

HEALTH AND WELLNESS PLANNING FOR HIGH SCHOOL STUDENTS:

***Maryland School Mental Health
Transition Resources***

April 2023

TABLE OF CONTENTS

Introduction.....*page 2*

Student Transition Readiness Tool.....*page 3*

Parent Caregiver Transition Readiness Tool.....*page 5*

Glossary of Behavioral Health Terms.....*page 7*

Post-Graduation Wellness Plan.....*page 10*

Finding Medical and Mental Health Services in the Community.....*page 13*

Q&A: Health Insurance.....*page 18*

Student Feedback Questions on Transition Supports.....*page 20*

Tracking Registry Template.....*page 22*



Introduction

The National Alliance to Advance Adolescent Health partnered with the National Center for School Mental Health at the University of Maryland School of Medicine to create and pilot mental health transition resources in high school programs in Maryland. The transition resources in this package are the final versions from this 3-year long initiative with Prince George's County and Baltimore City school mental health programs. This initiative was funded by the Maryland Department of Health's Office for Genetics and People with Special Health Care Needs.

The resources/tools in this package were adapted from Got Transition's Six Core Elements of Health Care Transition™ to specifically support students in advance of their exit from high school to gain health literacy and self-care skills, stay connected to both mental and medical care, equip them with their own wellness plan, and help them to identify adult mental/behavioral health and medical providers after high school.

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About The National Alliance to Advance Adolescent Health

[The National Alliance to Advance Adolescent Health](#) is a nonprofit organization whose mission is to achieve long-term, systemic improvements in comprehensive health care and insurance coverage for adolescents. The National Alliance works to promote effective transitions from pediatric to adult health care as part of its [Got Transition](#)© program.

About the University of Maryland's School Mental Health Initiative

The goal of the [University of Maryland School Mental Health Initiative](#), which is affiliated with the University of Maryland School of Medicine, is to strengthen policies and programs in school mental health to improve learning and promote success for America's youth. They work to build a shared family-school-community mental health agenda to reduce barriers to student learning and promote improved student academic, and social-emotional-behavioral functioning.

About the Maryland Department of Health's Office for Genetics and People with Special Health Care Needs

[The Office for Genetics and People with Special Health Care Needs](#) serves over 240,000 children and youth in the State of Maryland. Their mission is to ensure a comprehensive, coordinated, culturally effective, and consumer-friendly system of care that meets the needs of Maryland's Children and Youth with Special Health Care Needs and their families.

Student Transition Readiness Tool

What is the goal of the tool/resource?

To assess youths' readiness skills to transition to adult behavioral health care by engaging youth to set behavioral health priorities, address self-care skill needs to prepare them for adult behavioral health care after high school and prepare them to independently access behavioral health and wellness services.

Who is the audience?

The tool can be used with any student beginning at age 14-16 and can continue to be used through high school. This is especially useful for juniors and seniors as they plan their transition from high school.

Who should facilitate this tool/resource?

Someone who has an ongoing, trusted relationship with a student and has behavioral health knowledge and the ability to refer to behavioral health services, if needed. This can include school mental health providers, school-based health center staff, school psychologists, professional school counselors, and school social workers.

How should the staff team member facilitate this tool/resource?

This tool can be offered annually to identify and discuss with students their behavioral health needs and knowledge of health and wellness services. This can be conducted via virtual or in-person meetings. Students can complete the tool independently or together with the facilitator. The facilitator can offer education and resources on needed skills identified through the tool. This tool can be used along with the "Post-Graduation Wellness Plan" and the "Resource to Find Medical or Mental Health Services" tool.

If the student reports being a danger to themselves or others, or reports a history of neglect/abuse, or expresses emotional/behavioral distress, appropriate reports and referrals should be made according to school and professional guidelines.

Student Transition Readiness Tool

Directions: Please fill out this form to help us see what you already know about your mental health and how to continue caring for your mental health after high school.

Preferred Name: _____ Pronouns: _____ Date of Birth: _____ Date Completed: _____

On a scale of 0 to 10, please check the number that best describes how you feel now.

How likely are you to want to continue therapy or counseling after high school?

0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10
not _____ *very*

How confident are you in your ability to find therapy or counseling after high school?

