“As parents, we all want our children to grow up happy and healthy. When we run into challenges to meeting this goal, the path can be unclear. When our family began my journey into the world of mental health and wellness with my young children, we struggled to find appropriate and available treatment for them. Many professionals did not want to listen to our concerns, instead dismissing them as typical parenting woes. It took almost three years and many appointments to get the help we needed.

“The early years are important in building a strong foundation for future success. Because our family intervened early, our children have been able to be successful in many ways. The strategies we learned as a family helped improve their readiness for school and challenges as they developed.

“Over the years, there have been many improvements in how parents access programs and services. The addition of Project LAUNCH is another piece to the puzzle. Project LAUNCH promotes the health and well-being of children from birth through eight years old. It will increase the public’s knowledge of early childhood emotional wellness, and increase coordination and collaboration between child serving systems and programs to allow families access to appropriate, available services and supports when needed. It will also engage a wide variety of people throughout the local community and state to make changes to practice and policy on behalf of the mental health and wellness of young children. As a parent, I am excited to see the positive changes Project LAUNCH will encourage for all young children and their families in Pennsylvania.”

Those are the words of a parent cited by the possibilities offered by the most recent five-year federal grant awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA) to the Office of Mental Health. The acronym LAUNCH stands for Linking Actions for Unmet Needs in Children’s Health. The OMHSAS Bureau of Children’s Behavioral Health Services is partnering with the Office of Child Development and Early Learning and the Department of Health in implementing the grant. The project’s main goals are to support young children’s healthy physical, social, emotional and cognitive development, help strengthen families, and promote parent-child interactions that support healthy development.

During the first three years of the grant, Pennsylvania’s Project LAUNCH will be piloted in the Baldwin-Whitehall and Woodland Hill communities in Pittsburgh, Allegheny County. During the last two years, the successes will be shared with all counties to support and encourage statewide expansion.

Project LAUNCH is a prevention and promotion program that focuses on improving the systems that serve young children, ages 0-8, and their families. Partnerships at the state level help increase the capacity of child-serving systems to develop evidence-based services using the following strategies:

1. **Screening and assessment in a range of child-serving settings to promote early identification of risk factors and...**
Using Federal Grants to Develop New Service Approaches

By Stan Mrozowski

This edition of the newsletter takes a detailed look at the Office of Mental Health and Substance Abuse Services’ management of numerous federal grants. These grants support county-based systems of care, safe schools and healthy students, youth suicide prevention, early childhood social and emotional development, and support for transition-age youth and young adults.

The current extensive use of federal grants by OMHSAS is unprecedented, but the practice is not entirely new. There has been a long history of federal grants being used across the country to support the expansion of national priorities at the state and local level. The first national policy on children’s mental health was established in 1984. Federal legislation provided funds to form the Child and Adolescent Service System Program (CASSP). In Pennsylvania we used these federal funds to support the development of a CASSP system, a multi-system collaboration with youth and families in every county.

Since the 1990s, federal grants have helped CASSP evolve into more comprehensive, coordinated, community-based systems of care in local communities. Several counties in Pennsylvania—Philadelphia, Allegheny, and Beaver—were successful in applying for system of care grants to expand the CASSP multi-system approach to serve children and families. Gradually the federal government began to emphasize larger scale development. In 2009, OMHSAS successfully applied for funds to develop systems of care in 15 counties. In 2010, OMHSAS was successful in applying for a grant to develop a plan to expand Systems of Care in all counties, and in 2013, a grant was awarded to implement that plan.

In addition to these System of Care grants, OMHSAS has also taken advantage of other federal opportunities. In 2008, OMHSAS began a concerted effort to address youth suicide prevention, initially by working with primary care practices, and recently by working with schools. In 2013, OMHSAS collaborated with the Department of Education to receive a Safe Schools/Healthy Students grant to address concerns about bullying, school violence, and school failure. In 2014, OMHSAS collaborated with the Department of Health and the Office of Child Development and Early Learning to receive a grant to address the social and emotional development of young children and their families. Also in 2014, OMHSAS received a Healthy Transitions grant to develop services and supports for transition-age youth and young adults.

