers have made efforts to improve the chances of success for youth aging out of foster care by instituting supports such as the Chafee Foster Care Independence Act of 1999 (Chafee). Chafee funding is used for independent living services for any youth 16 or older in foster care. In addition, young adults, ages 18-21, who have been emancipated from foster care may request independent living services, which can include life-skills development training, education and vocational training, financial assistance, rent and other housing costs, employment and education, and self-esteem counseling.\(^{22}\) However, there are limitations to the funds available; if states divided all the federal funding evenly, each youth would receive only $800 per year.\(^{23}\)

The Education and Training Voucher Program (ETV) is federal funding made available to states in order to provide assistance to youth who emancipated from foster care or who were adopted from foster care at age 16 or older. Up to $5,000 per year, per youth is available to help cover the cost of participation in post-secondary education, including vocational and proprietary schools. The Orphan Foundation of America serves as the conduit for the application process and the disbursement of assistance. The Foundation also provides mentors and monitors youths’ progress in the program. Youth enrolled in ETV on their 21st birthday may remain eligible until they are 23 years old, provided they continue to be enrolled in a full-time postsecondary education or training program and make satisfactory progress.\(^{24}\)

Included in the Ohio 2012-2013 biennial budget signed by Governor Kasich on June 30, 2011 was $2 million for transitional services – job training, housing assistance and basic life skills – for youth aging out of foster care. Advocates, such as foster care alumni, were able to persuade legislators that it was important to prevent vulnerable youth in transition from leaving one system only to enter into another (such as criminal justice).\(^{25}\)

The Ohio Department of Job and Family Services implemented a *Connecting the Dots* initiative in which Montgomery County is one of five counties selected for a pilot. In collaboration with Greene, Preble, and Clinton Counties, Montgomery County leads the regional pilot to dramatically improve the educational and employment outcomes for youth aging out of foster care by using mentors and other supports during this transition.

Policies and programs such as the above examples provide critical support to foster youth aging out of care, but there are limited funds and more assistance is needed. In addition, employed youth transitioning from care often find that their income isn’t enough to meet all of their needs. Having access to more affordable housing would make the difference to help them move towards independence and more consistent stability. In Montgomery County there have been calls for greater housing options and an improved safety net for this population.

One recent example of local creativity and commitment to vulnerable youth in transition can be found at Wright State University (WSU). WSU began its Independent Scholars Network (ISN) in 2011 for admitted students who are former foster care youth. According to its web page, “This program offers a bridge to students who emancipate from foster care or disengage from the adoption process into their new home at Wright State. ISN offers a wide range of services, including help with living arrangements and employment opportunities.”\(^{26}\) Ohio universities and community colleges can implement programs in support of former foster youth through collaboration with Ohio Reach, a statewide organization addressing recruitment and retention of emancipated foster youth in Ohio’s higher education system.
**Juvenile Justice**

Youth who serve time in the juvenile justice system are released at some point to resume their lives in the community. Both mental health and substance abuse issues are common among these youth and frequently explain the behaviors that led them to the juvenile justice system. Specifically:

- More than 70 percent experience a mental health disorder.
- Approximately 20 percent have a serious mental illness.
- Approximately 50 percent to 60 percent abuse substances.

There are approximately 8,200 youth and young adults in Ohio’s prison system, representing 22% of the total incarcerated inmate population. The average daily population of youth and young adults on parole is about 1,000.

Sadly, a large number of youthful offenders end up back in the system because they lack support systems, housing and opportunities for work. Only 12% of formerly incarcerated youth had a high school diploma or GED by young adulthood, compared with a national average of 74%. Only about 30% were in either school or a job one year after their release. Delinquent youth are seven times more likely to have a history of unemployment and welfare dependence as an adult, and they are more likely to be divorced and to bear children outside of marriage.

The Montgomery County Court of Common Pleas – Juvenile Division (Juvenile Court) Probation Services uses a strength based approach in serving clients. The purpose of the Probation Services department is to provide support and services to families and hold youth accountable for their behavior while keeping the best interest of the community in mind. The services help youth transition out of the county juvenile justice system.

During 2011, 593 Montgomery County clients, ages 16-21, received probation services:

- 173 (29 percent) were female and 420 (71 percent) were male.
- Approximately 106 (18 percent) received residential or placement support services.
- 23 (3.8 percent) were charged with felony sex offenses and 16 (2.7 percent) received residential placement services.
- 35 were cross-over youth, i.e., being served by both JFS-Children Services Division and Juvenile Court.

In some instances, a higher level of care than traditional probation was needed for these clients. This higher level of care may have meant more intensive supervision by a probation officer, counseling, outpatient treatment or, as a last resort, residential placement. The continuum ranges from least restrictive to most restrictive; services are selected based on the young person’s needs.

As is the case nationally, many youth involved with our county Juvenile Court experience various combinations of poor educational outcomes, disabilities, mental illness, and substance abuse. Whether transitioning out of an institution or probation, these vulnerable young people will not be prepared for life in our community without considerable assistance in these and other areas (such as life skills and job skills).

Local social service professionals stress that much more cross-system collaboration similar to that referenced above is necessary in order for vulnerable youth in transition involved with and leaving the juvenile justice system to become productive adult citizens. Instead of professionals working strictly in their silos, there is a need for shared expertise and financial resources to address the truly myriad needs of this vulnerable population.

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*Probation clients may on occasion remain under the jurisdiction of Juvenile Court beyond their 18th birthday. This usually occurs when restitution is owed to a victim or money is owed to the court.*
Mental Illness
The Ohio Department of Mental Health reported in 2009 that one in four patients (25 percent) served by Ohio’s community mental health providers was between the ages of 14 and 25. Many youth carry mental illness with them into adulthood. In its report on 2009 national mental health findings, the Substance Abuse and Mental Health Services Administration (SAMHSA) reported that among all adults in the United States, young adults (ages 18 to 25) experience the highest level of mental illness (30 percent). The percentage of all adults with past year severe mental illness (SMI) was also highest among adults aged 18 to 25 (7.3 percent). A severe mental illness is defined by SAMHSA as “a diagnosable mental, behavioral, or emotional disorder (excluding developmental and substance use disorders) … that has resulted in serious functional impairment, which substantially interferes with or limits one or more major life activities.”

More than 60 percent of youth in transition with SMI do not complete high school, which leaves them unemployed, unable to pursue post-secondary education, and without skills to live independently.

In Montgomery County, the Alcohol Drug Addiction and Mental Health Services (ADAMHS) Board reported that publicly funded services were delivered to more than 5,000 youth in transition (aged 14-24) in calendar year 2011. The breakdown by service can be found in Table 1. The diagnoses among those vulnerable young people are listed in Table 2.

<table>
<thead>
<tr>
<th>Service Category</th>
<th># of Clients</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health only</td>
<td>3,223</td>
<td>63.5</td>
</tr>
<tr>
<td>Alcohol and Drug only</td>
<td>1,477</td>
<td>29.0</td>
</tr>
<tr>
<td>Both</td>
<td>378</td>
<td>7.5</td>
</tr>
<tr>
<td>Total</td>
<td>5,078</td>
<td>100.0</td>
</tr>
</tbody>
</table>

| Diagnosis                                                       | % of Total |
|                                                               |            |
| Substance Related                                              | 32         |
| ADD/Disruptive Behavior Disorders                              | 19         |
| Depressive Disorders                                           | 16         |
| Bipolar Disorders                                              | 9          |
| Anxiety Disorders                                              | 6          |
| Adjustment Disorders                                           | 5          |
| Other Mood Disorders                                           | 5          |
| Schizophrenia, Other Psychotic Disorders                       | 4          |
| Other                                                           | 3          |

A high priority locally is improved availability and access to treatment—alcohol and drug abuse as well as mental health. Based on local social service providers’ experiences, it is common for youth to be put on a waiting list for multiple months. This is taken as a sign there either aren’t enough services available or system barriers are limiting access.
Disabilities
During 2010, there were around 100 young adults ages 18 through 24 who received adult services—habilitation or organizational employment—from the Montgomery County Board of Developmental Disabilities Services. Habilitation involves learning life skills and work skills as well as money-making micro enterprise businesses that can lead to enrollment in employment services. Organizational employment is designed to provide work training in a manufacturing/production setting and provide necessary assistance for community employment. Community employment opportunities are also available.

Locally, due to federal vocational rehabilitation grants, persons with almost any disability can obtain training and employment. In some instances, vulnerable youth in transition are targeted for these services. In addition, through its field offices, the Ohio Rehabilitation Services Commission (RSC) helps young people ages 14-22 with disabilities move from the classroom to a workplace or college.37

These services are critical due to the odds faced by persons with disabilities. Young adults with disabilities are three times more likely to live in poverty as adults than their peers without disabilities.38 The U.S. Department of Labor reports the youth disability employment rate in 2010 was 14.6 percent for youth ages 16 through 19 and 34.1 percent for young adults ages 20 through 24. In 2011, those employment rates had dropped to 12.1 percent and 30.3 percent respectively.39 40

An example of youth in transition with disabilities likely to come into contact with multiple systems is those with emotional disabilities (ED). Students with ED experience the most school and post-school failure; they had the highest dropout rate and the lowest graduation rate of all single disability categories.41 42 Likely due in part to those poor educational outcomes, youth in transition with ED commonly have longer delays before obtaining employment, have lower employment rates, and earn even less than their peers with and without disabilities. Also, educational failure and unemployment are both factors that contribute to law-violating behavior. About 70 percent of youth with ED will be arrested within three years of leaving school.43

Homelessness
An estimated 2.5 million youth in transition between the ages of 16 and 24 experience homelessness each year in the United States.44 The most common threat to homeless youth is physical or sexual abuse experienced at home in the year prior to becoming homeless. Nationally, over 50 percent of youth in shelters and on the streets reported their parents told them to leave or knew they were leaving and did not care.45 Various studies have found that 24 percent to 44 percent of their parents abused alcohol and/or drugs.46

Housing can function as a platform that promotes positive outcomes in education, employment, and health.47 Vulnerable youth in transition often do not have family support to provide a housing safety net when needed. They may also experience homelessness due to low earnings and insufficient low-cost housing options. Without stable housing, the likelihood of experiencing positive outcomes diminishes significantly.

In the absence of basic requirements such as support systems, housing and opportunities for work, homeless youth often come into contact with the criminal justice system. Almost one in four (23 percent) homeless youth report stealing and 20 percent report dealing drugs.48
For youth who are released from corrections facilities, reentry is often difficult because they lack support systems, housing and opportunities for work. Mental health problems are as much as 11 times higher for homeless youth than for the general population. Since it is common for severe mental illnesses to continue throughout adulthood, it is essential these vulnerable youth in transition find stable housing and effective treatment in order to avoid long-term homelessness.

In 2011, Montgomery County shelter providers saw 477 youth in transition ages 16-24. This was 21 percent of the total single adult homeless population during that year. In addition, 155 families headed by a young adult (18-24 years old) received shelter, which represents 23 percent of all homeless families served in Montgomery County during 2011.

A subgroup of youth in transition that have fallen through the cracks or gaps in systems is known locally as “gappers.” A gapper has low cognitive functioning, barely above what would qualify them for developmental disabilities services. They may also have co-occurring mental health issues along with little or no family support. These youth are unable to complete most basic life skills and, therefore, are unlikely candidates for employment. Gappers are part of the youth in transition homeless and tend to be victims of various forms of abuse. There is no system responsible for this population and they reportedly require extensive community resources.

The above information illustrates the severe instability faced by homeless youth in transition. Young adults differ from the adult homeless population because they have unique developmental needs. Therefore, care must be taken to deliver developmentally appropriate services that address the issues homeless youth in transition experience. Potential places to begin include:

- Helping those with serious mental illness find and remain in supportive housing to avoid joining the many chronically homeless whose mental illness has not been treated successfully.
- Identifying an entity to take the lead in addressing the needs of “gapper” youth in transition, with support from the rest of the community.

**SYSTEM OF CARE**

Most services and systems were designed to serve youth and adults separately. This division was planned without consideration for those “in between.” Therefore, vulnerable youth in transition encounter a “transition cliff” when they age out of youth systems and attempt to access adult services. For example, the adult systems of mental health, Social Security, vocational rehabilitation, and workforce development often have different terminology, eligibility requirements, and service options than those of the corresponding youth systems. This disconnect can result in urgent consequences such as termination of services and lost progress.

The number of vulnerable youth in transition being served by more than one system locally is unknown – as is the case nationally and state-wide – due to the uncoordinated service delivery systems. Only when better coordination and tracking systems are put into place, will we know as a community how many vulnerable youth in transition are being served by multiple organizations and which ones.
The original system of care concept was first published in 1986 to provide guidance in reforming child-serving systems, services, and supports to better meet the needs of children and youth with serious mental health challenges. The intent of the system of care is to provide a framework to guide service systems and service delivery. A system of care is “a coordinated network of services and supports across agencies to meet multiple and complex needs of any given population.”

Although created for a specific population of children and youth, the applicability of the concept to other populations has been demonstrated across the life span from early childhood to adult service systems. System of care is used here in relation to youth in transition. The diagram in Figure 1 is a proposed system of care framework and illustrates overlapping areas of need for vulnerable youth in transition.

As it is designed, the framework is to be used by each community to plan, implement, and evaluate its system of care. Flexibility to innovate and respond to individual needs rather than adopting a cookie cutter approach is inherent in the framework. A core value intrinsic to the system of care concept is that services are “family driven and youth guided,” with the strengths and needs of the youth determining the types and mix of services and supports provided. A second core value is that systems of care are community based, i.e., there is a supportive, adaptive infrastructure from which services and system management are conducted. A third core value is that systems of care should be culturally and linguistically competent; services should “reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and to eliminate disparities in care.”

Currently, a system of care for vulnerable youth in transition in Montgomery County is lacking coordination and supports across agencies. Creating a coordinated network of services for this population will occur when it is part of the vision for youth and the community. Input from communities that have successfully bridged systems to support youth indicates that success will take nurturing of partnerships as well as visionary and entrepreneurial leadership. In addition, data should be used to focus attention on potential solutions not just the coordinating process.

Lastly, information-sharing obstacles, which often include a “confidentiality of records” issue, must be overcome by establishing protocols and protections for data sharing.
The FCFC Vulnerable Youth in Transition Committee (hereafter “Committee”) began meeting in December 2011 under an aggressive timeline to complete its work by September 2012. The first few meetings provided background and best practice information as well as a SWOT analysis.

Best practice information included a video conference with Patti Fetzer, a consultant in Canton, who provided an overview of the Transition to Independence Process (TIP) model. The TIP model is used across the nation and was developed for working with youth and young adults (14-29 years old) experiencing emotional/behavioral difficulties. The goals of the TIP model are to:

“a) engage them in transition in planning their own futures;
b) provide them with developmentally-appropriate, non-stigmatizing, culturally competent, and appealing services and supports; and
c) involve them 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…”

The TIP model addresses personal effectiveness and wellbeing as well as functioning in the community, living situation, educational opportunities, and employment and career. While the TIP model was developed for a specific population of youth in transition, it has applicability to any group of vulnerable youth in transition.

The Committee also heard a presentation from Helen Jones-Kelley with the ADAMHS Board on the work Georgetown University is leading to implement a crossover youth practice model which addresses improving outcomes for youth that cross over between juvenile system and child welfare. Principles include serving every child individually based on their history and experiences; using strengths of youth and families to effectively meet their needs; interagency collaboration is required and should include educational and behavioral health systems as well as public defenders and prosecutors. Following these principles has been shown to improve long-term outcomes for crossover youth.

A SWOT analysis was facilitated by Beth Melberth-Whelley of Fahlgren Mortine with the Committee to identify possible gaps and barriers to be addressed as well as strengths upon which to build. The SWOT analysis indicated the majority of participants believe the community has an opportunity to recreate the system serving vulnerable youth to develop a continuum of services that eliminate gaps and that this should be done through improved communication and collaboration. (A SWOT analysis report can be found in Appendix C.)

**Subcommittee Organization**

Four subcommittees were created to address what appeared to be the most pressing areas of concern relating to vulnerable youth in transition. The **Data** Subcommittee was charged with addressing the need for additional data about how many vulnerable youth in transition are involved with various systems in Montgomery County and identifying requirements for future tracking of these young people.
Education, training and employment are the essential foundation for becoming self-sufficient in our society. Yet many vulnerable youth in transition lack a high school education and basic skills required for employment. The Education, Training and Employment Subcommittee was to determine what needed to be in place to ensure adequate opportunities for vulnerable youth in the areas of education, training and employment.

