Bridging the Gap: Supporting Transition-Age Youth Living with Mental Health Conditions

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EXECUTIVE SUMMARY

Minnesota can be a place where all youth reach their maximum human potential.

The transition from adolescence to adulthood is a crucial time in a person's life. For young people living with mental health conditions, becoming an independent, well-functioning, and productive adult can be especially challenging. It is imperative that supports be put in place to ensure transition-age youth have a smooth passage from child to adult mental health services. Nearly half of all life-long diagnosable conditions present by age 14. The Substance Abuse and Mental Health Services Administration (SAMHSA) finds the co-occurrence of serious illnesses and substance use disorders exist among transition-age youth more than any other developmental age.[4] When left untreated, depression and other adolescent mental health concerns can lead to negative consequences, including violence and bullying, dropping out of school, and suicide.[4] The programs and services that vulnerable young people receive during childhood and adolescence represent our country's acknowledgment of their special needs. Similar supports and services must be available to support their transition to adulthood.[8] Minnesota needs to invest in an effective model to bridge the gap between child and adult mental health services. The Transition to Independence Process (TIP) model should be adopted by the state of Minnesota to support youth between the ages of 14 and 25 living with mental health conditions to become independent, well-functioning, productive adults.

UNDERSTANDING THE PROBLEM

In the United States, at least 6.5 million youths with a mental health condition are in transition from adolescence to adulthood, with 1 million to 3.2 million having a serious emotional disturbance.[2] One in every 5 young people in Minnesota have a mental health condition impacting their emotional well-being and development.[11] Nine percent of school-age children have a serious emotional disturbance, with an estimated 109,000 children and youth, birth to age 21, needing treatment for a serious mental health condition.[11]

- SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) states many transition-age youths are at risk for severe mental health conditions, because the onset of schizophrenia and mood and substance use disorders peak during this period.[4]
- Transition-age youth with mental health conditions experience poverty, trouble with the legal system, homelessness, early age pregnancy, underemployment, and increased school dropout rates.[3]
- 75% of substance use and mental health disorders appear before age 25, and the peak 12-month prevalence for any disorder across the lifespan occurs between the ages of 16 and 24.[4]

Current Challenges Meeting the Support Needs of Transition-Age Youth

When youth turn 18 years old their relationships with the children's mental health system and providers often change, usually abruptly, resulting in the youth no longer receiving services, and confusion about the adult program and the requirements connected to it.[8] These biological age cutoffs are problematic because transition-age youth often depend on others for supports and training. At the same time, many of these youth must independently complete tasks others their age receive assistance with, such as finding housing, navigating post-secondary education, and (for those who have a criminal record) complying with probation, along with meeting all their own basic needs.[9]

- For transition-age youth with mental health concerns who also have a maltreatment history the transition can be even more challenging.[8]
- Transition-age youth experience major changes in education, relationships, vocation, and family involvement. [4]
- Families who want to be supportive of their adult-age children may be physically, emotionally, and financially strained and ill-equipped to continue to take on the responsibility of a longer transition to adulthood.[9]
- There is a shortage of professionals who are qualified to support transition age youth.[5] Adult mental health service providers are often inadequately prepared to address the developmental needs of adolescents and young adults.[8]

POLICY SOLUTIONS

Systems of care approaches, focusing on youth from birth to age 22, were first discussed in the 1980s. Congress created the Children's Mental Health Initiative within SAMHSA in 1992 and began providing funding nationwide for youth transition programs.[4] In 2008, SAMHSA reviewed youth transition programs to determine their effectiveness and found many flaws. One of the most significant findings was that while the programs were designed to support youth through age 22, few focused on those beyond age 18.[4] Three approaches were selected for review in this brief: The Youth Assertive Community Treatment Program, the Wraparound Program, and the Transition to Independence Process Program (TIP) Model.