These federal grants are not stand-alone initiatives with limited impact. In fact, they are a significant part of the overall goal of the OMHSAS children’s bureau, which envisions partnerships between the child-serving systems and youth and families, as well as partnerships between the state and counties, schools and local communities. These grants help to push the child-serving systems forward, meet unmet needs, and do things that otherwise we would be unable to do. They represent the way we want our systems, and our society, to support the social, emotional, and behavioral health needs of youth and their families now and into the future.

Stan Mrozowski is director of the OMHSAS Bureau of Children’s Behavioral Health Services.
Youth Suicide Prevention in Schools and Colleges

by Matthew Wintersteen

The Substance Abuse and Mental Health Services Administration (SAMHSA) has awarded several grants to the Office of Mental Health and Substance Abuse Services (OMHSAS) to develop youth suicide prevention activities across the state. The project team has consisted of OMHSAS staff, academics, researchers, and clinicians in Harrisburg and at The Children’s Hospital of Philadelphia, Drexel University, Thomas Jefferson University, and the STAR-Center (an affiliate of the University of Pittsburgh Medical Center). Initially funded in 2008, these efforts targeted primary care and other medical practices serving youth. We engaged over 35 primary care practices and three emergency medicine departments in 11 counties in Pennsylvania by providing focused training on suicide assessment and intervention, psychosocial screening, and enhanced linkages to behavioral health services in the neighboring communities. In all, over 10,000 youth were screened with 1,850 of those youth reporting previous thoughts of suicide. Of those, about 850 were referred for treatment. For more information about this work, please visit www.payspi.org/gls/PCP.

Most recently, OMHSAS was awarded $3.68 million to focus youth suicide prevention efforts in school districts, community colleges, and universities throughout the state over the next five years. The project team is in the final planning stages before full rollout this summer. Using an approach that includes our previous efforts in primary care, as well as our new partnerships with schools, colleges, and behavioral health providers, the project goals include:

a. Increasing the number of persons trained to identify and refer youth at risk for suicide in schools, colleges, and universities;
b. Increasing the number of clinical service providers (including those working in schools, mental health, and substance abuse) trained to assess, manage, and treat youth at risk for suicide;
c. Increasing awareness about youth suicide prevention, specifically the promotion and use of the National Suicide Prevention Lifeline;
d. Comprehensively implementing applicable sections of the 2012 National Strategy for Suicide Prevention to reduce rates of suicidal ideation, suicide attempts, and suicide deaths in their communities; and
e. Promoting state systems-level change to advance suicide prevention efforts in our public schools.

We will provide technical assistance for developing suicide prevention plans, staff training, and screening with facilitated referral for diagnosis and treatment. We will be working with school district Student Assistance Teams, and with the Student Assistance Program liaison agencies. This grant includes funding to assist provider agencies in training staff in validated screening instruments and providing evidenced-based treatment for students who are identified through the screening process to be in need of mental health or substance abuse services. In the end, this project will help Pennsylvania school districts not only to meet their new Act 71 requirements for suicide prevention training but also to make a larger impact in their schools and communities. To learn more about how school districts can get involved in the project, please visit www.payspi.org/gls/schools.

An exciting activity supported by the grant is the annual public service announcement contest for youth suicide prevention, conducted by the Pennsylvania Youth Suicide Prevention Initiative (PAYSPI). The contest is in its third year; the winners of the 2015 contest were announced on March 9. The goal of this initiative is to engage Pennsylvania youth in creating their own messaging for peers, teachers, families, and others in their community. Nearly 50 outstanding entries from students all over the state were submitted in the categories of posters, 60- and 30-second videos, as well as 30-second audios. To see the winners, honorable mentions, and other notable contributions, please visit www.payspi.org/psa.