Housing is a foundation of stability from which one can build a life. Housing instability or homelessness make youth in transition vulnerable to many risks and were addressed by the Housing Subcommittee.

The Mental Health and Case Management Subcommittee was charged with attending to the mental health needs of youth in transition and the way case management is delivered by social service providers.

**SUBCOMMITTEE FINDINGS**

**Data**
- It is unclear what systems are collecting what data.
- There is no systemic gathering or sharing of client data about vulnerable youth in transition.
- Each organization has a different system for collecting and storing data.
- Each provider of services needs different levels of data.
- Privacy protections create barriers to sharing data.
- Improved shared data will inform systems changes that will result in greater success among vulnerable youth in transition.

**Education, Training and Employment**
- Employers are needed to be mentors. Also, improvements are needed for the mentor access system.
- For those without enough credits and at risk of not graduating high school, alternative schools are a struggle.
- There are not enough life skills courses and more flexibility in determining eligibility for classes is needed.
- There is not enough low-cost housing for youth in transition.
- Public transportation has limited bus routes and limited times for routes.

**Housing**
- 20-35 “gappers” need long-term or permanent supportive housing each year.
- An estimated 20-30 minor teen parents need housing each year; most find it with extended family.
- Annually, approximately 40 homeless youth resistant to services need time to mature and would benefit from transitional housing.
- Life skills education is important for all vulnerable youth but not enough is available.
- Some housing and/or funding for housing is available but funding for services is not.
- There is not enough housing affordable to transition-age youth who may need temporary rent subsidy.
- Current transitional housing targeted at youth requires them to meet the HUD definition of homelessness, which is living in a shelter or sleeping on the street.
Housing - Continued

- Employment is an important means of this group moving to self-sufficiency. However, it is challenging to find and maintain, and there is not enough assistance nor is it available for as long as it is needed.
- There is an insufficient network of outreach and case management, and gaps exist in these areas for some who need these services.
- Some foster care youth are “aging out” without adequate supports, to achieve self-sufficiency. Providing such post emancipation services is not a mandate of Children Services, but is still a frequent need.
- While some transition age sex offenders are being integrated into services, there are gaps in the community’s ability to meet this group’s needs.
- More tracking must be done to identify specific individuals and what they need in real time for program planning and evaluation purposes.

Mental Health and Case Management

- Systems tend to be either for youth or adults, but not for those in the transition to adulthood.
- Medicaid cannot be billed for case management, unless the service meets medical necessity.
- More services are available to youth in transition who are parents than to those who are not parents.
- Case management is an entry-level job in which there is frequent turnover.
- Youth in transition tend to have multiple case managers, which tends to disengage them from the case management service and impedes quality care.
- Some parents tend to believe that the age of 18 is a “magic” age where they can dispose of their children because they are now of adult age.
- Just because a young person is age 18, does not mean they have all of the skills that will equip them to be self-sufficient.
- Adult services often treat these young people as adults, although developmentally they may still think like teenagers due to cognitive deficiencies and other areas of concern.
- There is a lack of housing for transitional youth with serious mental illnesses. As a result, they are sometimes placed into group housing with chronically ill adults – a placement that is neither appropriate nor therapeutic.
- Services tend to be siloed, which creates a lack of coordination between systems. This leads to a “that’s not my kid” mentality.
- The quality of case management practice varies by organization. For example, some case management services consist of no more than handing the young person a piece of information and leaving it to them to figure out how to navigate the system of services.
- There tends to be a lack of training for new case managers. Too often, the training they do receive educates them on processes and paperwork and not necessarily on what it means to be a high quality case manager.
Each of the subcommittees worked independently and developed recommendations of their own (See Appendices D through G). In some cases there were similar recommendations from more than one subcommittee. All subcommittee recommendations were consolidated into the following five overarching recommendations and initial implementation strategies.

**Overarching Recommendations and Initial Implementation Strategies**

**RECOMMENDATION:** Identify a lead organization to take responsibility for ensuring a more seamless approach to navigation and resolution of service needs that exist “in the gaps” for multi-systems youth and on behalf of the service delivery system.

**Strategies:**
- Identify the most appropriate entity
- Assess / assign responsibilities
- Develop implementation plan
- Identify resources
- Establish timeline
- Take any further specific actions necessary

Research from subcommittee process - County Family and Children First Councils (FCFCs) were created by statute to streamline and coordinate existing government services for families seeking assistance for their children. This may include development and implementation of processes that fill service gaps where possible and invent new approaches to achieve better results for families and children. Local priorities to increase child well-being should include youth transitioning into adulthood.

Locally, Montgomery County’s FCFC also created the Service Broker Committee to address service navigation, multi-system and inter-agency obstacles and barriers that effective service delivery. This work could be expanded to specifically include challenges faced by vulnerable youth in transition. Local FCFCs also implement the County Service Coordination Mechanism which is designed to accept referrals for youth experiencing multi-system needs. This is one approach that could be used in resolving service needs for multi-system youth in transition.

The County FCFC serves as a liaison to the Ohio Family and Children First Cabinet Council, which is directly involved in similar Youth in Transition work that is occurring simultaneously.

**Timeframe:** As soon as possible after acceptance of the report and recommendation approval.

**RECOMMENDATION:** Establish an IT system which can access, store, share and aggregate data for vulnerable youth in transition, ages 16-24, who access governmental or other support systems.

**Strategies:**
- Convene all providers to establish essential features of a shared data system.
- Engage a technology consultant who can review existing data sharing systems and best practices in other communities to outline various options for a centralized data management system.
- Utilize a phased-in approach to gain acceptance of the shared data system. Start small and grow the system.
- Consider the impact of changing state and federal funding opportunities, policy initiatives, and reporting requirements.

The data system envisioned would connect vulnerable youth in transition with multiple service systems as needed without duplicating existing data systems. This system would be used to capture information about youth who need assistance but do not belong in any particular service system (for example, Developmental Disabilities Services). It will connect organizations working to integrate services for those youth. An interagency agreement about sharing information on the Montgomery County Universal Release of Information would be implemented.
Case management records could be maintained on the IT system with permission to share information between service providers granted by the youth. Records could include information about assistance needed and/or being provided in areas such as housing, education, employment, and more. Ideally, the system would track youth and their needs in real time.

**Timeframe:** The strategies to begin the work of establishing connections between data systems could be accomplished in six to 12 months. However, it may take more than one year before a definitive solution is in place.

**Recommendation:** Develop a youth resource center that would provide access to information and resources for youth in transition and adults involved with them, such as parents/guardians, educators, social service professionals, and others.

**Strategies:**
- Fully analyze best practices.
- Conduct cost/benefit analysis, including the ability to offer more services.
- Develop a team of community partners to pursue this recommendation and bring forth a plan for implementation.

The youth resource center will have a physical presence with a virtual component. The physical location should be a central location in the county with sufficient space that is or can be made “youth friendly.” The vision of the youth resource center includes multiple service providers being present to address the needs of youth in transition as they present themselves in the center. Coordination of services would occur so as to bridge gaps between systems which are difficult to navigate. Effective case management practices would be followed to ensure youth get connected to services rather than falling through the cracks.

The center would include an education and employment focus (i.e., quality career counseling, job readiness skills) as well as the delivery of other vital services to vulnerable youth in transition such as housing, other material assistance, and more. Additional life skills training opportunities are needed in the community, and center may be a logical place to offer them. Best practice youth resource centers, such as “The Door” in New York City and “Larkin Street Youth Services” in San Francisco, will be used to inform implementation although it is recognized that a local center will not be as large and complex but will more reflect the Next Steps youth resource center in Summit County.

**Timeframe:** Implementation of initial strategies and planning are estimated at between six months and one year.

**Recommendation:** Adopt a consistent set of high quality case management standards and practices that build on existing regulatory structures.

**Strategies:**
- Promote to service providers a documented set of quality standards for mental health and case management services.
- Provide standardized case management training to ensure awareness of the importance of providing high quality case management services.
- Develop and institute mechanisms for accountability that includes client satisfaction and outcome measures and confronts individuals/organizations not abiding by the standards.
- Develop and convene a county-level group responsible for coordinating and monitoring quality systems of care.
A set of case management standards are the vehicle for driving the quality of case management services. Everybody benefits from having quality standards and practices that are acceptable across all systems and create a mutual understanding of those standards that all systems will buy into. Vulnerable youth in transition would benefit due to improved planning, coordination and linkage by case managers; case managers help youth connect to and navigate systems and services within the community. In addition to ensuring quality, sufficient case management services must be developed to meet the needs of vulnerable youth in transition.

_Timeframe:_ Implementation of initial strategies is estimated to take approximately one year. Full utilization of case management standards and monitoring could occur between 12 and 24 months.

_Recommendation:_ Develop and/or expand supportive housing programs for vulnerable youth in transition ages 16-24.

_Strategies:_

- Support the collaboration between Montgomery County and Butler County in establishing a housing program for youth in transition with serious and persistent mental illness.
- Utilize Section 8 vouchers that have been set aside for this population by Greater Dayton Premier Management (public housing authority).
- Identify one entity to coordinate housing, information and referral.
- Pursue funding for housing and services (such as life skills education, employment assistance) from state and federal public and private sources that can serve homeless youth and those at risk of becoming homeless.
- Include the housing needs of vulnerable youth in the Montgomery County Consolidated Plan that guides the use of U.S. Department of Housing and Urban Development funding.

Most youth in transition without stable housing also need supportive services to help them move toward greater stability and self-sufficiency. These services (such as life skills education, job training, employment assistance) may be needed by vulnerable youth over a period of years before the youth is able to function independently. Some youth also need mental health or disability services, which should be delivered with housing rather than housing alone in order to improve their chances of success. Pilot programs should be developed to address the needs of special populations, such as high-need “gappers”.

There are some vulnerable youth in transition unwilling to engage in services although they have significant needs. Resistance to services is characterized by utilization of homeless shelters without participation in case management or other services intended to help a youth move toward greatly stability and self-sufficiency. A possible solution is the utilization of a mentoring engagement model (similar to that used in the Montgomery County Community Initiative to Reduce Gun Violence) to connect with homeless vulnerable youth in transition resistant to services.

_Timeframe:_ Implementation of strategies for which there is funding currently available could occur between six months and one year. Securing funding for other housing and services may take from one year to several years depending on availability of funding opportunities.
**NEXT STEPS**

This report is the culmination of several months intense work to evaluate the state of services for vulnerable youth in transition in Montgomery County and develop recommendations to make improvements. The Montgomery County Family and Children First Council (FCFC) will receive the report and recommendations. Subsequent to FCFC approval, they will be presented to the Board of County Commissioners for endorsement.

Implementation of the recommendations made by the Vulnerable Youth in Transition Committee will require planning. One entity must be identified to take the lead in facilitating development of a plan. Creating a coordinated system of care will require nurturing partnerships as well as visionary leadership. Representatives from the major public systems serving vulnerable youth in transition should be involved through a collaborative team or work group. The process for implementing recommendations is illustrated in Figure 2.

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**Figure 2 – Process for Implementation of Committee Recommendations**

1. **Release Vulnerable Youth in Transition Committee Report**
2. Obtain Family and Children First Council approval
3. Request endorsement of Board of County Commissioners
4. Establish the Implementation Team
5. Develop and integrate work products

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Identifying the means necessary to obtain accurate and complete data about the vulnerable youth in transition population in Montgomery County must be a priority. This data is required to inform decisions that will lead to systems change and improved success for this population, especially those falling in the gaps. As previously noted, communities that have successfully bridged systems to support youth indicate that information-sharing obstacles, which often include a “confidentiality of records” issue, must be overcome by establishing protocols and protections for data sharing.
Another priority should be connecting the implementation plan with similar work taking place at the state level. The Ohio Family and Children First Cabinet Council has supported for almost three years the work of the Youth and Young Adult in Transition Steering Committee. A strategic plan and an implementation plan have been completed. A focus of the Steering Committee’s work has been to align state agencies’ processes and policies in a way that will improve local delivery of public services. In addition, funding is being sought for pilot programs to improve housing options and other services.

Securing funding to implement some of the recommendations in this report is another task to be accomplished by the lead organization. It will require additional cooperation with local organizations and may also involve using current resources differently. Competition must be eliminated if new solutions are to be innovated and successful.

Lastly, the implementation plan must include measures of success to be evaluated throughout the implementation process. The measures should relate to improvements in processes and services as well as to the longer-term results we hope to see in the lives of vulnerable youth in transition.

The framework for accomplishing the tasks involved in implementing recommendations of the Vulnerable Youth in Transition Committee are illustrated in Figure 3.

Figure 3 – Framework for Implementing Committee Recommendations
CONCLUSION

Especially in these times of scarce resources, the Montgomery County community must create efficiencies by improving how systems work together to benefit vulnerable youth in transition. Their futures depend on us developing new ways of doing business on their behalf. Collaboration must look very different than in the past in order to truly break out of the silos in which many of us work.

The recommendations of the Vulnerable Youth in Transition Committee provide next steps to begin the process of ensuring we know how many vulnerable youth in transition need assistance as well as preparing to improve coordination of services to them. We must also develop metrics for success – both that of vulnerable youth in transition and the community’s in creating and implementing a system of care. Consistent progress should be expected with a single entity taking responsibility for facilitating involvement of multiple service providers.

As the list of community accomplishments in this area grows, we should expect to see better outcomes overall among vulnerable youth in transition, such as fewer youth entering homelessness after aging out of foster care and more vulnerable youth in transition completing their secondary education, pursuing post-secondary education or training, and gaining consistent employment.
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Appendix A
Family and Children First Council
Vulnerable Youth in Transition Committee
Roster Matrix
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<th>Name</th>
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Appendix B
FCFC Young People Succeeding Outcome Team
Youth in Transition Work Group Report
Youth in Transition to Adulthood
in Montgomery County:
Areas For Concern

Submitted by the
Youth in Transition Work Group
of the
Young People Succeeding Outcome Team,
Montgomery County Family and Children First Council

August 2011
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Appendix A: Ohio FCFC Youth and Young Adults in Transition
  Steering Committee Strategic Planning Report
YOUTH IN TRANSITION WORK GROUP MEMBERSHIP

Since January 2009

Sue Beck, Ohio Secondary Transition Improvement Grant  (through July 2011, retired)
Lisa Carter, South Community Behavioral Healthcare  (began March 2009)
Michael Carter, Sinclair Community College  (through 2010)
Cindy Dyer, Goodwill Easter Seals Miami Valley
Doris Edelmann, Montgomery County Job and Family Services – Children Services Division
Michael Gaines, Sinclair Community College  (began January 2011)
David Gleason, Montgomery County Board of Developmental Disabilities Services  
(began March 2010)
Bill Green, Montgomery County Board of Mental Retardation and Developmental Disabilities  
(through January 2010)
Cheryl Jones, Goodwill Easter Seals Miami Valley  (began June 2009)
Cindy Minton, Daybreak
Darlene Powell, Montgomery County Juvenile Court  (began April 2009)
Catherine Rauch, Montgomery County Office of Family and Children First
Jenni Roer, The Frank M. Tait Foundation and 
Co-Champion, Young People Succeeding Outcome Team, FCFC
Eric Schafer, Montgomery County Juvenile Court  (through March 2009)
Helen Senu-oke, Dayton Public Schools  (through May 2009)
Jennifer Smith, Dayton Public Schools  (began January 2011)
Joyce Young, Community Volunteer

Report Author:  Catherine Rauch, Program Coordinator
Montgomery County Office of Family and Children First
Youth in Transition to Adulthood: Areas for Concern

EXECUTIVE SUMMARY

The process of moving from adolescence to adulthood has become longer, more complex, and less orderly over the last fifty years.¹ A large share of youth in the general population draws heavily on the resources of their families as they make this transition. Youth and young adults without parents or other supportive family members do not have the concrete support and guidance parents ideally provide to encourage high school completion, development of basic job skills, and plans for furthering one’s education or career.

Compounding this absence is the fact that many of these youth are being served by multiple systems in largely uncoordinated systems of care. Additionally, vulnerable youth in transition encounter a “transition cliff” when they age out of youth systems and attempt to access adult services.² Many youth systems end at age 18 and others at age 21 or 22. The adult systems often have different terminology, eligibility requirements, and service options than those of the corresponding youth systems. This disconnect can result in dire consequences such as termination of services and lost progress.³

The Youth in Transition Work Group was created under the Young People Succeeding (YPS) Outcome Team in response to concerns about older youth and young adults in transition to adulthood (youth in transition) falling through the cracks of various systems. The Work Group identified vulnerable youth, ages 16 to 24, experiencing the following as their target population:

- Aging out of foster care,
- Transitioning out of the juvenile justice system,
- Experiencing Serious Mental Illness,
- With Disabilities, and/or
- Homeless.