0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10
not _____ *very*

MY MENTAL HEALTH <i>Please check the box that applies to you now.</i>	NO	I WANT TO LEARN	YES
I have concerns about my mental health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can name my learning differences, disability, medical, or mental health diagnosis (examples: asthma, diabetes, ADHD, anxiety, depression).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can explain my learning differences, disability, medical, or mental health needs and symptoms to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have someone I can talk to if I have a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what helps my mental health needs and symptoms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what stresses me out and how to avoid or cope with it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know signs of when I am going into crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what to do in case I am in crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACCESSING MENTAL HEALTH SERVICES <i>Please check the box that applies to you now.</i>	NO	I WANT TO LEARN	YES
I know how to connect with mental health services at school if needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to connect with mental health services in the community if needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to make my own therapy or counseling appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a way to get myself to my therapy or counseling appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know who to call for help if my therapist's or counselor's office is closed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know that when I turn 18, my parent/caregiver will not have access to my health records, unless I allow it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know when I need to get my own health insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to find information to sign up for health insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I carry or have a photo of important health information with me every day (insurance card, emergency contact information, medication(s) list).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a pediatrician or other primary care provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know or can find the number of my pediatrician or other primary care provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you take psychiatric medication, please continue.

PSYCHIATRIC MEDICATION <i>Please check the box that applies to you now.</i>	NO	I WANT TO LEARN	YES
I know the name(s) of my medication(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know why I take medication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know when to take my medication each day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to refill my medication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know the possible side effects of my medication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parent/Caregiver Transition Readiness Tool

What is the goal of the tool/resource?

To assess parent/caregiver knowledge of youths' transition readiness skills and engage parents/caregivers to work with their youth to set behavioral health priorities, address self-care skill needs to prepare them for adult health care after high school, and prepare them to independently access behavioral health and wellness services.

Who is the audience?

Parents/caregivers of youth in high school.

Who should facilitate this tool/resource?

Someone who has an ongoing, trusted relationship with a student and has behavioral health knowledge and the ability to refer to behavioral health services, if needed. This can include school mental health providers, school-based health center staff, school psychologists, professional school counselors, and school social workers.

How should the staff team member facilitate this tool/resource?

Staff team members could offer the transition readiness tool annually to be completed by the parent/ caregiver preferably at the same time as the youth is completing the transition readiness tool so the parent/caregiver and youth can begin a conversation about transition, discuss findings, and compare answers. This can be emailed to parents/caregivers or handed out during parent sessions/ meetings. The staff team member can offer education and resources to the parent/ caregiver to share with the youth on needed skills identified through the transition readiness tool.

Parent/Caregiver Transition Readiness Tool

Directions: Please fill out this form to help us see what your child already knows about their mental health and how to continue caring for their mental health after high school. After you complete the form, you can ask your child to share their answers from their completed form, and you can compare them. Your answers may be different.

Name: _____

Your Child's Name: _____

Date Completed: _____

On a scale of 0 to 10, please check the number that best describes how your child feels now.

How likely is your child to want to continue therapy or counseling after high school?

0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10
not _____ very

How confident is your child in their ability to find therapy or counseling after high school?

0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10
not _____ very

MY CHILD'S MENTAL HEALTH *Please check the box that applies to you now.*

	NO	THEY WANT TO LEARN	YES
My child has concerns about their mental health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child can name their learning differences, disability, medical, or mental health diagnosis (examples: asthma, diabetes, ADHD, anxiety, depression).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child can explain their learning differences, disability, medical, or mental health needs and symptoms to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child has someone they can talk to if they have a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows what helps their mental health needs and symptoms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows what stresses them out and how to avoid or cope with it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child know signs of when they are going into crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows what to do in case they are in crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACCESSING MENTAL HEALTH SERVICES *Please check the box that applies to you now.*

	NO	THEY WANT TO LEARN	YES
My child knows how to connect with mental health services at school if needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows how to connect with mental health services in the community if needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows how to make their own therapy or counseling appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child has a way to get themselves to their therapy or counseling appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows who to call for help their therapist's or counselor's office is closed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows that when they turn 18, I will not have access to their health records, unless they allow it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows when they need to get their own health insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows how to find information to sign up for health insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child carries or has a photo of important health information with them every day (insurance card, emergency contact information, medication(s) list).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child has a pediatrician or other primary care provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows or can find the number of their pediatrician or other primary care provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If your child takes psychiatric medication, please continue.

PSYCHIATRIC MEDICATION *Please check the box that applies to you now.*

	NO	THEY WANT TO LEARN	YES
My child knows the name(s) of their medication(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows why they take medication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows when to take their medication each day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows how to refill their medication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows the possible side effects of their medication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Glossary of Behavioral Health Terms

What is the goal of the tool/resource?