Finally, as part of the new SAMHSA-funded grant, PAYSPI is organizing a coalition of Pennsylvania’s colleges and universities into a collaborative learning environment to generate sustainable campus-based ideas to address the needs of students at increased risk for suicide. All 181 Pennsylvania colleges, community colleges, and universities were recently invited to participate. Over 50 percent of all campuses have expressed an interest and willingness to get involved. Participation includes monthly conference calls or web-based video meetings, as well as one face-to-face meeting each of the five years of the project. The location of the annual face-to-face meeting will rotate across the state. Campuses may include anyone at their college or university with a direct role with students, particularly in areas such as student health, counseling centers, residence life, and student life.

While much of the coalition meetings’ content will develop organically over time to address the collective needs of campuses, the initial plan is to draw on resources provided by the Jed Foundation’s Campus Program, which focuses on several areas: promoting social connectedness, identifying students at risk, increasing help-seeking behavior, providing mental health services, following crisis management procedures, restricting access to potentially lethal means, and developing life skills. In addition, campuses with existing programs designed to reduce risk among students will share their successes and challenges, including their ability to identify and receive funding to support their efforts.

In the end, the goal is for campuses to hear about, generate, and develop new ideas to promote the emotional well-being of students and to do so in collaboration with other Pennsylvania colleges.

Matthew Wintersteen is assistant professor in the Department of Psychiatry and Human Behavior at Thomas Jefferson University, Philadelphia. For more information, contact him at matthew.wintersteen@jefferson.edu or Rose Milani at rose.milani@jefferson.edu
Montgomery County’s System of Care Partnership

by Alyssa Snyder

The Pennsylvania System of Care (PA SOC) Partnership’s mission is that youth, families, and system leaders work as equal and trusted partners to create sustainable change which will empower youth, families, and all youth serving systems to be responsible and accountable for outcomes that lead to the fulfillment of hopes and dreams. Montgomery County was an early implementer in the PA SOC Partnership grant. One of the core elements of SOC is to establish a County Leadership Team (CLT) committed to implementing partnership standards. The Montgomery CLT meets monthly to make recommendations and decisions and includes leaders from the child-serving systems, youth, and family who have equal roles and responsibility. The SOC CLT is a vital component of the County’s Office of Mental Health (OMH) and the Office of Behavioral Health (O BH) planning process. The feedback the CLT provides is a foundational element to evaluation/continuous quality improvement and the development of policy and regulation.

Montgomery County became part of the PA SOC Partnership statewide cooperative agreement six years ago and is one of many System of Care communities throughout the state working to bring youth leaders, family leaders and system leaders together in equal partnership to integrate the child-serving systems. A major goal is that desired outcomes are achieved cost effectively through evidence-based practice and natural supports.

Approximately 24 individuals attend the CLT which meets on a monthly basis. The participants come from throughout the county and include young people who have received services, family members of youth who have received services or been involved in one and more child-serving system, and managed care and county representatives. There are three co-chairs who are elected each year – a youth chair, a family chair, and a systems chair. There are also open community meetings and subcommittees that work on more specific tasks.

The Montgomery County SOC CLT is connected to the regional and statewide groups that provide direct feedback to the state offices. The CLT collaborates with child-serving systems to collect data related to cost-effective services and supports. Montgomery County participates in the annual county progress assessment of the PA SOC Partnership. This relationship allows the local SOC to be in touch with local, regional and statewide issues and topics and to work in concert with individuals across the state to effect positive change.

The focus of the PA SOC Partnership is 8-18 year olds and their families who have complex behavioral health challenges in addition to involvement with the juvenile justice and/or who in or at risk of out-of-home placement in the child welfare system. Outcomes associated with Systems of Care include improved mental health symptoms and school performance, reduced involvement in child welfare and juvenile justice system, and positive family functioning.