Within this report the presentation of information about the above groups is an attempt to paint a picture of the challenges faced by vulnerable youth in transition. Montgomery County data is used as much as possible. However, in the absence of state and county statistics about the scope of specific challenges, statistics from national research are used.

There is significant overlap among the above groups of vulnerable youth in transition further complicating their circumstances. For example:

- Nationally, 22 percent of transition-age youth experience homelessness after leaving foster care.⁴
- Youth who age out of foster care continue to experience poor employment outcomes at age 24.⁵ Median yearly earnings from employment are $8,000 compared to $18,300 earned by their peers in the general population.⁶
- Young adults with disabilities are three times more likely to live in poverty as adults than their peers without disabilities.⁷
- Among youth involved in the juvenile justice system, more than 70 percent experience a mental health disorder⁸.
- Transition-aged youth with severe mental illness (SMI) are three times more likely than peers without SMI to become involved with the juvenile justice system.
- Mental health problems are as much as 11 times higher for homeless youth than for the general population.⁹
Youth in Transition to Adulthood: Areas for Concern

However, the number of vulnerable youth in transition being served by more than one system is unknown nationally, state-wide and locally due to the lack of system coordination.

In addition to identifying the scope of the problems vulnerable youth in transition face, the Work Group achieved accomplishments in each of the following areas:

- Assessed what services are currently available in Montgomery County, publishing and distributing a resource directory.
- Identified gaps interfering with youth success and, specifically with post-secondary experiences.
- Identified specific linkages resulting in support to vulnerable youth in transition; some related to post-secondary success and others connecting with work at the state level.

Of significance is the identification of vulnerable youth in transition called “gappers”, so called because they have fallen through gaps in systems. Gappers have extremely low cognitive functioning, often have co-occurring mental health issues and little to no family support. They are frequently homeless. Currently, there is no particular entity or organization responsible for them.

The topic of vulnerable youth in transition is also being addressed by the state. With support from the Governor and the Ohio Family and Children First (Ohio FCF) Cabinet Council, the Youth and Young Adults in Transition Steering Committee had made recommendations for how Ohio could align or consolidate youth transition resources, policies, services, and efforts among state departments (Job and Family Services, Mental Health, etc.). Directors of state departments were part of the planning process and remain involved in the implementation taking place in 2011. It is anticipated that changes made among the agencies will be implemented in Ohio’s 88 counties as well.

While the Steering Committee finishes its work at the state level, Montgomery County leaders could become familiar with what is being done in order to prepare appropriately and/or determine if there are yet additional means of improving services to vulnerable youth in transition. Montgomery County departments could take a leadership role by preparing for these changes before they are required.

Especially in these times of scarce resources, our community needs to identify ways to create efficiencies by improving the way systems work together to benefit vulnerable youth in transition. Their futures also depend on us developing new ways of doing business on their behalf.

**Recommendation**

The Young People Succeeding (YPS) Outcome Team recommends the Montgomery County Family and Children First Council establish an ad hoc time-limited committee to:

- Strengthen\(^a\) coordination and collaboration among Montgomery County agencies, other service providers and community partners that results in improved outcomes achieved on behalf of and with vulnerable youth in transition\(^b\).

\(^a\) Guided in part by the work of the Youth and Young Adults in Transition Steering Committee under the Ohio Family and Children First Cabinet Council.

\(^b\) Ages 16 to 24 and aging out of foster care, transitioning out of the juvenile justice system, experiencing serious mental illness, with disabilities, and/or homeless.
Youth in Transition to Adulthood: Areas for Concern

- Identify and address gaps and barriers to supportive services for vulnerable youth in transition in addition to those reported by the YPS Youth in Transition Work Group.
- Ensure sufficient options exist in Montgomery County for vulnerable youth to successfully complete their secondary education.
- Take steps to improve access, success and completion in higher education and training for vulnerable youth in transition resulting in employment that pays at least a living wage.
- Identify what kind of data should be collected to better understand what supports are needed for vulnerable youth in transition to succeed.
- Take other appropriate actions.
INTRODUCTION

Work Group History

During 2008, concerns were raised about many older youth and very young adults falling through the cracks. They were unemployed, didn’t have an adequate education, had no family support, and were often homeless. Some of these youth and young adults were said to have cognitive limitations that were significant and interfered with daily functioning but had not been identified in time for the young people to become part of the Developmental Disabilities system.

Convened by Jenni Roer, Co-Champion of the Young People Succeeding (YPS) Outcome Team, a small group of YPS team members and a representative from the Positive Living for Special Populations (PLSP) team met for an exploratory discussion. At that time it was agreed much more information was needed. In June 2008, an information collection meeting was held with representatives from K-12 education, higher education, workforce development, social services, Montgomery County government, and private philanthropy to discuss the challenges facing these vulnerable youth in transition.

Findings from that meeting include:

- A Transition Council serving more than 50 traditional school districts meets bi-monthly in Montgomery County to focus on transition issues of youth with Individual Education Plans (IEPs). *
- Through the Ohio Secondary Transition Improvement Grant, efforts are being made to improve the transitional planning schools provide students with disabilities in preparation for the workforce. The grant also provides for activities that aim to demystify the transition process for families and to identify barriers to services.
- Teachers don’t always know about community resources and, therefore, agencies don’t get involved until the student’s senior year when it’s really too late. *
- What services a student receives seems to depend on where he/she lives. *
- Youth are often steered toward jobs that don’t pay a living wage. *
- The Bureau of Vocational Rehabilitation (BVR) is working less with youth because in this time of economic hardship adults are taking the entry-level jobs previously available to young people.
- Employers seem reticent to hire individuals with special needs without an incentive of some sort.
- The young people in question benefit from relationships—such as mentors—not just services.
- More options are needed along a training/education continuum to meet the needs of “challenged” youth, i.e., those who do not meet the developmentally disabled criteria.

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* Addressed in some fashion by the Ohio Secondary Transition Improvement Grant on an ongoing basis.

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* U.S. Dept. of Education funding through the Ohio Rehabilitation Services Commission and Ohio Dept. of Education
Youth in Transition to Adulthood: Areas for Concern

- Often parents aren’t aware of resources available to their child or don’t know how to access them. Other parents don’t understand or deny the limitations their child has and, therefore, have unrealistic expectations about the kind of education or employment the young person is capable of achieving. *
- Who will advocate for youth in transition who lack parents or adult figures in their lives?

In addition, it was recommended that the following activities be undertaken:
- Assess what services are currently available in Montgomery County.
- Identify gaps interfering with youth success.
- Identify where linkages can be made to support young people.

A segment of those gathered for the information collection meeting expressed interest in addressing concerns about vulnerable youth in transition and undertaking the recommended activities. Thus, the Youth in Transition Work Group, a committee of the Young People Succeeding Outcome Team, was formed.

One of the first tasks the Work Group undertook in January 2009 was to clarify its focus. Members determined it was most important to identify assistance for youth and young adults, ages 16 to 24, with significant unmet needs.

Youth in transition without families to support them – those aging out of foster care or homeless – rose to the top of the list. Even if youth aging out of foster care and homeless young people may be able to return to a parental home, what kind of support or stability would they likely find? Work Group members reported clients recounting incidents of parents kicking them out as soon as the young person turned 18, of youth couch hopping to avoid harmful dynamics at home, and of former foster youth returning to their childhood home only to face the kind of abuse that put them in the system in the first place. This history indicates that other caring adults and one or more systems are needed to provide guidance, concrete support and professional intervention to help these vulnerable youth in transition as they make their way to adulthood.

Youth in transition involved in the juvenile justice system were also included in the Work Group’s focus because they experience critical vulnerabilities such as substantial unmet mental health and educational needs. These vulnerable youth are often considerably behind educationally before involvement with the system, which frequently doesn’t change during their juvenile justice involvement. This leads to difficulties in reentry, and without assistance these youth may never succeed in transitioning to a productive adulthood.

Youth with disabilities or mental illness also were considered. Although these are broad groups of young people, members of the Work Group expressed concern about vulnerable youth in transition experiencing either or both of these situations along with one or more of those previously mentioned. Members indicated many of their clients had either mental health problems, cognitive or other disabilities, or both. Therefore, youth with disabilities and those with mental illness were also included in the Work Group’s target population.

In summary, the Work Group chose to focus on vulnerable youth in transition, ages 16-24, who: are aging out of foster care; are transitioning out of the juvenile justice system; have a serious mental illness and/or other disability; and/or are homeless.

* Addressed in some fashion by the Ohio Secondary Transition Improvement Grant on an ongoing basis.
WHY WE SHOULD BE CONCERNED

Most youth and young adult experience transition to adulthood with the physical and emotional support of parents or other family members. In fact, parents are providing physical support to their children longer than ever before. It is not uncommon for a young adult to remain living with parents well into his or her twenties.

As a nation-wide economic downturn has demonstrated in recent years, there are times when youth and young adults in transition (hereafter, youth in transition) experience a greater dependence on parents for support. Fewer 16 to 24 year olds (46 percent) were employed in 2009 than at any time since the government began collecting that data in 1948. According to a Columbia University study, 52.8 percent of Americans ages of 18 to 24 were either still under the same roof as their parents or had moved back home, compared to 47.3 percent in 1970.

The process of moving from adolescence to adulthood has become longer, more complex, and less orderly over the last fifty years. For these reasons, the transition to adulthood is now more challenging for all youth. A large share of youth in the general population draws heavily on the resources of their families as they make this transition.

Youth and young adults without parents or other supportive family members to provide a roof over their heads and financial support are out in the cold—sometimes literally, without a place to live. These vulnerable youth in transition also do not have the emotional support and guidance parents ideally provide to encourage high school completion, development of basic job skills, and plans for furthering one’s education or career. Compounding this absence is the fact that many of these youth are being served by multiple systems in largely uncoordinated systems of care.

Finally, vulnerable youth in transition encounter a “transition cliff” when they age out of youth systems and attempt to access adult services. Many youth systems end at age 18 and others at age 21 or 22, which means a young person could simultaneously be a youth in one system and an adult in another. For example, the adult systems of mental health, Social Security, vocational rehabilitation, and workforce development often have different terminology, eligibility requirements, and service options than those of the corresponding youth systems. This disconnect can result in urgent consequences such as termination of services and lost progress.

Within this report, the presentation of information about the above groups of vulnerable youth in transition is an attempt to paint a picture of the challenges faced by them. Montgomery County data is used as much as possible. However, in the absence of state and county statistics about the scope of specific challenges, statistics from national research are used.

There is significant overlap among the above groups of vulnerable youth in transition further complicating their circumstances. However, the number of vulnerable youth in transition being served by more than one system is unknown nationally, state-wide and locally due to the lack of system coordination.

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d Transitional age varies depending on the group or public system. As previously noted, the Work Group selected ages 16 to 24. The remainder of this report identifies the age range of youth in transition as delineated by the source or system. Although exact comparisons are not always possible, some inferences can be made.
Foster Care

Nationally, 27,854 youth – approximately 11 percent of youth in foster care during federal fiscal year 2010 – “aged out” of the system. “Aging out” means a youth is emancipated, or discharged, from the system that has provided housing, food, clothing, medical care, transportation, and any other basic needs for him or her.

In Ohio, this generally occurs when the youth turns 18 years old unless they have been deemed eligible for Developmental Disability Services; then they may remain in care up to age 21. About 1,000 Ohio youth are emancipated annually. When youth age out of foster care, they must make a transition to independent adult living on their own.

During 2010, the Children Services Division of Montgomery County Department of Job and Family Services delivered services to 531 youth in transition, ages 16-21:

- 272 (51 percent) were female and 259 (49 percent) were male
- 85 received independent living services provided by the agency in preparation for emancipation
- 87 emancipated (“aged out”)
- 7 were older than 18 years and determined eligible for continued services

Nationally, 22 percent of transition-age youth experience homelessness after leaving foster care. National statistics also indicate the following about former foster youth at age 23 and 24:

- One in four (25 percent) has not graduated from high school or earned a GED compared to seven percent of their peers in the general population.
- Only six percent have completed a two- or four-year degree compared to 19 percent of peers who were not in foster care.
- Eight of ten (81 percent) males have been arrested compared to 17 percent of their peers who were not in foster care.
- Almost 4 in 5 (80 percent) have become pregnant compared to half that (40 percent) among peers in the general population.
- Overall, they are diagnosed with Post-Traumatic Stress Disorder (PTSD) at six times the general population and double the rate of veterans returning from war.

Youth who age out of foster care continue to experience poor employment outcomes at age 24. Median yearly earnings from employment are $8,000 compared to $18,300 earned by their peers in the general population. Their poor educational outcomes and inadequate opportunities to learn about employment or careers are at least part of the problem. Limited positive adult role models and lack of supportive relationships are other problems that result in the absence of opportunities for foster youth to develop habits, attitudes, and skills needed to find and retain employment.

In order to protect them, the state must sometimes remove youth from their families. As noted by some experts on vulnerable youth in transition, in doing so the state takes on the responsibilities of parenting, including preparing youth for independence. Evaluating the adequacy of the federal government’s response to this responsibility could help guide thinking about how to support all vulnerable youth during the transition to adulthood.

The Chafee Foster Care Independence Act of 1999 (Chafee) is intended to ensure that young people involved in the foster care system get the tools they need to make the most of their lives. Chafee funding is used for independent living services for any youth 16 or
older in foster care. In addition, young adults, ages 18-21, who have been emancipated from foster care may request independent living services, which can include life-skills development training, education and vocational training, financial assistance, rent and other housing costs, employment and education, and self-esteem counseling. However, there are limitations to the funds available; if states divided all the federal funding evenly, each youth would receive only $800 per year.

The Education and Training Voucher Program (ETV) was made available to states in order to provide assistance to youth who emancipated from foster care or who were adopted from foster care at age 16 or older. Up to $5,000 per year, per youth is available to help cover the cost of participation in post-secondary education, including vocational and proprietary schools. The Orphan Foundation of America serves as the conduit for the application process and the disbursement of assistance. The Foundation also provides mentors and monitors youths’ progress in the program. On their 21st birthday, youth enrolled in ETV may remain eligible until they are 23 years old, provided they continue to be enrolled in a full-time post-secondary education or training program and make satisfactory progress.

Youth aging out of foster care are also eligible for Workforce Investment Act (WIA) youth services. They are thought to be excellent prospects for WIA because they often lack education and occupational skills. Linking youth with WIA services before they completely transition out of foster care is important in order to track and support their progress.

States also have the option of implementing supports for vulnerable youth in transition. Included in the Ohio 2012-2013 biennial budget signed by Governor Kasich on June 30, 2011 is $2 million for transitional services – job training, housing assistance and basic life skills – for youth aging out of foster care. Advocates, such as former foster youth, were able to persuade legislators that it was important to prevent vulnerable youth in transition from leaving one system only to come back into another (such as criminal justice).

Growing awareness of the independent living and post-secondary education needs of former foster care youth has resulted in two new local programs. Both were influenced by the advocacy of Doris Edelmann, a Work Group member and employee of Montgomery County Job and Family Services – Children Services Division.

Wright State University (WSU) recently began its Independent Scholars Network (ISN) for admitted WSU students who have been impacted by foster care. According to its web page, “This program offers a bridge to students who emancipate from foster care or disengage from the adoption process into their new home at Wright State. ISN offers a wide range of services, including help with living arrangements and employment opportunities.” Ohio universities and community colleges can implement programs in support of former foster youth through collaboration with Ohio Reach, a statewide organization addressing recruitment and retention of emancipated foster youth in Ohio’s higher education system.

Salem Church of God in Clayton began a new nonprofit in 2011 designed to assist former foster youth in their efforts to develop and achieve the skills and abilities necessary to live independently. New Family Tree provides services for a period of approximately two years with components that offer a safe place to live while learning life skills necessary to live independently, have the opportunity to attend school, obtain employment and “be a contributing member of the home.” In addition, New Family Tree also offers “College Host Families to young adults choosing to further their education away from the Dayton area but still needing a home for holiday and school breaks.”
Youth in Transition to Adulthood: Areas for Concern

The last two resources noted are examples of the creativity and the commitment to vulnerable youth in transition that is needed in order to help them succeed. Much more must be done within Montgomery County to have a more profound influence on the lives of these vulnerable youth in transition and their economic impact on our community.

