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

Our Research

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

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

Guidelines for Pioneering Transition Programs

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

• **Recognize the problem and take action**
  In all pioneering transition programs, the initial step was recognizing the need to change the service system for the transitioning population.

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

• **Involves other stakeholders**
  Involving multiple stakeholders facilitated the development process, including the identification of funding sources.

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

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

• **Start small and build funding over time**
  Most programs started with a relatively small amount of funding from a variety of sources. In fact, funding did not always originate from mental health agencies or organizations.

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

• **Obtain federal or state sponsorship that can speed growth**
  Maryland’s grant program and the Federal Partnerships for Youth Transition grant program demonstrate that decisions to fund pioneering programs at higher levels of government lead to more rapid development of such programs.

• **Seek Funding from child or adult systems, but not both**
  In examining the funding from public mental health agencies, this source of funding was dichotomized to child or adult funding in most of these settings, with the program obtaining funding from either, but not both systems.
An interdisciplinary community support program & case management team with vocational supported employment for youth with serious emotional difficulties. Also focuses on providing relationships and local autonomy. Otherwise policy change that recognizes the need for age continuity in services is needed. Pioneering programs seem to rely on program innovation techniques such as leadership, stakeholder buy-in, good to develop. Asking for "special funding" may be short-lived, not enough, and won't change the policy needed to sustain done. Since there is no established category of service tied to a funding stream for transition services, this is challenging. There are programs that cross the great age divide in mental health services and they provide guidance of how this can be done.

**Conclusions**

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

**Reference**