All of this work is carried out in keeping with the following standards (principles) of the Pennsylvania System of Care Partnership:

- Equal partnership on leadership teams
- Youth driven
- Family driven
- Integration of child-serving systems
- Valuing natural and community supports
- Assuring cultural and linguistic competence
- Youth and Family Services and Supports Planning Process
- Evaluation and continuous quality improvement

Alyssa Snyder is a facilitator for the Montgomery County Leadership Team for the PA SOC Partnership.

Equal Partnership: A Family Partner Reflects on Her System of Care Experience

Incorporating a ‘planning process that emphasizes youth and family voice and choice with equal partnership among youth, family, and systems’ has been among the most valuable principles I have been able to employ in daily aspects of my personal and professional life. Before I begin an interaction that will affect others, I take a moment to center myself; rather than jump in with my opinion of what will be the best course of action, I respectfully ask each person what they think and how they feel. I take more time to give others a chance to think through issues, outcomes, and solutions. Then I work diligently to respect all input before moving forward.

The development of personal relationships has been a very important part of my participation in the Montgomery County System of Care Leadership. I have forged true friendships, based on respect and admiration, and sustained through our mutual goals. This is true within the county and with Leadership Team members from the surrounding counties.

The ability to work through issues where not all parties agree has been a positive outcome of System of Care Team Leadership membership. Throughout six years of participation, with varying degrees of success in meeting our goals, our Leadership Team has remained committed to achieving the vision of ‘every youth and family in Montgomery County being able to access, navigate, and impact services and supports that are driven by System of Care principles.’
Parent-Child Interaction Therapy Helps Families

Parent-Child Interaction Therapy (PCIT) is a nationally-recognized, evidence-based parent training program for families of young children (ages 2 to 7) with externalizing behavior problems. This evidence-based mental health intervention has been shown to decrease child behavior problems, improve the parent-child relationship, decrease parental stress while increasing their sense of control, and reduce the re-occurrence of or prevent child abuse. The program is unique in that it involves live coaching of parents as they interact with their child in structured play sessions. During weekly sessions, parents are coached in how to apply the skills taught as they interact with their child in a structured play scenario. This coaching by the PCIT therapist is typically done from behind a one-way mirror using a bug-in-the-ear system, in order to preserve the natural interaction between parent and child.

In 2012, the National Institute of Mental Health awarded the University of Pittsburgh a five-year grant that builds on already-existing efforts to implement PCIT statewide. The grant is being implemented in partnership with OMHSAS. The grant’s purpose is to evaluate the effectiveness of three different training models in the implementation of a well-established evidence-based treatment in real-world, community settings. Every county in the state has the opportunity for clinicians to be trained in PCIT at no cost while contributing to the research to learn about the effectiveness of various training approaches and outcomes for families.

Two family stories illustrate the effectiveness of PCIT:

James was eight years old when his pediatrician referred him to PCIT. He had a diagnosis from the school psychologist and pediatrician of attention deficit hyperactivity disorder (ADHD). His mother was happy to have some hope of being able to manage his behaviors because both she and James’ dad were very frustrated. Neither parent wanted to resort to medication because of his age. James is a good-looking boy with a great imagination who loves creative play. He is very caring and affectionate with his mother. He is a good athlete and has made friends with many teammates. James also has insight into his own behavior; he acknowledges his mother’s negative reports with a smile, and says he knows he is wrong.

His mother highlighted these concerns:

- If James didn’t get his way, or if he was asked to do something he disliked, he would lie on the floor and kick anyone or anything in his way. Ignoring him helped but this was often difficult to do, especially in public. The parents were concerned for his safety since he would sometimes lie down in the road!
- James would get up all hours of the night or early in the morning. He would either wake the family or find their electronics and play with them. Although most electronics were hidden after he broke his mom’s Kindle, James usually found the iPad.
- James had trashed the front room with his toys. His mother said there were toys, especially little Legos, everywhere. He would not put anything away.
- James made dinner time unpleasant. He wouldn’t eat what the family ate, he would leave the table and come back at will, and used “potty language and sounds” to annoy everyone.
- In school he would not sit in his seat; he would also shout out inappropriate words and had trouble respecting his peers’ space. He rarely went to circle time as he knew his behaviors would get him in trouble.
- James began PCIT in November and by February was ready to graduate. James now listens to all of his mother’s requests. The front room has been clean for three weeks, James no longer disrupts dinner, the tantrums (throwing himself on ground, yelling and kicking) disappeared in December, and he no longer calls out in class.