Juvenile Justice

The juvenile justice system has become a system of last resort for many marginalized youth, especially the poor and those who have experienced trauma and/or mental disorders. Both mental health and substance abuse issues are common among these youth and frequently explain the behaviors that led them to the juvenile justice system:

- More than 70 percent experience a mental health disorder
- Approximately 20 percent have a serious mental illness
- Approximately 50 percent to 60 percent abuse substances

According to the National Collaborative on Workforce and Disability (NCWD), youth with disabilities are overrepresented in the juvenile justice system. Of those youth with disabilities in secure care:

- 47 percent have emotional disabilities compared with about eight percent in public schools,
- 39 percent have been determined to have a learning disability,
- 5 percent have mental retardation,
- 3 percent have “other health impairments”, and
- 1 percent has multiple disabilities.

Diversion, which is defined as, “an attempt to divert, or channel out, youthful offenders from the juvenile justice system” is an option at several junctures during the processing of a delinquency case. Diversion is an important option for youth classified as special education and those with identified mental health needs. Otherwise, for these youth incarceration presents potential risks of victimization, self-injury, and suicide.

Involvement with the juvenile justice system frequently co-occurs with very poor educational outcomes. For instance, only 12 percent of formerly incarcerated youth have a high school diploma or GED by young adulthood. On average across states, over one third of these youth are provided special education services due to the existence of a disability; the percentages by state range from 9.1 percent to 77.5 percent. However, education such as intensive literacy services or earning a high school diploma has been shown to reduce recidivism.

Research also has shown that the most effective institutional programs resemble the most effective non-institutional, community treatment programs. Aftercare programs require full integration with other youth services in the community, such as drug treatment, mental health services, education, and youth employment programs. Expanding system collaboration is imperative and should include discussions of policy and practice, methods of implementation, and accountability.

By utilizing a strength-based approach to address the specific needs of youth offenders, caring adults can substantially increase the likelihood that this population will become productive contributing members of society.
The Montgomery County Court of Common Pleas – Juvenile Division (Juvenile Court) Probation Services uses a strength based approach in serving clients. The purpose of the Probation Services department is to provide support and services to families and hold youth accountable for their behavior while keeping the best interest of the community in mind. The services help youth transition out of the county juvenile justice system.

During 2010, 670 Montgomery County clients, ages 16-21, received probation services:

- 227 (34 percent) were female and 443 (66 percent) were male
- Approximately 87 (13 percent) received residential or placement support services
- 11 (1.6 percent) were charged with felony sex offenses and received residential placement services
- 49 (7.3 percent) were cross-over youth, i.e., JFS-Children Services Division and Juvenile Court shared the cost of residential placement, foster care, or other therapeutic services

A higher level of care than traditional probation was needed for 327 (49 percent) of clients in 2010. This higher level of care may have meant more intensive supervision by a probation officer, counseling, out-patient treatment or, as a last resort, residential placement. The continuum ranges from least restrictive to most restrictive; services are selected based on the young person’s needs.

As is the case nationally, many youth involved with our county Juvenile Court experience various combinations of poor educational outcomes, disabilities, mental illness, and substance abuse. Whether transitioning out of an institution or probation, these vulnerable young people will not be prepared for life in our community without considerable assistance in these and other areas (such as life skills and job skills).

One item on the wish list of youth advocates for many years had been a change to Medicaid coverage for youth leaving Ohio Department of Youth Services (DYS) facilities. Historically, youth with Medicaid coverage had their benefits terminated upon entering a DYS facility, and upon their release, they had to apply for Medicaid reinstatement, a potentially lengthy process. In 2010, the Ohio Department of Youth Services (DYS) entered into an Interagency Agreement with the Ohio Department of Job and Family Services (ODJFS) that allows restoration of Medicaid benefits within 24 to 72 hours after a young person is released from DYS commitment. The agreement between DYS and ODJFS provides youth with timely access to health services at the critical time of reentry.

Local social service professionals stress that much more cross-system collaboration similar to that referenced above is necessary in order for vulnerable youth in transition involved with and leaving the juvenile justice system to become productive adult citizens. Instead of professionals working strictly in their silos, there is a need for shared expertise and financial resources to address the truly myriad needs of this vulnerable population.

A high priority locally is improved availability and access to treatment—alcohol and drug abuse as well as mental health. Based on Work Group members’ experiences, it is common for youth to be put on a waiting list for multiple months. This is taken as a sign there either aren’t enough services available or system barriers are limiting access.

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Probation clients may on occasion remain under the jurisdiction of Juvenile Court beyond their 18th birthday. This usually occurs when restitution is owed to a victim or money is owed to the court.
Mental Illness

In its report on 2009 national mental health findings, the Substance Abuse and Mental Health Services Administration (SAMHSA) reported that among all adults in the United States, young adults (ages 18 to 25) experience the highest level of mental illness (30 percent). The percentage of all adults with past year severe mental illness (SMI) was also highest among adults aged 18 to 25 (7.3 percent). A severe mental illness is defined by SAMHSA as “a diagnosable mental, behavioral, or emotional disorder (excluding developmental and substance use disorders) … that has resulted in serious functional impairment, which substantially interferes with or limits one or more major life activities.”

More than 60 percent of transition youth with SMI do not complete high school, which leaves them unemployed, unable to pursue post-secondary education, and without skills to live independently. Employment rates for people with SMI are estimated at 10 percent to 20 percent. Consequently, many people with SMI are poor, live in substandard housing, are homeless or are incarcerated. Transition-aged youth with SMI are three times more likely than peers without SMI to become involved with the juvenile justice system.

The Ohio Department of Health reported in 2009 that one in four patients (25 percent) served by Ohio’s community mental health providers was between the ages of 14 and 25. In Montgomery County, the Alcohol Drug Addiction and Mental Health Services (ADAMHS) Board reported serving almost 5,000 youth in transition (14-24) in calendar year 2010. The breakdown by service can be found in Table 1. The diagnoses among those vulnerable young people are listed in Table 2.

### TABLE 1

<table>
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<th>Service Category</th>
<th># of Clients</th>
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<td>1,431</td>
<td>29</td>
</tr>
<tr>
<td>Both</td>
<td>362</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,935</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

### TABLE 2

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bipolar Disorders</td>
<td>21</td>
</tr>
<tr>
<td>Depressive Disorders</td>
<td>20</td>
</tr>
<tr>
<td>Conduct Disorders</td>
<td>15</td>
</tr>
<tr>
<td>ADD/Disruptive Behavior Disorders</td>
<td>13</td>
</tr>
<tr>
<td>Anxiety Disorders</td>
<td>9</td>
</tr>
<tr>
<td>Adjustment Disorders</td>
<td>8</td>
</tr>
<tr>
<td>Schizophrenia, Other Psychotic Disorders</td>
<td>5</td>
</tr>
<tr>
<td>Post Traumatic Stress Disorder (PTSD)</td>
<td>4</td>
</tr>
<tr>
<td>Pervasive Developmental Disorders</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
</tr>
</tbody>
</table>
The ADAMHS Board system of care includes several evidence-based practices delivered by multiple providers to treat the illnesses above:

- Assertive Community Treatment
- Cognitive Behavioral Therapy
- Family Psychoeducation
- Family Support Network
- Functional Family Therapy
- Illness Management and Recovery
- Integrated Dual Disorder Treatment
- Motivational Interviewing
- Supported Employment
- Trauma Focused Cognitive Behavioral Therapy

A promising practice recommended for youth in transition with mental illness in Ohio is the Transition to Independence Process (TIP). This model suggests that developmentally appropriate services and supports be provided within a continuum of community-based options that address employment and career, educational opportunities, living situation, and community life and personal effectiveness. The TIP model has shown improved outcomes in employment, high school and post-secondary education, mental health, and alcohol and other drug use.

As previously noted, local social service providers recommend more community mental health treatment options available to vulnerable youth in transition. Again, Work Group members’ referred clients for services only to have them report they cannot be seen in the near future and are on a waiting list.

Disabilities

Montgomery County local school districts are responsible for providing educational services to students with developmental disabilities until the age of 22. However, students may elect “early graduation,” at which time they may enroll in adult services delivered by the Board of Developmental Disabilities Services (DDS) or other organizations (for example, Goodwill Easter Seals).

During 2010, 39 young adults ages 18 through 21 chose early graduation and enrollment in DDS adult services. Another 11 young adults (ages 22 through 24) also enrolled in adult services. In total during 2010, there were around 100 young adults ages 18 through 24 who received DDS adult services—habilitation or organizational employment. Habilitation involves learning life skills and work skills as well as money-making micro enterprise businesses that can lead to enrollment in employment services. Organizational employment is designed to provide work training in a manufacturing/production setting and provide necessary assistance for community employment. Community employment opportunities are also available.

The U.S. Department of Labor reports the youth disability employment rate in 2010 was 14.6 percent for youth ages 16 through 19 and 34.1 percent for young adults ages 20 through 24. In the second quarter of 2011, those employment rates had dropped to 11.8 percent and 30.8 percent respectively.
Locally, due to federal vocational rehabilitation grants, persons with almost any disability can obtain training and employment. In some instances, vulnerable youth in transition are targeted for these services. In addition, through its field offices, the Ohio Rehabilitation Services Commission (RSC) helps young people ages 14-22 with disabilities move from the classroom to a workplace or college.46

An example of youth in transition with disabilities likely to come into contact with multiple systems is those with emotional disabilities (ED). Students with ED experience the most school and post-school failure; they had the highest dropout rate and the lowest graduation rate of all single disability categories.47,48 Likely due in part to those poor educational outcomes, youth in transition with ED commonly have longer delays before obtaining employment, have lower employment rates, and earn even less than their peers with and without disabilities. Also, educational failure and unemployment are both factors that contribute to law-violating behavior. About 70 percent of youth with ED will be arrested within three years of leaving school.49

**Homelessness**

An estimated 2.5 million youth in transition between the ages of 16 and 24 experience homelessness each year in the United States.50 The most common threat to these youth is physical or sexual abuse experienced at home in the year prior to becoming homeless. Nationally, over 50 percent of youth in shelters and on the streets reported their parents told them to leave or knew they were leaving and did not care.51 Various studies have found that 24 percent to 44 percent of their parents abused alcohol and/or drugs.52

For youth who are released from corrections facilities, reentry is often difficult because they lack support systems, housing and opportunities for work.53 In the absence of these basic requirements, homeless youth often come into contact with the criminal justice system. Almost one in four homeless youth report stealing and 20 percent report dealing drugs.54 Once the revolving door begins to spin, how do we stop it? Perhaps it would be easier to prevent it from starting by addressing the root causes of homelessness among vulnerable youth in transition.

Mental health problems are as much as 11 times higher for homeless youth than for the general population.55 Local data is not available to compare with this statistic. It makes sense that some mental health problems (anxiety, adjustment disorders, PTSD, for example) would be experienced as a result of being homeless and/or as a result of an abusive history. Serious mental illnesses, on the other hand, could be experienced before or after initial homelessness. Since it is common for severe mental illnesses to continue throughout adulthood, it is essential these vulnerable youth in transition find stable housing and effective treatment in order to avoid long-term homelessness.

National research indicates homeless youth are three times more likely to use marijuana than non-homeless youth.56 Among young adults aged 18-25 in the general population, 18.1 percent used marijuana in 2009.57 Locally, a survey conducted in 2008 by Daybreak confirms those rates; approximately half (52 percent) of respondents, ages 18 to 21, had used marijuana in the last 12 months.

In 2010, Daybreak served approximately 200 youth and young adults in shelter and housing programs. Based on a sampling of 50 past cases, the following are characteristics of the homeless youth in transition who utilize their services:
Youth in Transition to Adulthood: Areas for Concern

Mental Health: ▪ 75 percent had one or both parents consistently abusing or addicted to alcohol or other drugs
▪ 5 percent have low cognitive functioning related to brain injury, drug addicted mother, autism spectrum disorder, pervasive developmental disorder
▪ 5 percent have low cognitive functioning combined with severe mental illness and in some cases physical challenges such as seizure disorder or speed impediments
▪ 30 percent have severe mental illness, i.e., major depressive disorder, bipolar disorder, oppositional defiant, schizophrenia, delusional disorder. The most common diagnosis appeared to be major depressive disorder.
▪ 55 percent have a diagnosis not considered to be severe mental illness including adjustment disorder, ADHD, generalized anxiety disorder, PTSD

Education: ▪ 85 percent are undereducated, dropped out or not functioning at grade level
▪ 40 percent had/have an IEP in school

Foster Care: ▪ 35 percent to 40 percent were in formal foster care at some time during their childhood
▪ Others were in informal placements with a variety of family members due to family issues

Juvenile Court: ▪ 60 percent had involvement at some time with Juvenile Court

Neglect / Abuse: ▪ 80 percent have suffered significant neglect, have experienced sexual abuse and/or other physical abuse before leaving the parent/caregiver home (significant neglect includes lack of food, clothing, supervision, not sent to school, presence of drug dealing or drug use in the home, failure to secure health or mental health care)

A subgroup of youth in transition that have fallen through the cracks—or gaps—in systems is known as “gappers”. A gapper has low cognitive functioning, barely above what would qualify them for developmental disabilities services. They may also have co-occurring mental health issues along with little or no family support. These youth are unable to complete most basic life skills and, therefore, are unlikely candidates for employment. Gappers are part of the youth in transition homeless and tend to be victims of various forms of abuse. There is no system responsible for this population and they reportedly require extensive community resources.

The above information illustrates the severe instability in which homeless youth in transition have developed. Young adults differ from the adult homeless population because they have unique developmental needs. Therefore, care must be taken to deliver developmentally appropriate services that address the issues homeless youth in transition face. Perhaps most notable:

▪ Help those with serious mental illness find and remain in supportive housing to avoid joining the many chronically homeless whose mental illness has not been treated successfully.
▪ Identify an entity to take the lead in addressing the needs of “gapper” youth in transition, with support from the rest of the community.
System Coordination

During the Youth in Transition Work Group’s activities, a consistent theme was the lack of system coordination. The number of vulnerable youth in transition being served by more than one system locally is unknown — as is the case nationally and state-wide — due to the uncoordinated service delivery systems. Currently, the best service providers can do is to report how many vulnerable youth in transition they serve within their system or agency during 2010. These numbers are reported in their respective sections above and summarized below.

<table>
<thead>
<tr>
<th>System or Agency</th>
<th>Mental Health</th>
<th>Foster Care</th>
<th>Juvenile Court Probation</th>
<th>Board of Developmental Disabilities</th>
<th>Daybreak (youth homeless)</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of youth in transition served</td>
<td>3,504</td>
<td>531</td>
<td>670</td>
<td>100</td>
<td>500</td>
<td>5,305</td>
</tr>
</tbody>
</table>

Only when better coordination and tracking systems are put into place, will we know as a community how many vulnerable youth in transition are being served by multiple organizations and which ones.

The lack of system coordination is also a barrier repeatedly cited in the literature. As previously referenced, many youth systems end at age 18 and others at age 22. The adult systems of mental health, Social Security, vocational rehabilitation, and workforce development all have different terminology, eligibility requirements, and service options than those of corresponding youth systems. The lack of a seamless youth-to-adult system can cause young adults to lose services and future opportunities.

Thus, it was encouraging to find that improving system coordination was one of three priority areas identified by an Ohio Family and Children First (Ohio FCF) Cabinet Council committee.

In 2009, then-Governor Strickland requested the Ohio Family and Children First (Ohio FCF) Cabinet Council to form the Youth and Young Adults in Transition Steering Committee with the purpose of making recommendations for how Ohio could align or consolidate youth transition resources, policies, services, and efforts among state departments (Job and Family Services, Mental Health, etc.). The final product (see Appendix A), Youth and Young Adults in Transition Strategic Planning Report, made recommendations that fell within three priority areas:

- Establish a comprehensive system of sustainable resources for youth in transition by aligning agencies’ processes and policies;
- Enhance communication with youth; and
- Empower youth and families with tools for successful transition.

Directors of state departments were part of the planning process and remain involved in the implementation taking place in 2011. It is anticipated that changes made among the agencies will be implemented in Ohio’s 88 counties as well. Montgomery County departments could take a leadership role by preparing for these changes before they are required.
WORK GROUP ACCOMPLISHMENTS

In the Work Group history, there were three tasks identified as important to accomplish in order to better understand the issues facing Montgomery County’s vulnerable youth in transition. This section identifies Youth in Transition Work Group accomplishments in regards to those tasks.