To use as a reference when anyone is unsure about behavioral health terms or wants to build their behavioral health literacy.

Who is the audience?

High school youth receiving behavioral health services and their parents/caregivers.

Who should facilitate this tool/resource?

Someone who has an ongoing, trusted relationship with a student and has behavioral health knowledge and the ability to refer to behavioral health services, if needed. This can include school mental health providers, school-based health center staff, school psychologists, professional school counselors, and school social workers.

How should the staff team member facilitate this tool/resource?

Staff team members could have a hard copy of the terms available during sessions and can reference it to help define words that the youth or their parent/caregiver is unclear about. This can also be sent electronically to youth or their parent/caregiver for their own reference. This tool can be used along with the “Transition Readiness Tool,” the “Resource to Find Medical or Mental Health Services” tool, or the “Post-Graduation Wellness Plan.”

Glossary of Behavioral Health Terms

Behavioral Health Services: A term used to describe the many different types of therapy people can receive to help them feel better in their life. Sometimes instead of behavioral health services, people say mental health, counseling, or substance use services.

Example: The clinic offers “medical, dental, and behavioral health services.”

Coping: Ways of dealing with situations, feelings, and people in your life that make you feel overwhelmed.

Example: Writing, going for a walk, and listening to music are all forms of coping.

Crisis: When you feel extreme distress and you are unable to function like you normally do.

Example: Examples of a crisis are thinking about hurting yourself or someone else.

Crisis Intervention: A professional, usually a therapist or counselor, works with the person who is having the crisis to help them be safe and feel better.

Example: A therapist talks with someone who is crying and thinking about hurting themselves until the person has calmed down. Once they are calm, the therapist will help the person get proper treatment to ensure they are safe.

Diagnosis: Doctors and therapists organize symptoms into different categories to understand how the person is feeling. A diagnosis is a name for the group of symptoms a person is feeling or experiencing.

Example: A person who has felt sad, irritable, and hopeless for three months may be told their diagnosis is “depression.” These are all common symptoms of depression.

Disability Accommodations: Modifications or services at work or in college for qualified individuals with disabilities.

Example: Services such as note takers or scribes, giving exams in alternative formats, or assistive listening devices.

Distress: Feelings of being extremely upset, anxious, angry, and/or sad.

Example: After her grandmother passed away, Jessica told her therapist she was feeling distressed.

Employee Assistance Program (EAP): Work-based programs to help employees with personal or work-related problems that impact their job performance, health, and well-being.

Example: While dealing with a tough breakup, Marco was very distracted at work. His boss recommended Marco take advantage of the EAP and get a counseling referral so he can get support during this difficult time.

Glossary of Behavioral Health Terms

Health Insurance: An agreement you make with an insurance company, so they cover the costs of your medical and mental health treatment. Sometimes the individuals or company pays for your health insurance and sometimes the government pays for your treatments. This type of insurance is called Medicaid.

Example: "I pay money every month for my health insurance. Then, when I had surgery on my knee, my health insurance covered the cost of the surgery."

Medicaid: Medicaid is health insurance that is paid for by the government. A family needs to make less than a certain amount of money per year to qualify.

Example: "My mom works part-time. My family applied for Medicaid and now we all have health insurance."

Mental Health: How a person thinks, feels, and acts when faced with life's situations. This includes how people handle stress, make decisions, and interact with other people.

Example: "My mental health is good. I feel happy most days and I can wake up and go to school. I do my homework and have a good relationship with my classmates."

Primary Care Doctor: Your main doctor who you go to for treatment of common illnesses and routine care like check-ups and shots. Your primary care provider can also help you decide if you need to go to the hospital or see a specialist.

Example: Pediatricians or family medicine doctors.

Psychiatric Medication or Psychotropic Medication: A medication used to help people feel better mentally and emotionally. Certain medication, such as Advil, is used to help with pain or discomfort in your body such as a headache. Psychiatric or psychotropic medication is used to help our minds and bodies feel better.

Example: Ana was prescribed psychiatric medication to help reduce feelings of depression.

Symptom: Any feeling or change that is different than how a person normally feels.

Example: Always feeling worried and not being able to sleep are examples of symptoms.

Transition: In general, a transition is a change from one thing to another. For you, it means the process of getting ready to move from high school to adult life. The process happens over a period of many years. Preparing for the transition in advance can help make it easier. You can prepare by talking with adults in your life and making a plan to ensure you have what you need to be successful.