His mother wrote the following to her clinician in February: “Things have been going very well. He has only been in time-out twice so far this week. Yesterday he did everything I asked and I gave him at least six commands. He just happily went and did them. He was in a time-out for playing with a super ball early in the morning but he was stellar for the rest of the day.” Another PCIT success story!

Four-year-old Kylie was referred to PCIT at the end of August for not following her mother’s requests and for physical aggression, hitting, kicking and grabbing things away from against her younger sisters, ages 2 years and 6 months. Kylie’s mother was also concerned by how much Kerra played by herself. At the start of treatment, she refused to play with her mother in the lab. She also had tantrums where she would hit or kick the walls; the tantrums could last up to a half hour.

During the course of treatment, the family became homeless and was able to stay at their church for two weeks. As a result, treatment was suspended for a month. Kylie and her mother also missed a lot of sessions due to illness, bad weather, and having to move three times while in treatment. Even though she was inconsistent in attendance, the mother was committed and kept up the homework and coming with Kylie.

Today, Kylie is near graduation from PCIT with no more tantrums; the physical aggression with her sisters is under control since her mother mom has made “no hitting” a house rule. Kylie also no longer isolates herself, but plays animatedly with her mother.

Recently, her mother reported to the therapist: “The house rule, ‘no hitting siblings’, is going fairly well. Kylie almost automatically knows when she has to go to timeout without my having to say anything”.

The stories were submitted by PCIT therapists in Allegheny County. For more information about PCIT, contact Shelley Hiegel at hiegelsa@upmc.edu.
Partnering for Safe and Healthy Students

by Anne Katona-Linn

The Pennsylvania Safe Schools/Healthy Students (SS/HS) Partnership aims to create safe and supportive schools and communities in three Local Education Agencies (LEAs) and their partner Systems of Care counties (Carbon-Lehigh Intermediate Unit 21 in Lehigh County, northeastern School District in York County, and PENNCREST School District in/Crawford County), and ultimately throughout Pennsylvania.

The challenges facing young people are enormous, and ALL children and youth need a safe and supportive learning environment to ensure success. SS/HS Partnership is working with multiple state and local systems, family and youth partners to merge existing systems of Positive Behavior Interventions and Support (PBIS) and Systems of Care (SOC). This effort will work to establish the most effective and efficient prevention, early intervention, and intervention of mental health and wellness services and supports model for 7,500 students in the designated LEAs in each of the four years of the project.

The goals of the PA SS/HS Partnership include:

- Creating state and local LEA/communities that are responsible for decreasing bullying, youth violence and criminal behavior and promoting the healthy development, social and emotional learning, and academic achievement of all youth;
- Using the PBIS multi-tiered system of support framework in order to provide a comprehensive, integrated approach to install all practices in a collaborative framework;
- Establishing evidence-based promotion, prevention, and interventions that lead to safe and effective schools and communities;
- Enabling schools to become the model for broad-based support of youth to foster a caring and supportive environment throughout the community;
- Using data in all aspects of decision-making at state and local levels to make continuous quality improvement; and
- Establishing a longitudinal plan to sustain the SS/HS approach in the three LEAs and to expand the approach to school districts throughout Pennsylvania.

The elements of the SS/HS grant served as the starting point for the development of the Pennsylvania SS/HS comprehensive plan. This plan outlines and drives the districts’ and schools’ abilities to engage in Safe Schools and Healthy Students efforts. Below is a list of core elements with examples in each of the LEAs.

**Element 1:** Promoting early childhood and emotional learning development by developing children’s social and emotional skills that will lay the foundation for future healthy interpersonal relationships, association with nonviolent peers, and improved academic achievement.