An ongoing task that took place alongside other activities was the assessment of services available in Montgomery County to assist vulnerable youth in transition.

- As a result, a resource directory was completed and distributed to service providers in September 2010. Resources in the directory include private and public, state- and federally-initiated as well as local.

Work Group members identified gaps in services to aid vulnerable youth in transition.

- One gap identified that keeps youth in transition from postsecondary experiences is insufficient options for training certificates for those cognitively and/or academically challenged. Work Group members noted there are many young people for whom a 2-year or a 4-year degree is not realistic but who need training in order to be ready for employment. Examples of such jobs include cosmetology, retail, food service and customer service. The concern is also that training certificates are earned from institutions that have accredited (versus non-accredited) programs.

- An additional gap identified by the Work Group was the absence of counselors/case managers to provide guidance and coaching as vulnerable youth in transition begin post-secondary education or training. Such a person would be available when it came to navigating the system and understanding what is necessary for success. This suggestion was made specifically to staff at Sinclair Community College (see Linkages below).

- A gap of some significance is the lack of a system or entity responsible for a group of vulnerable youth in transition known by service providers as “gappers,” so named because they have fallen through gaps in various systems. Gappers have such low cognitive functioning they are frequently unable to complete basic life skills. They often also have co-occurring mental health issues along with little or no family support.

Linkages were identified or were made by Work Group members.

- The first three linkages relate to post-secondary success.
  - FastForward Center math and reading assessment services were offered to clients of organizations represented by Work Group members to help vulnerable youth in transition get directed to the most appropriate department for addressing their special needs.
  - The suggested counselor/case manager referenced above (see Gaps above) was addressed with various Sinclair staff and championed by Michael Carter, then Director of the FastForward Center. In part due to the suggestion of Work Group members, Sinclair Student and Academic Support Services will be implementing a “Pathways to Completion” model in 2011 in which Student Success coaches will become contacts for referrals of vulnerable youth in transition.
  - Work Group members were selected to provide input used in planning for a Gates Foundation grant proposal relating to young adults accessing and completing secondary education. Student Success coaches were built into the CLIP grant application based on Work Group members’ recommendations.
Youth in Transition to Adulthood: Areas for Concern

- A relationship built through the Work Group between South Community Behavioral Healthcare and the Ohio Secondary Transition Improvement Grant led to the implementation of a new concept. A Transition Expo for students with mental health diagnoses and their families was conducted for the first time in 2009 for clients ages 14 to 18. The second year expanded the target group to include young adults up to age 25. Since the first Transition Expo, three other counties have replicated the concept.

- **Involvement in state work**

  Doris Edelmann, a Work Group member employed by Montgomery County JFS–Children Services Division represented Montgomery County on the Ohio Independent Living Legislative Workgroup convened by the Ohio Association of Child Caring Agencies (OACCA). The Legislative workgroup issued a set of Policy Recommendations in February 2009.

  Sue Beck with the Ohio Secondary Transition Improvement Grant and Doris Edelmann represented Montgomery County on the Youth and Young Adults in Transition Steering Committee convened by the Ohio FCF Cabinet Council. The committee, which was created at the request of Governor Strickland to align and consolidate policies, efforts and resources to benefit young people in transition, issued a Strategic Planning Report to the Governor September 2010. To date in 2011, both Work Group representatives have continued their involvement during implementation of the strategic plan.

  These accomplishments are a start in the right direction. This work can be used to further promote and identify solutions for the needs of vulnerable youth in transition.

**CONCLUSION**

Especially in these times of scarce resources, our community needs to identify ways to create efficiencies by improving the way systems work together to benefit vulnerable youth in transition. Their futures also depend on us developing new ways of doing business on their behalf. Collaboration must look very different than in the past in order to truly break out of the silos in which many of us work.

Governor Kasich and the Ohio Family and Children First Cabinet Council are supportive of work being done by the Youth and Young Adult in Transition Steering Committee, which is charged with making changes in the way state departments work together in their provision of services to youth in transition. Plans are for the results of this work to also change how county departments work together.

While the Steering Committee finishes its work at the state level, Montgomery County leaders could become familiar with what is being done in order to prepare appropriately and/or determine if there are yet additional means of improving services to vulnerable youth in transition. We can also determine what steps may be necessary to involve the nongovernmental organizations delivering services to vulnerable youth in transition into the public systems change that is anticipated to occur.

Montgomery County is the home of many inventions. What will we create to help vulnerable youth and young adults transition to productive adult citizens?
RECOMMENDATION

The Young People Succeeding (YPS) Outcome Team recommends the Montgomery County Family and Children First Council establish an ad hoc time-limited committee to:

- Strengthen\(^f\) coordination and collaboration among Montgomery County agencies, other service providers and community partners that results in improved outcomes achieved on behalf of and with vulnerable youth in transition\(^g\).

- Identify and address gaps and barriers to supportive services for vulnerable youth in transition in addition to those reported by the YPS Youth in Transition Work Group.
  - Gap examples: Supportive housing programs; communication with vulnerable youth in transition (and their families) about resources available to them
  - Barrier example: Inconsistent eligibility requirements across agencies (state Steering Committee is addressing)

- Ensure sufficient options exist in Montgomery County for vulnerable youth to successfully complete their secondary education.

- Take steps to improve access, success and completion in higher education and training for vulnerable youth in transition resulting in employment that pays at least a living wage.

- Identify what kind of data should be collected to better understand what supports are needed for vulnerable youth in transition to succeed.

- Take other appropriate actions.

\(^f\) Guided in part by the work of the Youth and Young Adults in Transition Steering Committee under the Ohio Family and Children First Cabinet Council.

\(^g\) Ages 16 to 24 and aging out of foster care, transitioning out of the juvenile justice system, experiencing serious mental illness, with disabilities, and/or homeless.
Youth in Transition to Adulthood: Areas for Concern

NOTES


3. Ibid.


9. Ibid.


12. Courtney and Hughes Heuring.
Youth in Transition to Adulthood: Areas for Concern

13 National Collaborative on Workforce and Disability for Youth (NCWD/Youth). InfoBrief, Issue 23.

14 Ibid.


16 Fernandez.

17 Golonka.

18 The Urban Institute.

19 Golonka.

20 Courtney & Hughes.

21 Ibid.


24 Foster Care Fact Sheet.

25 Wagner & Wonacott.


29 Schwartz & Glascock.

Youth in Transition to Adulthood: Areas for Concern


32 Ibid.


34 National Collaborative on Workforce and Disability for Youth (NCWD/Youth). InfoBrief, Issue 25.

35 Ibid.

36 Chung, H. L., Little, M., Steinberg, L. & Altschuler, D.


38 Ibid.

39 Ibid.

40 SAMHSA.


42 Fetzer, P., Garner, T., Shepler, R., Thom, J., & Firesheets, E. K. (2008) Paving the Way for A New Day for Young Adults in Ohio’s Mental Health System. Partnership with the Ohio Department of Mental Health. Columbus, OH.

43 Ibid.


Youth in Transition to Adulthood: Areas for Concern


49 NCWD/Youth, InfoBrief, Issue 25.

50 Compilation of testimony.

51 Ibid.

52 Ibid.


54 Compilation of testimony.

55 Ibid.

56 Ibid.

57 SAMHSA.

58 Courtney & Hughes.

59 Golonka.

60 Gagnon, J. C., & Richards, C.

61 NCWD/Youth, InfoBrief, Issue 23.

62 NCWD/Youth, InfoBrief, Issue 23.
Dear Governor Strickland,

We are pleased to submit to you the *Youth and Young Adults in Transition Strategic Planning Report*. Per your request on September 30, 2009, the OFCF Cabinet Council formed the Youth and Young Adults in Transition (Y/YAT) Steering Committee comprised of youth, state agencies, associations, providers, and other key external stakeholders. Over this past year, the committee went through a sound strategic planning process to determine how Ohio could best align and consolidate policies, efforts, and resources for youth and young adults, ages 14 to 25. In addition, the committee identified major gaps for this particularly vulnerable and often overlooked population.

This Progress Report contains recommendations on how Ohio could improve certain resources, services, and supports for youth and young adults as well as become the leader in the country for this population. As you know, this population has a direct impact on Ohio’s current and future economy. The committee recognizes that not all of the recommended strategies can fiscally be addressed right now, but believes there are specific recommendations within this progress report that could begin to make a significant impact on youth and young adults, their families, and Ohio’s economy. The committee also recognizes that youth need to be engaged with this work. The Y/YAT Progress Report was developed with youth and young adults at the table throughout the entire planning process providing critical voice to the report’s recommendations.

The Youth and Young Adults in Transition Steering Committee is ready to move forward with implementing the Progress Report’s recommendations. We look forward to the acceptance of the report and authorization to move ahead.

Sincerely,

[Signature]

Angela Sauser Short
OFCF Cabinet Council Director and Chair of the Y/YAT Steering Committee
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Executive Summary

Governor Ted Strickland requested the Ohio Family and Children First (OFCF) Cabinet Council to form the Youth and Young Adults in Transition Steering Committee with the purpose of aligning and consolidating policies, efforts, and resources; and identifying any major service gaps for this particularly vulnerable and often overlooked population. When the Steering Committee’s charge is accomplished the Governor hopes that Ohio will be more efficient and effective in meeting the needs of youth and young adults in transition.

The Youth and Young Adults in Transition Steering Committee representing thirteen state agencies began planning in September 2009. Facilitators were obtained from the Ohio Department of Administrative Services to lead the committee through a structured planning process (refer to Appendix A for more information about the process). The Steering Committee expanded in January 2010 from state agency representatives to include youth, providers, associations, and other key external stakeholders (refer to Appendix B for more information about the committee and its members).

The target population is youth and young adults, ages 14 to 25 with particular emphasis on those most vulnerable. The focus is on youth and young adults who may be impacted or in need of any governmental system or service. The Steering Committee identified three priorities Ohio should focus on to become more efficient and effective in meeting the needs of youth and young adults in transition:

1. Establish a comprehensive system of sustainable resources by aligning agencies’ processes and policies;
2. Communication; and
3. Empowering youth and families with tools for successful transition.

The Progress Report identifies targeted strategies with specific action steps under the 3 aforementioned priorities. Each action step includes a fiscal cost ($ - no/low new funding required; $$ - moderate new funding, including staff time to implement; $$$ - large investment of new funds, including implementation costs and staff time). The fiscal analysis assists the Steering Committee with focusing on strategies that are achievable and feasible, but while continuing to seek additional options for the other strategies.
Why We Should Be Concerned
Below are statistics that clearly show how vulnerable youth and young adults are in Ohio and across the country.

### Education / Employment
- 1 out of every 3 children (47,600 children) that enter Kindergarten in Ohio will not graduate from high school (Ohio Department of Education, 2009).
- Approximately 1.2 million youth drop out of high school nationally each year, more than half of whom come from minority groups (Editorial Projects in Education Research Center, 2008).
- Since the start of the recession, an additional 1.2 million 16-24-year-olds nationally have become disconnected from both formal schooling and work (Economic Policy Institute, May 2010 Briefing).
- The class of 2010 will be entering a labor market with the highest rates of unemployment in at least a generation (Economic Policy Institute, May 2010 Briefing).
- Unemployment rates for both college graduates and non-graduates younger than 25 are nearly double their pre-recession levels (Economic Policy Institute, May 2010 Briefing).

### Housing/Homelessness
- On average daily, 250 unaccompanied youth are homeless in Ohio (Coalition On Homelessness and Housing In Ohio, 2009).
- 22% of transition age youth nationally experienced homelessness after leaving foster care (Congressional Research Service, "Youth Transitioning From Foster Care: Background, Federal Programs, and Issues for Congress," May 2008).
- Approximately 53,000-103,000 of the homeless population on a single day are between the ages of 18 and 24 (Burt, Aaron, & Lee, 2001).

### Mental Health
- Of the total population served by Ohio’s community mental health providers 25% are between the ages of 14-25 (Ohio Department of Mental Health, 2009).
- 54% of transition age youth nationally had clinical levels of at least one mental health problem and 20% had three or more mental health problems (Casey Family Programs, The Northwest Foster Care Alumni Study, 2003).
Foster Care

○ On average, 1,300 youth emancipate annually, after age 18, from Ohio’s foster care system (CFSAO, 2007-2008 Factbook).
○ Nationally, over 26,000 youth emancipate from the foster care system at age 18 each year (Congressional Research Service, “Youth Transitioning from Foster Care: Background, Federal Programs, and Issues for Congress,” Adrienne L. Fernandez, May 2006).
○ Over 33% of transition age foster care youth receive neither a high school diploma nor a GED, compared to fewer than 10% of their same-age peers (Casey Family Programs – The Northwest Foster Care Alumni Study, 2003).
○ By age 24, foster care alumni are less likely to earn a livable wage than the general population. Surveys of foster care alumni between the ages of 21-22 reveal doubts that, by age 30, they will be able to earn a middle-class income (Midwest Evaluation of the Adult Functioning of Former Foster Youth).

Juvenile/Criminal Justice

○ There are approximately 8,200 youth and young adults in Ohio’s prison, representing 22% of the total incarcerated inmate population (Ohio Department of Rehabilitation and Corrections, 2009).
○ The daily youth institution population is 1,430 and 1,419 youth and young adults are on parole (Ohio Department of Youth Services, 2009).
○ 28% of transition age youth nationally have been arrested (Casey Family Programs – The Northwest Foster Care Alumni Study, 2003).

Poverty

○ 33% of transition age youth had household incomes at or below the poverty level, which is three times the national poverty rate (Casey Family Programs – The Northwest Foster Care Alumni Study, 2003).
○ Young adults with disabilities are three times more likely to live in poverty as adults than their peers without disabilities (National Collaborative on Workforce and Disability, n.d.).
**Priority #1:** Establish a Comprehensive System of Sustainable Resources by Aligning Agencies' Processes and Policies

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Action Steps</th>
<th>Lead</th>
<th>Timeframe</th>
<th>Impact Expected</th>
</tr>
</thead>
</table>
| 1. Formally appoint and maintain a statewide Youth/Young Adults Transition Steering Committee to ensure processes and policies across departments are aligned and updated into a comprehensive system (by doing the following: reviewing department websites, receiving input from the field, reaching out to non-agency partners, ensuring local involvement, etc.). This committee will identify and confirm state agencies' representatives and stakeholders for the formal Youth/Young Adults Steering Committee. The leader/chair could be appointed by the Governor. The committee could also have a coordinating (implementation) committee comprised of state department designees and stakeholders. | 1. Request the Governor to support legislation or issue an executive order to create the Steering Committee. The request will be made by the committee prior to September 2010, and will include language taken from the Executive Summary of this report.  
➢ Funding: $                                                                 | Governor's Office      | September 2010     | • Oversees the implementation of this plan.  
• Assures cross-system coordination.  
• Policies and efforts within and among state departments focused on youth and young adults in transition are aligned, coordinated, and consolidated.  
• State resources at the state and local levels supporting youth and young adults in transition are maximized.  
• Major gaps in policies, efforts, and resources for youth and young adults in transition are identified and addressed. |
b. **Address the inconsistency of eligibility requirements across departments and create a zone of eligibility.**

<table>
<thead>
<tr>
<th>Step</th>
<th>Details</th>
<th>Responsible Party</th>
<th>Timeline</th>
</tr>
</thead>
</table>
| 1.   | Request the Ohio Family and Children First, and or the Family Engagement Committee, to identify all current state-funded or administered services for youth and young adults and eligibility rules for each service. The Ohio Family and Children First should provide stakeholders an opportunity to assist in the development of this project.  
➢ Funding: $ | Ohio Family and Children First | September - December |
| 2.   | Request the Ohio Family and Children First to solicit existing resource maps from state and county agencies that identify resources for youth and young adults, which also include information on eligibility of services. With this information, we will promote the development of a resource map specifically for the population of transition age youth and young adults. The resource map, or guide, will be made available to state and county agencies, private agencies, and the public.  
➢ Funding: $ | Ohio Family and Children First | September - December |
| 3.   | Request the Ohio Family and Children First to convene an Eligibility Workgroup with state agencies and stakeholders to identify how access to services can be improved and how eligibility for services for youth and young adults can be bridged. This Workgroup could lead to the development of interagency agreements between departments.  
➢ Funding: $ | Ohio Family and Children First | September - ongoing |

- Policies and efforts within and among state departments focused on youth and young adults in transition are aligned, coordinated, and consolidated.
- Major gaps in policies, efforts, and resources for youth and young adults in transition are identified and addressed.
- Youth needs are more effectively met regardless of age change (youth to adult).
### c. Increase viable housing options for youth

1. Request the Governor to support the establishment of a tax benefit program for residential property owners who agree to lease residential living quarters to transitional youth from disadvantaged backgrounds, ages 18-25.
   - Funding: $$$

2. Request the Governor to support a state fund for agencies to provide independent living services to disadvantaged youth and young adults. Examples of these services include: job training, life skills training, and supportive housing programs.
   - Funding: $$$

3. Request the Ohio Department of Development, in collaboration with Ohio Family and Children First, to support focusing a portion of the Continuum of Care (CoC) program on serving youth and young adults.
   - Funding: $

### d. Support pooled resources and public-private partnerships to service youth and young adults in transition by maintaining an active inventory of funding resources for youth and young adults in transition.