Example: "Now that I have graduated, I need to transition to a therapist outside of school."

Wellness Services: A service or program to help you stay healthy physically and emotionally.

Example: Counseling, support groups, and a health check-up with your provider.

Post-Graduation Wellness Plan

What is the goal of the tool/resource?

To discuss future plans, priorities, emergency contact information, and tips for wellbeing after high school with the youth. The completed tool can be shared with the student and can serve as a reference resource.

Who is the audience?

High school seniors receiving behavioral health services.

Who should facilitate this tool/resource?

Someone who has an ongoing, trusted relationship with a student and has behavioral health knowledge and the ability to refer to behavioral health services, if needed. Examples include school mental health providers, school-based health center staff, school psychologists, professional school counselors, and school social workers.

How should the staff team member facilitate this tool/resource?

Staff team members could allot one or more sessions to collaborate with the youth to discuss and complete the plan before they leave high school. As the youth completes the section on future plans, it may be useful to help the youth understand where and how to find mental and behavioral health resources offered in their community or in college. It may also be helpful to encourage youth to take photos with their phone of the completed plan, in addition to providing a hard copy, so they can reference it in the future. This tool can be used along with the “Transition Readiness Tool” and the “Resource to Find Medical or Mental Health Services” tool.

Post-Graduation Wellness Plan

ABOUT YOU	
Preferred Name and Pronouns	
Date of Birth	
Health Insurance Name and Policy Number	
Plans After High School (work, college, live at home, live independently, city and state)	
Name and City/State of Education Program after High School (if applicable)	

PLANS AFTER HIGH SCHOOL <i>Please complete the section below that best fits you now.</i>			
If you are attending college...	Yes	No	I am unsure
1. Do you know how to ask for any accommodations (if needed) from your college disability office or, if you are working, from your employer?			
2. Do you plan to continue therapy/counseling after high school? <i>If yes, go to #3. If no, skip to the next page.</i>			
3. Do you know how to find counseling/wellness services offered at your college or nearby?			
4. Does your college offer on-site counseling? <i>If yes, go to #5. If no, go to #7.</i>			
5. Is counseling free? If yes, do you know if there is a limit to how many visits are free?			
6. Does the location accept your insurance?			
7. Is there a hotline at your college for mental health emergencies? <i>If yes, please add on the next page.</i>			
If you are not attending college...	Yes	No	I am unsure
1. Do you know how to ask for any disability accommodations (if needed) from your employer?			
2. Do you plan to continue therapy/counseling after high school? <i>If yes, go to #3. If no, skip to the next page.</i>			
3. Do you know how to find a counselor or therapist after high school?			
4. Do you have preferences for your new therapist (location, language, gender, or expertise)?			
5. Do you know how you will get to your new appointments?			
6. Would you like your current therapist to help you with your transition to a new therapist?			

Post-Graduation Wellness Plan

YOUR HEALTH AND WELLNESS

Regardless of your post-graduation plans, what are 3 steps you can take to keep yourself well and cope with stress in a healthy way?

1.

2.

3.

What are some signs that you could be heading toward a crisis? How can you get ahead of it?

•

•

•

Who can you contact for support? Tip: Save emergency numbers into your cell phone!

Name	Relationship/Description	Number/Contact Info
988 Suicide & Crisis Lifeline	24/7, free, confidential support during suicidal crisis or emotional distress	Dial 9-8-8
Maryland Health Insurance Sign-Up Resource	Website to sign up for health insurance	www.marylandhealthconnection.gov
Maryland Special Needs Resource Locator	Resources for any special health care need	specialneeds.health.maryland.gov

For additional medical or behavioral health resources in the community, please see the "Finding Medical or Mental Health Services in the Community" handout.

List what else you need to feel prepared for the transition out of high school. Think of people in your life who can help you with this transition.

Action Needed	Who can help you?	Action Completed?

Finding Medical and Mental Health Services in the Community

What is the goal of the tool/resource?

To have a list of steps and tips on how to find medical or mental health services in the community and have contact information for nearby clinics and services. The final page in this tool can be filled in with the appropriate services local to the school area.

Who is the audience?

Any student or parent/caregiver.

Who should facilitate this tool/resource?

Anyone interacting with students or parents/caregivers.

How should the staff team member facilitate this tool/resource?