The LEAs are convening teams of system and family partners who are familiar with the early childhood education supports in each county to develop a cohesive process for universal screening across all partners in the LEA attendance area.

**Element 2:** Promoting mental, emotional and behavioral health by enhancing an individual’s ability to achieve developmentally appropriate tasks and a positive sense of self-esteem, mastery and well-being, and to strengthen their ability to cope with adversity through integration, coordination and resource sharing.

For example, the northeastern School District is modifying their existing SAPPHIRE data system in order to track behavioral data more effectively and efficiently. Also, the PENNCREST School District plans to integrate a trauma-Informed approach and Youth Mental Health First Aid within all three tiers of their PBIS practices to promote awareness of mental health issues.

**Element 3:** Linking families, schools and communities together to increase and improve the quality of their engagement in planning and implementing programs and activities that assist students. For example, the PENNCREST and northeastern School Districts plan Community Café events for family members and youth (as pro-social connections to community).

**Element 4:** Preventing behavioral health problems (including substance abuse) by reducing substance use in coordination with broader environmental strategies that address change, not only in individual classrooms or schools, but also at the family and community levels. For example, the Carbon-Lehigh Intermediate Unit will provide Youth Mental Health First Aid and Student Assistance Program training for schools that refer students.

**Element 5:** Creating safe and violence-free schools by identifying and addressing issues, conditions, behaviors and structures that contribute to unsafe school environments and violence in schools. An example is Intermediate Unit 21’s plans to integrate relevant evidence-based programs within the PBIS framework to address student needs, such as the CHAMPS program to create transition plans for youth returning to school from more restrictive settings such as juvenile detention, boot camps and psychiatric hospitals.

Anne Katona-Linn is the state project director for Safe Schools/Healthy Students. Previously she was a coordinator for the Pennsylvania Positive Behavior Support Network.
builds on child and family strengths across all child-serving environments.

2. Integrating behavioral health into primary care settings. Primary care physicians see young children regularly and play a critical role in supporting young child wellness because early detection of developmental, social-emotional, and behavioral issues and providing appropriate supports are critical to children’s success in school and in life.

3. Mental health consultation in early care and education. Early Childhood Mental Health Consultation has proved to be an effective strategy in promoting children’s well-being by improving the capacity of providers to address challenging behavior among young children, by reducing parental and teacher stress, and by decreasing the rate of expulsions of children from early childhood programs.

4. Enhanced home visiting through increased focus on social and emotional well-being. Home visitation programs serve children and families in their natural environment by addressing maternal and child health issues, child development, and parenting strategies, and providing links to needed community services.

5. Family strengthening and parent skills training. This strategy helps families develop healthy environments for their children, enhance parenting strategies, promote positive interactions between parents and children, and help family members navigate social service systems.

Two groups of stakeholders will drive the implementation of Pennsylvania’s Project LAUNCH over the next five years – state and local Young Child Wellness Councils (YCWC). Both councils are comprised of family members; early care and education leaders; and health, mental health and family support programs who will all work together to achieve comprehensive, systemic goals that meet the needs of children, parents, and providers.

Currently, both councils are working to create Project LAUNCH’s first set of goals and objectives for July to December 2015. This strategic plan will build on and improve current services, as well as coordinate the systems serving young children. The plan will be updated annually. The local YCWC will focus primarily on improving collaboration across the programs and services serving Allegheny County children and families as well as improving access to prevention services and wellness promotion activities. The state-level YCWC will focus on policies, financial mechanisms, and other reforms to improve the integration and efficiency of child-serving systems.

Let’s help children soar!

Brandy Fox is the coordinator for Project LAUNCH in Pennsylvania. For more information, please contact Brandy at brafox@berksiu.org or 717-231-3730. Information on Project LAUNCH at the national level is available at www.healthysafechildren.org

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• Develop models of service delivery that can be replicated across the state.

