Mission: Cuyahoga Community Team works across systems to improve physical, mental, and educational needs and increase access to appropriate resources and services for youth in Cuyahoga County.

Vision: Cuyahoga County children and families will be socially, emotionally, behaviorally and academically resilient and productive citizens.

Attendees: Mary Wise, Denise Pietrzak, Caitlin Metheny, David Hussey, Scott Barber, Marianna Seeholzer, Yolanda Eiland (CMSD transition liaison), Molly Wimbiscus (phone)

1. Data

   a. Juvenile Court

      i. Provided chart showing preliminary data on youth transitioning from a court placement to a school placement. It in 2017

         1. It would be helpful to learn more information about the type of JC residential (what is definition) & placement types.

      ii. 13 School Placement Types were identified

         1. Can the schools placement types be broken down to individual schools once errors are corrected?

      iii. Discussion around data presented and areas that might be helpful to explore in the future (ie. length of time (assume it’s short term, about 3-6 months), & youth population (BH/JJ, MST, etc.), & level of offense, admission criteria (MH, Dual, Criminogenic, etc) & the referral/admission criteria and needs for residential or other placement as well as assessment stabilization of placement

      iv. Shared SAMHSA data on high percentage of youth served have a mental health diagnosis

         v. Can we get outline for transition protocol to and transition back to school

         vi. What does JVC need from districts and what do Districts need from JVC?

         vii. Who from districts transitions these students

   b. Frontline

      i. ADAMHS Board working on collecting data. Frontline information will be by zip code – early data indicates low numbers from schools will be provided
ii. Frontline compiling data from district referrals to send us

c. CCF

i. Data requested focused on - What are the main points for re-entry from acute mental health crisis & what do counselors want to know?

ii. Brunswick: has an on-sight SW who handles all re-entry meetings for students returning after higher-level care

iii. Data from teachers, school counselors, pupil service directors, etc. suggest people in district want to know if a student is out of school in a care facility.

iv. Want to increase communication and share value with families and identify reasons to share.

v. Lakewood: data shared directly with school counselor and a medical point person in Lakewood HS (nurse practitioner) and if further MH evaluation is needed, Molly sees student at the school-based clinic

vi. Berea: transition bridge programs being implemented (early on) to increase communication between school, home, and clinical setting. School counselors are point person who receive notification from clinical, they relay the info to bridge team, and then team meets to support student needs and supports. Goal is to share all supports to everyone who works with student (transportation, extra-curricular, etc.). Want to look at all facilities students may be placed in and build relationship with them to improve communication.

vii. Barriers: Revamping explanation of value of clinical providers working with school to require opt-out forms, rather than opt-in forms to families. Release forms needs to be signed upon starting care, not at the end.

d. Districts

i. Will have to follow up with Pupil Services to identify how districts track students in transition.

ii. Scott indicates that at Berea, it’s usually tracked by school counselors.

e. DCFS (approx 2000 youth in fostercare)

i. Marianna is supposed to be notified the same day or within 48 hours when there is a change of placement for youth in fostercare

ii. Desire to be notified ahead of change of placement to create pre-placement plans

iii. Create a more solid plan for pre-notification when students are being moved

iv. Need training and development of staff
v. **Barrier:** There are times when the child’s future placement is not known until discharge so placement is decided last minute which does not allow for transition planning.

vi. How are district/buildings addressing children in transition?

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2. **Sample Transition Plans**

a. Sample Plans Provided:
   i. Psychiatric Crisis Care to Transition Plan
   ii. Student Re-Entry Plan (Norman Public Schools)
   iii. Student Re-Entry Plan Checklist
   iv. Re-Entry Protocol for OUSD Students Returning from JJC (Welcome Circle)
   v. Transitioning Student From Psychiatric Hospitalization Back to School MH Initiative Packet (includes MOU)

b. Need stronger ways of tracking what is actually being done. Then using the data for advocacy.

c. Need guidance from the group in tracking best practices, measures, and strategies.

d. Consistent elements across various transition plans: One point-person who coordinates the transition and one person who is relationship-driven to connect to youth after the transition. Develop a Implementation Profile for Re-Entry Navigator

e. Goal is to have transition plan drop-box on website so schools can identify resources & samples

f. ESC to serve as advocacy bridge and spread the value of data collection to superintendents; gather best practices and provide education on the interconnectedness of systems, programs, and resources. Can help identify a place to start to share tools and protocols with districts.

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3. **Screens**

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4. **Forms**

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Next Meeting: March 27th, following the CMT