Staff team members could share this resource with any student or parent/caregiver. It can also be reviewed when completing the “Post-Graduation Wellness Plan” and offer a hard and electronic copy of the resource for future reference.

Finding Medical and Mental Health Services in the Community

Now that you are leaving high school, you will no longer be working with your school therapist or counselor. If you would like to find new providers to keep you physically and mentally healthy, below are some tips and information to help you.

Steps you can take to find a new adult provider:

1. Ask your school therapist/counselor or school nurse/health suite for a list of medical and mental health providers in the community.
2. Ask your parents, family members, and friends about providers in the community.
3. If you have health insurance, look at their website for a list of adult medical providers (under primary care or specialty care) and mental or behavioral health or substance use providers (under psychiatry, social work, psychology, addiction counselor).
4. If you don't have health insurance, visit www.marylandhealthconnection.gov.

Before you choose a provider or clinic, here are some questions to think about:

1. What kind of provider do you need? A primary care provider, a specialist, a dentist, a mental/behavioral health/substance use provider?
2. Where is the provider's office or clinic located? Is it nearby public transportation? Do they offer tele-health services?
3. What are the office hours? Are there walk-in options? Are services available after-hours and on weekends?
4. What services are offered? Preventive check-ups and sick care, therapy or counseling, sexual health services, dental health services, medication?
5. Where are the nearest emergency psychiatric care options?
6. Does the provider's office or clinic accept your health insurance?
7. Not all providers accept insurance. Some require payment at the visit.
8. Not all providers accept all types of insurance. Call to be sure the clinic takes your insurance type.
9. Remember to always carry your health insurance information with you in your wallet or on your phone.

Finding Medical or Mental Health Services in the Community

Mental Health and Sexual Health Resources

Have mental health concerns?

Behavioral Health Treatment Locator

- findtreatment.samhsa.gov

National Helpline

- For treatment referral and information
- (800) 622-HELP (4357)

Have sexual or reproductive health concerns?

Planned Parenthood Maryland

- (410) 576-1414
- plannedparenthood.org/planned-parenthood-maryland

Need emergency psychiatric care?

988 Suicide & Crisis Lifeline

- Access 24/7 free support
- samhsa.gov/find-help/988
- Call 9-8-8

The Trevor Project

- 24/7 confidential free crisis support for LGBTQ youth in need
- (866) 488-7386

Maryland Youth Crisis Hotline

- 24/7 confidential free support
- (800) 422-0009

Need help with substance use?

Behavioral Health Locator

- findtreatment.samhsa.gov

Finding Medical or Mental Health Services in the Community

Local Mental Health and Sexual Health Resources

Elaine Ellis Center of Health

- **Location:** 10001 Rhode Island Avenue, College Park, MD 20740
- **Phone Number:** (301) 441-1605
- **Website:** eechealth.com
- **Services Provided:** Medical, dental, and mental health services. Accepts Medicaid, most insurances, and sliding fee scale for the uninsured.

Greater Baden Medical Services

- **Location:** Brandywine & Capitol Heights
- **Phone Number:** (301) 888-2233
- **Website:** gbms.org
- **Services Provided:** Medical, dental, and mental health services. Accepts Medicaid, most insurances, and sliding fee scale for the uninsured.

La Clínica del Pueblo

- **Location:** 2970 Belcrest Center Dr., Suite 301, Hyattsville, MD 20782
- **Phone Number:** (240) 714-5247
- **Website:** lcdp.org
- **Services Provided:** Medical and mental health services. Accepts Medicaid, most insurances, and sliding fee scale for the uninsured.

Mary's Center

- **Location:** 8908 Riggs Road, Adelphi, MD 20783
- **Phone Number:** (844) 796-2797
- **Website:** maryscenter.org
- **Services Provided:** Medical, dental, and mental health services. Accepts Medicaid, most insurances, and sliding fee scale for the uninsured.

Finding Medical or Mental Health Services in the Community

Mental Health and Sexual Health Resources

NAME:

- **Location:**
- **Phone Number:**
- **Website:**
- **Services**

NAME:

- **Location:**
- **Phone Number:**
- **Website:**
- **Services:**

NAME:

- **Location:**
- **Phone Number:**
- **Website:**
- **Services:**

NAME:

- **Location:**
- **Phone Number:**
- **Website:**
- **Services:**

NAME:

- **Location:**
- **Phone Number:**
- **Website:**
- **Services:**

Q&A: Health Insurance and Maryland Resources

What is the goal of the tool/resource?

To have a short list of frequently asked questions about health insurance to help students understand basic health insurance information.