Work has already begun on the grant goals. A statewide community engagement and outreach mental health anti-stigma campaign is currently being developed and will be ready for dissemination, replication and adaptation at the local level. This structured framework for community outreach will include a social marketing plan, suicide prevention interventions, implementing Youth Mental Health First Aid practices and holding public awareness events. Berks, Bucks and Washington Counties have proposed multiple solutions for enhancing peer and family support for transition age youth.

They plan to develop drop-in centers, train and employ certified peer specialists for transition age youth, expand on and mobilize already existing peer-to-peer and mentor roles in communities, and increase awareness of support groups and planning processes for mental health providers and advocates. Ultimately, these efforts will create opportunities for youth and young adults to practice self-advocacy and leadership, and eventually to support and mentor other youth in their communities.

The Healthy Transitions Partnership serves as an opportunity to close the gap in transition-age youth services by improving life trajectories and overall wellness for youth and young adults with or at-risk for serious mental health conditions. The staff engaged in carrying out the goals of the Healthy Transitions Partnership are dedicated and grounded by the idea that “when ‘I’ becomes ‘we’ even ‘illness’ becomes ‘wellness.’”

Alexis Fisher is youth involvement coordinator for the Pennsylvania Healthy Transitions Partnership.
When “I” Becomes “We”: Healthy Transitions

by Alexis Fisher

One in four persons are affected by mental illness. In 2011, more than 1,700 individuals in Pennsylvania lost their lives due to suicide, the tenth leading cause of death nationally. A needs assessment shows a gap in appropriate services between the child and adult behavioral health systems for transition age youth. In addition, youth and young adults with mental health concerns who are transitioning to adulthood have an especially difficult time reaching recovery and wellness.

Several factors have been shown to be effective in helping to address these issues. If youth and young adults are engaged in their communities, it is more likely that community members will support their efforts and provide resources. Getting local communities engaged is challenging, but it’s effective in reaching the desired behavioral outcomes. Research has also shown that early identification of and intervention in mental illness can inhibit cognitive decline. This quick identification and intervention can support a much richer quality of life for the individual.

Recognizing the unique needs of youth and young adults transitioning into adulthood, and observing the gap that exists between those needs and the resources available to meet them, the Office of Mental Health and Substance Abuse Services (OMHSAS) applied for a federal grant to support planning and implementation of services and resource development. In October 2014, Pennsylvania was awarded a grant to establish the Pennsylvania Healthy Transitions Partnership. The purpose of the partnership is to develop a coordinated and comprehensive approach to services and supports addressing serious mental health conditions, co-occurring disorders, and risks for developing serious mental health conditions among youth 16 to 25 years old. The targeted communities will focus on three distinct populations:

- 16-to-25-year-olds at risk of developing a serious mental health condition
- 16-to-25-year-olds who have already been identified as experiencing a serious mental health condition
- The community at large (general public)

During the grant’s five years, more than 660 individuals with mental health conditions will be served. The target population will be a diverse group including youth with multi-system involvement and those who identify as lesbian, gay, bisexual and transgender (LBGT). Targeted outreach will focus on underserved populations and those who are below the poverty level. Clinically, these individuals may have depression, major mood disorders, attention deficit disorder and oppositional defiant disorder.

We know that youth and young adults with, or at risk of, serious mental illness are not being identified, not being engaged, not given a voice in what they need/want, not supported when they try to navigate adult systems, and not taught how to create and/or access the necessary supports and services so they can manage their mental health challenges and live full lives. The Healthy Transition Partnership is working to address these concerns. The partnership will focus its efforts in Berks, Bucks and Washington Counties. Those three counties will serve as models for other counties, and will have the following goals:

- Increase awareness about early indications of signs and symptoms for serious mental health concerns;
- Identify action strategies to use when a serious mental health concern is detected;
- Enhance peer and family supports for transition age youth;
- Link existing and develop effective services and interventions for youth, young adults and their families;
- Develop coordinated care models that will address key life domains such as behavioral health services and supports, housing, employment, vocational training and higher education;

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