1. Request the Governor to require the Ohio Family and Children First Cabinet Council to annually report on how their respective departments have used, or not used, available federal and state dollars to serve youth in transition. The report must be distributed to relevant stakeholders in the public and private sectors.
   - Funding: $$ (initial), $ (ongoing)

2. Request the Ohio Family and Children First to explore and seek public and private
<p>| e. Create comprehensive transition planning and case management systems for youth in transition |
|---|---|---|---|
| 1. Request the Ohio Family and Children First to require each local Family and Children First Council to identify and promote a Transition Navigator (currently employed by a public agency). Each Transition Navigator should be listed on the Ohio Family and Children First website under county profiles. The Transition Navigator’s duties are to be a resource to public and private agencies and the public about available resources and services for youth and young adults in their communities. The Transition Navigator will have an instrumental role in the development of the youth and young adult in transition program (see below). | Ohio Family and Children First | September – ongoing | • Major gaps in policies, efforts, and resources for youth and young adults in transition are identified and addressed. • Policies and efforts within and among state departments focused on youth and young adults in transition are aligned, coordinated, and consolidated. |
| 2. Request the Governor and the Governor’s Workforce Policy Advisory Board to develop a comprehensive youth and young adult in transition program at each One-Stop Center. (There is a Center in each county, and 90 total in the state, operated by Ohio’s 20 Workforce Investment Boards.) | Governor, Governor’s Workforce Policy Advisory Board | September – September 2011 |
| 3. Request the Governor to support funding to authorize the Ohio Family and Children First to develop a transition case management system. | Governor, Ohio | September - |</p>
<table>
<thead>
<tr>
<th>Priority #1 Implementation Sub-Committee:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Kim Hettel, Co-Chair</strong></td>
</tr>
<tr>
<td>Carrie Anthony</td>
</tr>
<tr>
<td>Gina Felton</td>
</tr>
<tr>
<td>Sari Kelpacz</td>
</tr>
<tr>
<td>Mozelle Mackey</td>
</tr>
<tr>
<td>John Magee*</td>
</tr>
<tr>
<td><strong>Mark Mclem, Co-Chair</strong></td>
</tr>
<tr>
<td>Kevin Shepherd</td>
</tr>
<tr>
<td>Kathe Shelby</td>
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<tr>
<td>Rhonda Tatum</td>
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<tr>
<td>Jamie White</td>
</tr>
<tr>
<td>Doris Edelmann*</td>
</tr>
<tr>
<td><strong>Rob Manning</strong></td>
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<tr>
<td><strong>Joani Moore</strong></td>
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<tr>
<td><strong>Vanita Nevis</strong></td>
</tr>
<tr>
<td><strong>Lawrence Parson</strong></td>
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<tr>
<td><strong>Leslie Paull</strong></td>
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<tr>
<td><strong>Angela Lariviere</strong></td>
</tr>
<tr>
<td><strong>Jean Stevens</strong></td>
</tr>
<tr>
<td>*<em>Shannon Teague</em></td>
</tr>
<tr>
<td><strong>Coretta Pettway</strong></td>
</tr>
<tr>
<td><strong>Susan Ignelzi</strong></td>
</tr>
<tr>
<td><strong>Teresa Lampl</strong></td>
</tr>
<tr>
<td><strong>Margo Izzo</strong></td>
</tr>
<tr>
<td><strong>Steven Oster (auxiliary)</strong></td>
</tr>
<tr>
<td><strong>Terese Kobelt (auxiliary)</strong></td>
</tr>
<tr>
<td><strong>Ron Cothran (auxiliary)</strong></td>
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</tbody>
</table>

Information system for transition age youth involved in the social services systems. This database would be accessed by public agencies that provide mental health, alcohol and drug, workforce, children services, developmental disabilities, education, juvenile justice services, and possibly other services for youth. The purpose of this case management information system is to promote cross-systems coordination for transition planning of these youth, i.e. a universal transition plan. Some state regulations across various departments could be amended to recognize this information system as the venue for inputting this information. Or existing information systems could develop portals into it such as SACWIS and CRIS-E.

➢ Funding: $$$

Family and Children First

ongoing
### Priority #2: Communication

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Action Steps</th>
<th>Lead Responsible</th>
<th>Timeframe</th>
<th>Impact Expected</th>
</tr>
</thead>
</table>
| a. Develop a communication plan | 1. Request the Office of Communication for the Governor's Office to create and send out a survey to all state agency communication's departments on how they are currently communicating with their customers. Some of the elements will consist of aligning methods of consistency of messaging and identifying multi-media best practices, polices, and products:  
   - Texting  
   - Social networking (i.e. Facebook, Myspace)  
   - Email  
   - Phone  
   - Best practice link  
   - Face to face in schools, nontraditional schools  
   - Find a way to tap into online schools  
   ➢ Funding: $ | Governor's Office Communication Department and Priority #2/#3 Sub-Committees | January 2011 | • Policies and efforts within and among state departments focused on youth and young adults in transition are aligned, coordinated, and consolidated.  
• State resources at the state and local levels supporting youth and young adults in transition are maximized.  
• Youth are aware of resources, services, and supports in their own community.  
• Youth develop positive peer relationships. |
| | 2. Standards will be developed and shared with youth serving organizations to effectively use technology (i.e. blogs, wikis, FaceBook, MySpace) to transport youth message.  
[Collaborate with Priority 3]  
➢ Funding: $$ | Governor's Office Communication Department and Priority #2/#3 Sub-Committees | January 2011 | |
<p>| | 3. Create an Ohio Means Youth website that would be a portal to link and expand an existing transition website) which includes all services available to youth in transition (state agencies and external partners). | Governor's Office &amp; Priority #2 Sub-Committee/ Priority #3 Sub-Committee | February 2011 | |</p>
<table>
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</thead>
</table>
|   | • Mymissiontransition.com  
|   | • Reentrycoalition.ohio.gov  
|   | • State map with county programs and state programs  
|   | • Clickable  
|   | • Specific county resources  
|   | • Cross systems  
|   | Link to existing resources to inform youth and families about the legislative and advocacy process, and their rights. Post these resources on the website.  
|   | Funding: $$  
| 4. | Develop a resource directory as part of the website (ex., Google Format). Identify successful programs and inform providers so replication can occur via website. (Best Practice Link, Video, Contact Data.)  
|   | Funding: $$  
| 5. | Include resources for youth who wish to pursue owning their own business (entrepreneurs). Link with ODE and ODOD’s Small Business and Entrepreneurship Office.  
|   | Funding: $$  
| 6. | Create link to Ohio’s Here to Help – connecting persons to other state agencies, resource sharing, ODJFS.  
|   | Funding: $  
| 7. | Create link to ODOD’s Ohio Means Home website.  
|   | • Target Youth and Young Adults leaving Ohio and encourage them to stay or return.  
|   | Governor’s Office/ Priority #2 and Priority #3 Sub-Committees  
|   | March 2011  
|   | ODE/ODOD, /OJFS Priority #2 and #3 Sub-Committees.  
|   | March 2011  
|   | Priority #2 Sub-Committee /OJFS  
|   | April 2011  
|   | ODOD/ Priority #2/3 Sub-Committees  
|   | April 2011
### Priority #2 Implementation Sub-Committee:

<table>
<thead>
<tr>
<th>Eric Troy, Co-Chair*</th>
<th>Adrian McMann, Co-Chair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teresa Applegarth</td>
<td>Lisa Dickson*</td>
</tr>
<tr>
<td>Kathy Bachmann</td>
<td>Terri McIntee*</td>
</tr>
<tr>
<td>Ruth Satterfield*</td>
<td>Crystal Ward Allen</td>
</tr>
<tr>
<td>Hannah Phillips</td>
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</tbody>
</table>
## Priority #3: Empowering Youth and Families with Tools for Successful Transition

<table>
<thead>
<tr>
<th>Strategy/Action</th>
<th>Action Steps</th>
<th>Lead Responsible</th>
<th>Timeframe</th>
<th>Impact Expected</th>
</tr>
</thead>
</table>
| **a. Empower youth and families to self advocate** | 1. Promote youth input/involvement in state, regional and local initiatives that impact Y/YAT through state department policies and FCFCs.  
   ➢ Funding: $ | OFCF Cabinet | January 2011 | • Youth voice strengthens final product, empowers youth  
   • Youth/family are empowered to self advocate at all levels.  
   • Policies/efforts within/among state departments focused on Y/YAT are aligned, coordinated & consolidated.  
   • Resources at the state and local levels supporting youth and young adults in transition are maximized.  
   • Youth-serving organizations understand how to communicate effectively w/youth/families  
   • Resources are available, youth/family have tools for advocacy skill development |
| | 2. Develop Guidelines and Supports to promote youth and family involvement in the delivery of services and supports.  
   a. Develop guidelines, training opportunities, and resources for youth and family serving organizations to promote engaging and empowering youth and families. (OFCF Family Friendly Checklist on website, link to Family Engagement activities)  
   ➢ Funding: $ | OFCF Sub-Committee, YEP & OFCF (Kathy and John) | December 2010 – July 2011 |
| | b. Provide resources to support development of self advocacy skills for youth and family.  
   ➢ Funding: $ | | |
| | 3. Standards will be developed and shared with youth serving organizations to effectively use technology (i.e. blogs, wikis, FaceBook, MySpace) to transport youth message.  
   [Collaborate with Priority 2]  
   ➢ Funding: $$ | Collaborate w/ Priority 2 group | January 2011 |
<p>| | 4. Provide training resources for agencies who serve Y/YAT to support effective communication and understand youth | OFCF Sub-Committee | December 2010-ongoing |</p>
<table>
<thead>
<tr>
<th>Culture.</th>
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</thead>
<tbody>
<tr>
<td>a. Recommend that local FCF councils “prepare and train” youth and family members to represent issues on committees, groups and planning events.</td>
</tr>
<tr>
<td>Funding: $$</td>
</tr>
<tr>
<td>5. Create a youth-friendly format to provide youth with opportunities to give input/feedback to government officials (language, terms, translations).</td>
</tr>
<tr>
<td>Funding: $</td>
</tr>
<tr>
<td>6. Provide links to existing resources to inform youth/families about the legislative and advocacy process, and their rights. Post these resources on the transition website. [Collaborate with Priority 2]</td>
</tr>
<tr>
<td>Funding: $$</td>
</tr>
<tr>
<td>7. Recommend that all youth serving organizations create a link to youth specific resources on their website.</td>
</tr>
<tr>
<td>Funding: $</td>
</tr>
<tr>
<td>8. Create a Governors Youth Advisory Council as a stand-alone entity to advise the governor. This Advisory Council should have representatives in the way that cabinet members represent each state department on OFCF Cabinet. The Youth Advisory Council will advise on methods to facilitate and encourage communication between youth stakeholder groups.</td>
</tr>
<tr>
<td>Funding: $$</td>
</tr>
<tr>
<td>OFCF Cabinet directors</td>
</tr>
<tr>
<td>OFCF Sub-Committee/OFCF Cabinet (Diana, Denise, Maggie, Vernita)</td>
</tr>
<tr>
<td>December 2010</td>
</tr>
<tr>
<td>Collaborate w/ Priority 2</td>
</tr>
<tr>
<td>February 2011</td>
</tr>
<tr>
<td>OFCF Cabinet</td>
</tr>
<tr>
<td>March 2011</td>
</tr>
<tr>
<td>OFCF Cabinet, OFCF Y/YAT Steering Committee</td>
</tr>
<tr>
<td>March 2011</td>
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</table>

- Increase access to information for youth.
- Governor values youth involvement, local/state organizations develop local youth councils
## b. Equip youth with necessary skills for living, working, learning independently

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Responsible Parties</th>
<th>Timeline</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Recommend state departments promote workforce development activities to address access and utilization of resources for Y/YAT across state/local systems. Funding: $</td>
<td>OFCF Cabinet, OFCF Agencies, OFCF Sub-Committee</td>
<td>March 2011</td>
<td>• Staff have skills/knowledge to effectively work with Y/YAT</td>
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<td></td>
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<td>• Youth have access to supportive services and resources to meet their needs.</td>
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<tr>
<td>2.</td>
<td>Develop website or clearinghouse of transition support services. Include resources for youth who wish to pursue owning their own business (entrepreneurs) [Collaborate with Priority 2] Funding: $$</td>
<td>Collaborate with Priority 2 Group</td>
<td>February 2011</td>
<td></td>
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</tbody>
</table>

## c. Create community connections for youth

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Responsible Parties</th>
<th>Timeline</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Develop a template for youth-serving entities to use to build a community map based on youth definition of community. [Collaborate with Priority 1] Funding: $</td>
<td>Collaborate with Priority 1 Group</td>
<td>November 2010</td>
<td>• Y/YAT have access to information/resources specific to their community.</td>
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<td></td>
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<td></td>
<td>• Major gaps in policies, efforts, and resources for youth and young adults in transition are identified and addressed.</td>
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<tr>
<td>2.</td>
<td>State departments support creating a transition plan for youth serving entities that: a) Incorporates community connection and ownership for the youth. b) Identifies youth's alternative support system, rights and resources to support youth, including their identified family. c) Includes the areas of living, working, and learning. [Collaborate with Priority 1] Funding: $$-$$$</td>
<td>Collaborate with Priority 1 Group</td>
<td>February 2011</td>
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</tbody>
</table>

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17 | OFCF Youth and Young Adults in Transition Steering Committee, September 2010
## d. Promote access to higher education/adult training/tech training and employment opportunities

<table>
<thead>
<tr>
<th>Step</th>
<th>Responsible Party</th>
<th>Target Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ohio Board of Regents to create a timeline that maps out Steps to Apply for College in a youth-friendly format and post on transition website. Explore opportunity for electronic application for college/university admission.</td>
<td>Ohio Board of Regents (OBR)</td>
<td>March 2011</td>
<td>Application process is streamlined/facilitated for all youth</td>
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<td>Youth/families have knowledge and know options</td>
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<td>School personnel and youth access available tools and supports for career planning.</td>
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<td>Youth, families, schools have options and youth individual needs are met more effectively.</td>
</tr>
<tr>
<td></td>
<td>OFCF Cabinet and ODE</td>
<td>July 2011</td>
<td>School systems are knowledgeable about evidence-based and promising practices that offer the best results for students.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Application process for youth is facilitated.</td>
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<td></td>
<td>OFCF Cabinet and ODE</td>
<td>September 2011</td>
<td>Barriers for youth are reduced, opportunities are increased.</td>
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<tr>
<td>2. Institutionalize career exploration and planning, beginning in middle school, no later than 8th grade (possibly reinstate the Career Passport Program, or similar process).</td>
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<tr>
<td>3. Recommend that each school district create a plan to increase access to, and use of, the Ohio Career Information System and Individual Academic Career Plan, including specific requirements for districts with low graduation rates.</td>
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<tr>
<td>4. Develop a communication plan to promote local systems, youth, families, and other interested parties, to promote their awareness of student options regarding flexible credit, field projects, and options focused on differentiation to serve all learners in the mixed-ability classroom.</td>
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<td></td>
<td>OFCF Cabinet Director;</td>
<td>May 2012</td>
<td></td>
</tr>
<tr>
<td>5. Promote Regional Transition Councils (RTC) be responsible for collaboration and coordination of resources, and for the collection and dissemination of evidence-based and promising practice that support successful transition into adulthood (which goes beyond high school graduation). Recommend youth participation on the RTC.</td>
<td>ODE and Rehabilitation Services Commission</td>
<td></td>
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<tr>
<td>6. Continue work on Electronic Transcript</td>
<td>OBR</td>
<td></td>
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<tr>
<td>7. Consider waiving application fees for at-risk youth</td>
<td>OBR</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Priority #3 Implementation Sub-Committee:**

**Kathy Coate-Ortiz, Co-Chair**

**Melissa Cardenas**

**John Magee**

**Ruth Satterfield**

**Dee Sturgill**

**Eric Troy**

**Shannon Teague**

**Diana McIntosh, Co-Chair**

**Kara Waldron**

**Alex McFarland**

**Shayla Key**

**Sue Beck**

**Lisa Dickson**

**Vernita Provitt**

**Lisa Dickson, Co-Chair**

**Doris Edelmann**

**Fawn Gadel**

**Maggie Jaster**

**Terri McIntee**

**Denise St. Clair**

|  | December 2012 |
|  | December 2012 |
Appendix A: Strategic Planning Process

The Ohio Department of Administrative Services' facilitators used the below strategic planning process with the Steering Committee.