Who is the audience?

Any student or parent/caregiver.

Who should facilitate this tool/resource?

Anyone interacting with students or parents/caregivers.

How should the staff team member facilitate this tool/resource?

Staff team members could share this resource with any student or parent/caregiver. It can also be reviewed when completing the “Post-Graduation Wellness Plan” or the “Transition Readiness Tool” during sections related to health insurance.

Q&A: Health Insurance and Maryland Resources

Q: So, what is health insurance?

A: Health insurance helps pay for health care services like office visits, annual check-ups, mental health counseling, medications. There are different kinds of health insurance:

- Medicaid or medical assistance, which you get at no cost based on your family income.
- Student health insurance, which is available to purchase at most colleges and universities.
- Parent's/guardian's health insurance, typically provided through their employer, and available for young adults to stay on up till their 26th birthday.
- Individual insurance, which is available at discounted rates if you don't have insurance from the options listed above.

Q: What if I don't have my own health insurance card?

A: Ask your parent/guardian if you can take a picture of your insurance card and keep that copy in a safe place.

Q: Do all doctors, mental health counselors, and hospitals take my insurance?

A: It depends. Be sure to ask and find out before making a visit.

Q: Who can I contact for help with finding or keeping Medicaid or low-cost individual insurance?

A: To apply for Medicaid or low-cost health insurance coverage in Maryland, visit: www.marylandhealthconnection.gov.

Student Feedback Questions on Transition Supports

What is the goal of the tool/resource?

To have participating students provide feedback and input on their experience using the mental health transition tools. The responses from these questions can help staff members understand how to keep improving transition efforts with high school students.

Who is the audience?

High school students who have completed a Transition Readiness Tool and a Post-Graduation Wellness Plan.

Who should facilitate this tool/resource?

Someone who has been connected to the use of these tools with a student, has an ongoing, trusted relationship with a student, and has behavioral health knowledge and the ability to refer to behavioral health services, if needed. This can include school mental health providers, school-based health center staff, school psychologists, professional school counselors, and school social workers.

How should the staff team member facilitate this tool/resource?

Staff team members can ask these questions to individual or groups of students either verbally or electronically. Responses could be recorded and shared with all staff members involved in the mental health transition program.

Student Feedback Questions on Transition Supports

Introduction

In this survey, we will be asking questions about the new process to work with juniors and seniors to help learn more about your own health and how to use health and behavioral health services to get ready for the move from school behavioral health services. For both juniors and seniors, we used a transition readiness tool. For seniors, we also completed a post-graduation wellness plan together, and we shared a handout on finding medical or behavioral health services in the community and a health insurance Q&A. Today, we wanted to get your input on how this process has gone and how we can keep improving our transition efforts with high school students.

Questions

- . Do you think it is important to offer preparation for accessing post-graduation medical and behavioral health care to high school students? If yes, why? If no, why not?
- . In this pilot, you received the transition readiness tool and for seniors, the post-graduation plan. Were they helpful? If yes, why? If no, why not?
- . Do you have any ideas on how to make the transition readiness tool and for seniors, the post-graduation plan better?
- . How can we help students learn more about their own health and staying connected to medical and behavioral health care once they leave high school?

Registry Template

What is the goal of the tool/resource?

To internally track the youth's receipt of transition tools and supports.

Who is the audience?

Staff team members can complete this for internal use.

Who should facilitate this tool/resource?

Someone who has been connected to the use of these tools with a student. This can include school mental health providers, school-based health center staff, school psychologists, professional school counselors, and school social workers.

How should the staff team member facilitate this tool/resource?

This internal tracker can be completed live through a shared folder or on an as-needed basis. This can also be used for orienting new staff to familiarize them with the transition process in place.

Tracking Registry Template

Student initials	Junior or senior?	School site	Therapist Initials	Conducted Readiness Tool (Date)	Offered Readiness Assessment Education (Y/N)	Shared “finding medical and mental health services in the community” resource (Y/N)	Completed post-grad wellness plan (Y/N)	Referral to adult mental health provider (Y/N)	Student provided feedback on HCT pilot (Y/N)
SAMPLE: YT	J	Haynes HS	RO	11/12/2019	Y	Y	Y	Y	Y
SAMPLE: BL	S	Haynes HS	RO	10/4/2019	Y	Y	Y	Y	N

For customizable and individual versions of the resources, please visit:
<https://gottransition.org/resources-and-research/school-health.cfm>