Purpose
Customer Focus
Align

| Strategic Thinking
| Strategic Analysis
| Strategic Intent - Prioritize

To move in that direction
1) Are the right people here?
2) Other resources needed?

Specific ideas to accomplish strategic action
Rate and Rank impact/difficulty/costs
Prioritize ideas

Just Do Some
Create Plans for others (charts)
Assign work
Improvement teams
Write recommendations
Strengths, Weaknesses, Opportunities, and Threats

The Steering Committee (Internal Members) was asked to identify the strengths (S), weakness (W), opportunities (O), and threats (T) related to youth and young adults in transition. Once compiled, the committee identified the highest priorities in each section (indicated with an asterisk (*)) and statements repeated by more than once with a number.

Strengths:
- Resources we have available *
- Transition planning is required for students with disabilities is mandate by law- be in place by the age of 14 *
- Many things going on, services available *
- Youth Councils, Youth leadership & Organizations *
- Passion & Dedication *
- Starting collaborative efforts due to resource demands (3)
- Federal funding streams and regulations (1)
- Wealth of Federal funds available for some programs (community based) (1)
- Pockets of strength in parts of ohio (1)
- Recognized; there is a need and we are now together (1)
- System that are in place
- Regional structures for statewide implementation → emphasis on consistency (1)
- Community based programs (1)
  - YMCA
  - Recreation Programs, Etc...
- Education mandated to serve youth on IEP’s (1)
- Emergence of retirees into Volunteerism (1)
- Customer service driven (1)
- Program planning is very good and uses inter-agency coordination (2)
- Good Referral and Monitoring based (1)
- Effective partnership (2)

Weaknesses:
- Systems are isolated *
- Eligibility criteria vary from agency- to agency or services within the same agency. *
- Different eligibility requirements *
- Silos persist → many agencies aren’t aware of the many programs and services offered by others. *
- Empowering youth to self-advocate and manage their own transitions. *
• Ensuring consistency among regional structures emphasizes a minimum level of service delivery, efforts to improve those who aren’t quite ‘there’*
• Infrastructure: complicated, federal requirements, expensive and do not easily integrate. *
• Poor job opportunities/availability—lots of competition (2)
• Housing
• Inadequate consumer input (2)
• Politics and procedures aren't consumer friendly (1)
• Questionable social skills (3)
• Stigma of labeling
• Need for instant gratification (by youth)
• Stringent outcomes—reduce agency risk (for special populations) ← taking
• High cost of medical care → also not integrated (1)
• Poverty + cycle of poverty thinking (1)
• Budget Constraints (3)
• Communication gaps (2)
• Workforce dev needs (1)
• Information not always available to those in need, in a manner that they can use (1)
• Libraries closing—bad for youth (1)
• Lack of regionalization hurts small county service availability (2)
• Multi-agency reporting requirements over cap and need coordination. (1)

Opportunities:
• Emergence of community college/ recognized ability to communicate, to many, very quickly.*
• Universal healthcare *
  • Corporate responsibility
    • Free Prescriptions, $400 scripts
• Reduce duplication of effects *
  • Moving special needs programs previously separated back into the school district
• Race to the Top Funds → excellent opportunity to coordinate services, use data to plan strategically (2)
• Emphasizes partnership among agencies to best serve students (2)
  • Family Councils
  • School Nurses
• Small business development—green technologies, community gardens (1)
• Business involvement (better) (1)
• Bring communities into schools (1)
• Youth leadership; development (1)
• Shift in culture (1)
  o $102 menu
  o Not have to spend $
• Aging out leaders pass on skills and knowledge (2)
• Workforce development opportunities (2)
• Change legislative mandates (1)
• Massive opportunities for varied work environments (1)
• Federal Funding and foundation funding (2)
• A crisis can promote discussions that may not have otherwise taken place (1)
• Flexible work schedule and work sites (1)

 Threats:
• Difference in youth culture: give up too easy, different work ethic, no tenacity *
• Risk of losing youth/young adults *
• Sustainability of funding streams and resources - what happens when stimulus money and grants disappear? *
• Changes in political environment - emphasis on and support for these efforts to be sustained? *
• Preparing youth for the reality of today’s work environment → increasing challenges in ensuring benefits, job security and etc... (2)
• Increased poverty (1)
• Teen pregnancy (1)
• Complexity of multiple systems (1)
• Lack of public awareness and understanding (1)
• Technology cannot replace the human element (1)
• Legislation, unfunded mandates (2)
• How do we educate employers and break down barriers for those with disabilities? (10)
  o High needs doesn’t necessarily mean higher cost for them
  o Myths of absences, needed accommodations
  o Acclimating employers to ADA requirements
  o Providing incentives to employers
• Potential expansion of the Autism Scholarship Program to all disabilities → what will this mean for districts and service providers?
• Counties entering fiscal emergency-effects county seats (1)
• Option for post-secondary education for students with higher needs → how are they being prepared? (1)
• Completing priorities (1)
"Hidden" consumers or consumer groups (1)
Further economic deterioration (1)

Strategic Intent
The Steering Committee was asked to identify the strategic intent for youth and young adults in transition. Below are the responses from the small groups.

1. Finding ways to institutionalize inter-agency collaboration all the way down to the local level.
   a. A systemic approach—we tend to lose the fluency “in the trenches”
   b. Communicating the plans and strategies to the local level is critical, especially communities that support the educational system
   c. Don’t deliver the message in silos, show why the approach will benefit from them, how it fits the local need.
2. Electronic database/resource that is continually updated, displaying resources, services and programs available
   a. Accessible by agency staff and youth
3. Educating individuals—the law, resources, and programs are there—how can they be updated throughout the state to more effectively serve youth?
4. Building continuity to enable seamless service delivery from one system to another
   a. E.G.- high school to higher education
5. Support Families- Whoever youth define as their family
6. System Navigation- Simplify better collaboration between agencies
7. Support community integration
8. Empower, involve and listen to youth
9. Create a structure that keeps the youth to excess the necessary and the appropriate services.
10. Create a system or structure that allows agency partners to know how to access necessary and appropriate services.

Critical Issues
The Steering Committee brainstormed key critical issues impacting youth and young adults in transition.

- System isolation and inconsistency regarding eligibility services and resources.
- Comprehensive communication and information process.
- Empowering families and youth to self-advocate.
- Sustainable resources for youth.
- Equipping youth with necessary skills for independence, job acquisition, financial, social interaction, etc.
- Creating community connections for youth.
- Communication information about transition services.
- Create a system for continuous agency collaboration on youth/young adults in transition.
- Every initiative should involve outreach to include youth and family involvement.

Priorities

The Steering Committee collapsed the above critical issues into five priorities which will become the focus of the plan.

1. Systemizing and aligning agencies’ processes.
2. Communication
3. Empowering youth and families with tools for successful transition to adulthood.
4. Sustainable resources for youth.
5. Exiting out of unique systems and connecting to services.

With the above priorities, the committee reviewed existing transition plans as well as the SWOT information to develop draft strategies for each priority. Plans reviewed included the Youth Empowerment Plan; the ODE Transition Regional Councils; and the Colorado Interagency Youth Transition Homelessness Plan. Committee members were asked to fold in existing plans or initiatives that their agency was involved with or aware of so to ensure all efforts were being incorporated and duplication was prevented.

The Steering Committee was then expanded to include key external members who could bring forward expertise, knowledge, and passion to help further refine the strategic priorities and strategies.
Appendix B: Steering Committee's Charter

Purpose
The purpose of Ohio Family and Children First’s Youth and Young Adults in Transition Steering Committee is to align or consolidate youth transition resources, policies, services, and efforts among state departments.

Target Population
Youth and young adults ages 14-25 with particularly emphasis on those most vulnerable.

State Level Outcome
Youth transition efforts are streamlined, effective and efficient.

Objectives
- Align, coordinate, and consolidate policies and efforts within and among state departments focused on youth and young adults in transition.
- Align, coordinate, and possibly blend state resources at the state and local levels supporting youth and young adults in transition.
- Identify major gaps in policies, efforts, and resources for youth and young adults in transition.

Outputs
- Duplicative efforts for youth and young adults in transition are reduced.
- Improved accessibility for youth and young adults.
- Responsive service alignment for youth and young adults.
- Agencies report better coordination and cost effectiveness.
- Agencies more informed by youth and young adults of their needs and concerns with state level policy making.
<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Convene Steering Committee</td>
<td>a. October 2009</td>
</tr>
<tr>
<td>b. Youth Panel presents to inform committee</td>
<td>b. October 2009</td>
</tr>
<tr>
<td>c. State plan developed and signed off by Cabinet.</td>
<td>c. January 2010</td>
</tr>
<tr>
<td>d. Shared with stakeholders for feedback and revisions.</td>
<td>d. February 2010</td>
</tr>
<tr>
<td>e. Plan implemented with at least one area of youth transition aligned or consolidated/planning continues.</td>
<td>e. February – August 2010</td>
</tr>
<tr>
<td>f. Feedback on alignment impact from local level is gathered.</td>
<td>f. August 2010</td>
</tr>
<tr>
<td>g. Feedback on alignment impact from state departments is gathered.</td>
<td>g. August 2010</td>
</tr>
<tr>
<td>h. Report on efforts aligned and future recommendations provided to Cabinet and Governor.</td>
<td>h. September 2010</td>
</tr>
</tbody>
</table>

**Composition of the Committee**

The Steering Committee will be comprised of representatives from state agencies that are directly involved in youth transition efforts, along with other state agencies' staff as identified. External stakeholders, including youth and young adults, will be asked to participate as well. See below invited committee representatives.

**Committee Operations**

A facilitator will guide the discussion and work of the Steering Committee. The Steering Committee will make policy recommendations to the OFCF Deputy Directors group for review. The recommendations will then be shared with the OFCF Cabinet Council for discussion and approval for submission to the Governor's Office.
Committee Members

Internal:
Melissa Cardenas, Ohio Board of Regents
Kelly Bernard, Ohio Board of Regents
Mozelle Mackey, Ohio Department of Aging
Joani Moore, Ohio Department of Alcohol and Drug Addiction Services
Ruth Satterfield, Ohio Department of Alcohol and Drug Addiction Services
Vanita Nevis, Ohio Department of Development
Leslie Paull, Ohio Department of Developmental Disabilities
Eric Troy, Ohio Department of Education
John Magee, Ohio Department of Education
Kathe Shelby, Ohio Department of Education
Kara Waldron, Ohio Department of Education
Dee Sturgill, Ohio Department of Education
Kathy Bachmann, Ohio Department of Health
Rhonda Tatsum, Ohio Department of Health
Carrie Anthony, Ohio Department of Job and Family Services
Teresa Applegarth, Ohio Department of Job and Family Services
Gina Felton, Ohio Department of Job and Family Services
Kathy Coate-Ortiz, Ohio Department of Mental Health
Robin Moore-Cooper, Ohio Rehabilitation Services Commission
Coretta Pettway, Ohio Department of Rehabilitation and Correction
Kimberly Hettel, Ohio Department of Rehabilitation and Correction
Kevin Shepherd, Ohio Department of Youth Services
Rob Manning, Ohio Department of Youth Services
Hannah Phillips, Ohio Department of Youth Services
Vernita Provitt, Ohio Department of Youth Services
Sari Klepacz, Office of Budget and Management
Lawrence Parson, Office of Budget and Management
Shannon Teague, Ohio Benefit Bank
Amy Rohling McGee, Governor’s Office

External:
Angela Sausser Short, Ohio Family and Children First, Chair
Rosita, Youth
Adrian, Youth
NaShawn, Youth
Shayla, Youth
Alex, Youth
Jean Stevens, Guernsey County Juvenile Court
Crystal Ward Allen, Public Children’s Services Association of Ohio
Sue Beck, Ohio Secondary Transition Improvement Grant
Susan Ignelzi, Ready to Launch
Angela Lariviere, Youth Empowerment Program
Maggie Jaster, Youth Empowerment Program
Chris Filler, OCALI
Lisa Dickson, Foster Care Alumni of America, Ohio Chapter
Doris Edelmann, Montgomery County Children Services
Diana McIntosh, Hamilton County Mental Health and Recovery Services Board
Margo Vreeburg Izzo, Nisonger Center, OSU
Jessica Lodermeier, Henkels and McCoy
Terri McIntee, State Advisory Panel for Exceptional Children
Liz Henrich, Ohio Association of County Behavioral Health Authority
Teresa Lampi, Ohio Council for Behavioral Health and Family Services Providers
Mark Mecum, Ohio Association of Child Caring Agencies
Denise St. Clair, National Center for Adoption Law and Policy, Capital University Law School
Fawn Gadel, National Center for Adoption Law & Policy, Capital University Law School
Appendix C

SWOT Analysis Report
On February 1, the FCFC Vulnerable Youth in Transition Committee came together to develop a SWOT analysis for the current system of providing for and supporting the youth in our community as they move from the services and programs available to them as members of the youth community to the programs and services available to them as adults.

The following is a report of that SWOT Analysis, highlighting the group’s decision on what are the key elements for each item of the SWOT and summarizing the other comments made for each item.

In some instances, comments that were highly similar were collapsed into one summary comment.

Executive Summary:

The Group believes that the community, in general, and this group, in particular, has the energy, a willingness to come together to work on behalf of this population. However, there is a recognition that manmade silos still exist that hinder cooperation and that an unintended consequence of the current system is the “gapper” population. There are also silos within the IT environment as systems and databases don’t talk with each other. Further, the agencies that have a desire to work together are sometimes forced into a default position of competition as they must bid for the same funds. And, funding is further a challenge as so much of it comes with strings attached (restrictions on spending) or may be dependent on specific eligibility criteria which may not match best use or need.

The Group believes that we are at an opportunity to re-engineer the system and the collaboration between and among the relevant agencies and entities so that systems talk and the agencies collaborate rather than compete and provide a continuum that eliminates gaps. And, in particular, the Group believes in focusing on workforce development programs to create real opportunities for this population.
Strengths

Key Strengths

• Attitude and Energy: Sense of Collaboration and Commitment/Willingness to Come Together and Take-On the Issue/Passion for Children
• Innovative Groups and Individuals
• Post Secondary Opportunities
• Available Resources in the Community (now we need to get them working together)

The Group was fairly consistent and united in its agreement on the key Strengths.

In summary, the Group believes that 1) the energy, sense of cooperation, innovativeness and willingness to address this issue; the 2) availability and volume of raw data about this population (noting that the quality of the data may be inconsistent and that each system or program may have systems that do not exchange data with others or maintain data in a similar, apples-to-apples fashion) and finally, 3) the region’s offering of post-secondary education are the leading strengths upon which a solution can be built.

Other Strengths

• Dedication of Children’s Services Staff
• Community pulls together, especially for funding
• “No Wrong Door” program
• Learning from mistakes
• Youth population is smart, survivors
• Recognition of different talents coming together for the common goal
• We have “veteran” input, we are inviting the youth in to the process
• The youth of our area have a voice in the state and federal discussion
• Quantity of data available to us
• Group is looking at trends, i.e. service brokers
Weakness

Key Weaknesses

• Some silos still in place between and among the programs, services and providers
• The presence of “gapper” kids, the group that no one program, service or provider clearly “owns”
• Lack of ability to share data across systems, systems don’t talk to each other, data isn’t readily accessible
• Less opportunities for transition from the period after emancipation (the 6-month bridge of the IEO has gone away)
• Difficulty getting funding for operations or for maintaining programs in favor of funding for new programs
• Competition among agencies for the same funding
• Restrictions tied to funding (lack of flexibility)

The Group demonstrated more diversity of opinions on determining key weaknesses than the consensus about key strengths. But, in short, key weaknesses were 1) funding issues, such as too many restrictions, groups competing and 2) the lack of a continuum (this included a continuum of data), whether that was the presence of a gapper population, the loss of the IEO or a general silo mentality rather than a continuum mentality.

Other Weaknesses

• Flawed ideal of the home to independent living transition
• Presence of kids being emancipated at 18 who have not been in the system and don’t always qualify for programs and services
• Diminishing workforce in this field (fewer coming in and others going out because of funding/job cuts)
• Racism issues
• Labeling of youth
• Trust
• Seeing the population as one group (eligibility requirements have gone away)
• Trauma Informed Care is not a default
• Policy variances/differences
• We ignore issues/challenges because we are risk averse
• Some institutions are still learning that this population is among us - and learning what they need - and knowing how to prepare for them
• No safety margin
• Not all systems have access to federal waivers
Opportunities

Key Opportunities

• Strong workforce development programs and initiatives for this; living wage jobs can be keyed to this population
• To create a continuum of services, develop a streamlined process
• To find a way to get the systems to talk to each other
• A chance to redeploy the resources so that they work more effectively a reengineering of the resources already in place
• Channel energy into real action
• Conduct and provide a solid, quantitative survey and research report of the system

The Group displayed terrific energy in the discussion of opportunities and there was a range of opinions about the strongest opportunities. Perhaps interestingly, the most tangible and specific opportunity is that of the development and support of workforce development programs that lead to living wage jobs for this specific population. There were numerous comments in support of the idea of moving this group from “discussion” to “action” (see the 5th bullet point above).

Other Opportunities

• National Youth Council includes two individuals from Montgomery County
• The federal and state environment is ripe for a change
• We can tap into the younger generation for their input and ideas, use the consumer voice and ask members of this population to assist with the solution
• The SAMSHA Grant - a more uniform process
• To use State funds more flexibly
• Communities Learning in Partnership (CLIP) Grant (counseling and academic coaching for this population with an identifiable person)
• Completion by Design at Sinclair Community College
• All educational institutions working together (*Note the possible relationship between this and an opportunity voted as a key opportunity - “Strong workforce development programs and initiatives for this living wage jobs can be keyed to this population”)
• Considerable fundraising for the issue with entities working together as one team
• Creating jobs within the Agency for this population
• Provide career planning for this population (*Note the possible relationship between this and an opportunity voted as a key opportunity - “Strong workforce development programs and initiatives for this living wage jobs can be keyed to this population”)
• A chance to set the priorities - a chance to connect the dots
• A funding opportunity from ODMH (for housing)
Threats

Key Threats

- Complexity of measurement of services, outcomes, in order to collect data, measure data and report data
- The sense or culture of “me-ism” that is still present among individuals and agencies
- People pulled in too many directions

The discussion of threats and what the group decided were key threats continue a theme that suggest where energy and attention and specific action might be directed, that is, 1) how to enable people to focus on this issue, make this issue a priority among other issues competing for attention, 2) to work to build a team among and between agencies and programs that will break down the silos and the “me-ism, and 3) to make some real progress toward collecting, managing and mining data so that it moves from raw data to meaningful information.

Secondary Threats

- The fear, or threat, of change
- Data and other issues require state and federal input
- Lack of action
- Media representation of this population

Other Threats

- If we don’t do something different, the outcome will be disastrous
- Lack of success to date
- Societal expectation is willing to accept less than 100% successful outcomes
- Tunnel vision
Appendix D

Data Subcommittee Recommendations
DATA SUBCOMMITTEE
Recommendations and Initial Implementation Strategies

**Recommendation:** Establish an IT system which can access, store, share and aggregate data for youth, ages 16-24, who access governmental or other support systems, including child welfare, behavioral health, education, public health, criminal justice, homeless assistance, developmental disabilities, etc.

**Strategies:**
- Convene all providers to establish essential features of a shared data system. Essential components may include:
  - Web based environment with mobile access
  - Document management and storage capability
  - Access by service providers
  - Data aggregator and Reporting capability
  - Search capability
  - Secure identification (i.e. Thumbprint)
  - Statewide database access
  - Possible self-service component to enable youth to utilize system to store personal records including medical records, birth certificate, immunization records, etc.
  - Possible access to ODJFS benefits activity (SACWIS)
  - Identify case manager(s) and any probation officer contact(s)
  - Explore possible use of existing HMIS assessments including:
    - Basic demographic profile
    - Childhood assessment
    - Immunization
    - Education
    - Behavioral health diagnosis
    - Medical, medications
    - Residential history
    - Case managers, probation officers

- Engage a technology consultant who can review existing data sharing systems and best practices in other communities to outline various options for a centralized data management system. The review should include:
  - Existing state- and county-wide systems such as the Ohio Benefit Bank and HMIS (Service Point) system currently utilized by other service providers to determine if existing data sharing systems can be modified to accommodate this new use
  - Explore state Health Information Exchange to determine if this system has an applicability to vulnerable youth in transition
  - Explore advantages of utilizing a cloud-based technology.
  - Explore youth initiated and counselor assisted as two methods of getting information entered into a shared system.
  - Compare the data sharing recommendations of the Youth in Transitions Committee with the data sharing work group currently underway as part of the implementation of the Alcohol and Other Drug Task Force report.

Phase I: 6-12 months
Phase II: 1 year or more
DATA SUBCOMMITTEE
Recommendations and Initial Implementation Strategies

Strategies (continued):
- Utilize a phased-in approach to gain acceptance of the shared data system.  **Phase I**
  Start small and grow the system by:
  • Creating a simple porthole (link) for all participating agencies that could be on
    the desktop for users of the system.
  • Requesting limited data input in initial phase to encourage buy-in with simple
    data fields such as name, OOB, race, and date/type of services accessed from
    the provider to identify common clients.
  • Utilize a system that can import/export data between existing systems.

Phase I: 6-12 months
Phase II: 1 year or more
Appendix E

Education, Training and Employment Subcommittee Recommendations
**EDUCATION, TRAINING AND EMPLOYMENT SUBCOMMITTEE**

**Recommendations and Initial Implementation Strategies**

**Recommendation:** Develop a one-stop Resource Center to be housed at The Phase I Job Center, staffed by rotating professionals from community service providers. It would provide access to information and resources for youth, parents/guardians, educators, social service professionals, and others involved with youth in transition.

**Strategies:**
- Conduct cost/benefit analysis (including ability to offer more services because of the new one-stop resource center).
- Develop a team of community partners to pursue this recommendation and bring forth a plan for implementation.

**Recommendation:** Implement more life skills training opportunities, including job readiness skill development. Phase II

**Strategy:**
- Pilot peer-to-peer life skills education; include college students and others with relevant life experiences.

**Recommendation:** Advocate for policy change (ODE) to better serve those not succeeding in traditional schools. Phase II

**Strategy:**
- Partner with Sinclair's Fast Forward Center.

**Recommendation:** Include education and employment focus (e.g., quality career counseling, job readiness skills) in service delivery to vulnerable youth in transition. Phase II

**Strategy:**
- Assess various methods of achieving this goal and their viability (such as creating Education and Employment Specialist positions).

**Recommendation:** Identify or create more low-cost housing options for youth in transition. Phase II

**Strategies:**
- Establish dialogue between low-cost housing programs and post-secondary/community non-profits.
- Collaborate with Homeless Solutions Policy Board.

**Phase I:** 6-12 months
**Phase II:** 1 year or more
Appendix F

Housing Subcommittee Recommendations
Recommendation: One entity must take responsibility for coordinating housing, information and referral, as well as for collecting/analyzing data.  

**Strategy**
- Continue work done by Homeless Solutions and use as a model for creating IT system referenced in Data recommendation.

Recommendation: Develop sufficient case management services to meet the needs of those vulnerable youth in transition at high-risk for homelessness.

Recommendation: Start a supportive housing program for “gappers” with a small number of youth, after funding for services is found.

Recommendation: Expand housing, employment and supportive services for foster youth and others similarly situated (for example, First Place for Youth in Oakland, California).

**Strategies:**
- Pursue funding for housing and services (such as life skills education, employment assistance) from state and federal public and private sources.
- Utilize Section 8 vouchers that have been set aside for this population by Greater Dayton Premier Management (public housing authority).
- Support the collaboration between Montgomery County and Butler County in establishing a housing program for youth in transition with serious and persistent mental illness.

Recommendation: Utilize a mentoring engagement model (similar to that used in the Community Initiative to Reduce Gun Violence) to connect with vulnerable youth in transition resistant to services.

**Strategy**
- Pursue funding for additional staffing.

Recommendation: Services developed for youth in transition must meet the needs of sex offenders and recognize not all sex offenders are the same.

**Strategy**
- Collaborate with the Office of Ex-Offender Re-Entry and the regional office of Ohio Department of Youth Services.

Phase I: 6-12 months
Phase II: 1 year or more
Appendix G

Mental Health and Case Management Subcommittee Recommendations
MENTAL HEALTH AND CASE MANAGEMENT SUBCOMMITTEE
Recommendations and Initial Implementation Strategies

**Recommendation:** The community should adopt a uniform set of high quality case management standards, as outlined in the document developed by the Mental Health and Case Management Services Subcommittee. Everybody benefits from having a system of quality standards that is acceptable across all systems and creates a mutual understanding of those standards that all systems will buy into.

**Strategy:**
- The documented set of quality standards for mental health and case management services should be promoted to providers through the following steps:
  - Have all of those agencies that have already been involved - and are already in agreement - to sign off showing their endorsement of the document.
  - Utilize local dollars to shift the way services are purchased to ensure case management services abide by quality standards and guarantees a heightened level of accountability. Present this to the funders in the area to make this a requirement for their funded agencies. Then they will hold them accountable through their contract monitors. It is the intent to discontinue funding to agencies that do not abide by high quality case management standards.
  - Hold an event where all social service partners are invited. Present these standards to them and do a signing of agreement of these standards.
  - Then have ongoing communication to make sure everyone is still on board with the standards.
  - Once Montgomery County providers on board, expand these quality standards to surrounding counties.
  - Phase three includes expanding these standards to the state level for consideration of statewide implementation.

**Recommendation:** Standardized training should be provided to ensure all case management providers are fully aware of - and invested in - providing high quality case management services.

**Strategy:**
- All organizations that employ case managers should conduct new case manager orientations which should include:
  - Training that incorporates education on high quality case management standards and not just procedural information.
  - Tours of area systems and services to build their knowledge of available resources.
  - Identification of case manager liaisons at each respective agency to facilitate one-to-one relationships between the case managers of different systems.

Phase I: 6-12 months
Phase II: 1 year or more
MENTAL HEALTH AND CASE MANAGEMENT SUBCOMMITTEE
Recommendations and Initial Implementation Strategies - (continued)

**Recommendation:** Develop a system that institutes “senior” case managers. This structure creates a hierarchy of case managers whereby entry level workers can strive for job promotions which will assist with minimizing staff turnover. Senior case managers are individuals who have been promoted because they have demonstrated competency in providing high quality case management services.

**Strategies:**
- Promote the use of senior case managers utilizing the model used at the St. Joseph Orphanage in Hamilton and Butler Counties.
- Senior case managers should mentor all entry level workers to ensure competency around quality standards of case management.

**Recommendation:** Develop and institute mechanisms for accountability that includes client satisfaction and outcome measures and confronts individuals/organizations not abiding by the standards.

**Strategies:**
- Institute a process whereby agencies have the ability to document and show proof of acceptable case management practices.
- Have individual case managers report this information to the authority at the organization level for ongoing quality assurance and improvement.
- Develop and convene a county-level group responsible for coordinating and monitoring quality systems of care. Individuals serving on this group should have knowledge of survey development and administration as well as data collection and analysis (both qualitative and quantitative data). This group should also include members from funding organizations who will take this information into consideration when making funding decisions.
- Have organizations report accountability measures to this group who will oversee the county-wide system of care.

**Recommendation:** Develop a case management certification. This will heighten the credibility of the profession and ensure case managers are receiving the necessary education on high quality case management standards.

**Strategy:**
- Collaborate with one (or more) of the local universities to develop the case management certification.

Phase I: 6-12 months
Phase II: 1 year or more
Appendix H

Case Management Standards
Case management is a vital service for many individuals in need of assistance in becoming healthy, happy, self-sufficient individuals. The intent of this document is to identify the gold standard for quality case management services. It intends to minimize fragmentation among service systems by endorsing evidence-based guidelines in practice, navigating transitions of care, incorporating adherence guidelines and other standardized practice tools, expanding the interdisciplinary team in planning care for individuals, and improving client safety.

**Definition of Case Management**

Case management is a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual’s and family’s comprehensive needs through communication and available resources to promote quality services and cost effective, measurable outcomes.

**Guiding Principles**

Case management guiding principles, interventions, and strategies are targeted at the achievement of client stability, wellness, and autonomy through advocacy, assessment, planning, communication, education, resource management, care coordination, collaboration, and service facilitation. They are based on the needs and values of the client and are accomplished in collaboration with all familial relationships and service providers. This accomplishes care that is appropriate, effective, client-centered, timely, efficient, and equitable. Case managers should:

- Use a client-centric, collaborative partnership approach
- Whenever possible, facilitate self-determination and self-care through the tenets of advocacy, shared decision making, and education
- Use a comprehensive, holistic approach
- Practice cultural competence, with awareness and respect for diversity
- Promote the use of evidence-based care, or other best practices, as available
- Promote optimal client safety
- Promote behavioral change by adapting the intervention to the needs of the individual in their unique stage of change
- Link with community resources
- Assist with navigating the social service system to achieve successful care, for example during transitions
- Pursue professional excellence and maintain competence in practice
Montgomery County Vulnerable Youth in Transition Committee
Mental Health & Case Management Services Subcommittee
Quality Standards for Case Management Services - (continued)

- Promote quality outcomes and measurement of those outcomes
- Support and maintain compliance with federal, state, local, organizational, and certification rules and regulations
- Strive for cost effectiveness by being fiscally responsible and mindful of resource challenges and availability for each individual's unique needs and circumstances
- Ensure a seamless transition of services for individuals aging out of the youth system and entering the adult system to eliminate opportunities for client disengagement during this critical period of time

Quality Standards
A high quality case management system should:
- Incorporate an assessment of the person’s situation including living situation, educational needs, family supports, employment needs, etc, and other essential components
- Include walking with the person through situations rather than simply handing them a brochure and expecting them to do it themselves
- Be offered in a climate that allows direct communication between the case manager, the client, their support system, and other appropriate service personnel, in order to optimize the outcomes for all concerned
- Be void of the turf mindset and include a comprehensive array of services to meet the needs of the whole person; siloed systems only create barriers to obtaining optimal wellness
- Focus on meeting the person where they are individually; the case manager should not impose their own thoughts/beliefs about where they think the client should be
- Be engaging, open, inviting, and offered with empathy
- Be accessible and available outside of the normal business hours
- Empower clients rather than enable them
- Advocate for, and assist clients with, overcoming system barriers
- Provide consistency in staffing because one effective case manager helps the client to build trusting relationships with people in the helping profession

Functions of Case Managers
Include:
- Conducting a comprehensive assessment of the client’s holistic needs, including both strengths and deficits, and developing a case management plan collaboratively with the client and family or caregiver
- Planning with the client, family or caregiver, the primary organization, provider, other health and social service providers, and the community, to maximize positive responses, quality, and cost effective outcomes
- Facilitating communication and coordination between the client and members of the social service system in the decision-making process in order to minimize fragmentation in the services
- Coordinating with case managers of other systems, to include (but not limited to): child welfare, developmental disabilities, housing, mental health, substance abuse, education, healthcare, and others, to maximize resources and services for clients
• Informing the client, the family or caregiver, and members of the social service system about options, community resources, and psychosocial concerns so that timely and informed decisions can be made that meet the individual’s needs
• Empowering the client to problem-solve by exploring options, when available, and alternative plans, when necessary, to achieve desired outcomes.
• Encouraging the effective use of social services, striving to improve quality of care on an individual basis
• Assisting the client in the safe and coordinated transitioning of care to the next most appropriate level of self sufficiency
• Striving to promote client self-advocacy and self-determination
• Advocating for the client to facilitate positive outcomes for the client and the social service system; however, if a conflict arises, the needs of the client must be the priority
• Transition planning for individuals aging out of the youth system and entering into the adult system; this process should begin at least six months prior to becoming emancipated from a particular system to eliminate any gaps in services during this time

The underlying premise of case management is based in the fact that when an individual reaches the optimum level of wellness and functional capability, everyone benefits: the individuals being served, their support networks, and the service delivery systems. Case management serves as a means for achieving client wellness and autonomy through advocacy, communication, education, identification of service resources, and service facilitation.