Youth Assertive Community Treatment (ACT) Program

The Youth ACT program is currently implemented in Minnesota. It is an intensive, non-residential rehabilitative service assisting youth ages 16 to 20 years old with severe mental health conditions and/or co-occurring disorders [12]. The program helps coordinate services to support youth, including housing, physical and mental health, school, and employment.[12] Recipients and/or family members receive at least three face-to-face contacts per week. Each Youth ACT Team consists of a Mental Health Professional, Licensed Alcohol and Drug Counselor, Certified Peer Specialist and a Psychiatrist or Advanced Practice Registered Nurse. The teams have the option to add other professionals based on need.[13]

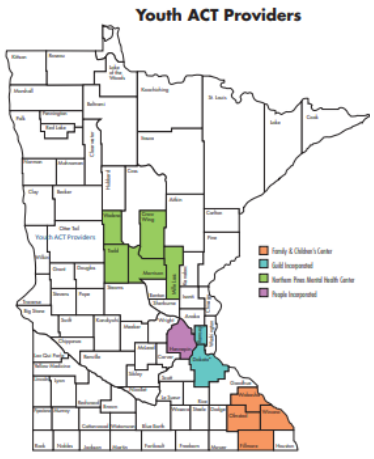

Figure 1. Youth Act Providers

- **Strengths**: Delivered in a team treatment model,[12] Services are available 24/7.[13]
- **Limitations**: Lack of approved providers in the state. Currently there are four Youth ACT providers serving only 12 counties in the state,[12] leaving at-risk youth in 75 counties without the benefits of this service, see figure one.

Wraparound Program

This program works to simplify the referrals for youth to access needed services. The goal is to improve the responsiveness to youth and families based on needs, strengths, and preferences.[7] A community team approach made up of parents, school staff, medical/mental health professionals, church representatives and others is utilized.[7] Components of this model include cultural competence, partnering with youth and families at practice and system levels, flexible funding, and use of data for quality improvement.[7]

- **Strengths**: The referral process for getting youth support is easily understood. Greater responsiveness to transition-age youth and their families. Reduces service silos.[7]
- **Limitations:** The implementation of this process is often difficult and slow.[7] Poor participation by youth was found with the program: only 39% of pre-teens and teenagers to 50% of 14 to 18-year-old youths were in attendance during the Wraparound sessions.[1] The parents are not directly involved in the referrals being made on behalf of the youth.[7]

Transition to Independence Process (TIP) Model

The goals of the Transition to Independence Process Model are to improve or increase rates of independent living, school engagement, successful employment, positive relationships, hope for their future and learning skills to improve emotion regulation.[10]

The Transition to Independence Process Model works to decrease the likelihood of symptom interference with life activities, lessen the need for crisis services, reduce involvement with the legal system, and provide continuity of care for youth ages 14 to 29.[10] A strengths-based approach is used to teach skills, create goals, and help transition-age youth overcome barriers.[10] Transition Facilitators (TFs) are trained in the model and work with transition-age youth individually.[10] TFs serve as case managers linking youth to essential services, including employment, education, living situation, personal well-being, and daily living skills, see figure two.[10] Peer Support Specialists are utilized to help with the transition process.[10] Services last about 18 months and are provided in community living settings, foster care homes, outpatient clinics, schools, and the youth's apartment or home.[10] Both parents and the youth are involved in the decision-making process with this model.[1]

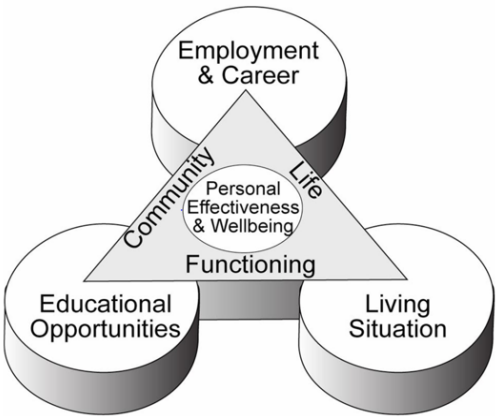

Figure 2: TIP Model areas of service[10]

- **Strengths:** Family involvement. Supporting dreams and goals of youth. Helping youth gain self-sufficiency. Encouraging the increase in engagement of the youth. Providing programs to support the goals of youth. An evidenced-based program.[6]
- **Limitations:** Difficult to form alliances with providers who do not support Transition to Independence Process. Lack of service providers familiar with Transition to Independence Process model principles. Service providers may not understand the specific needs of this population. Possible financial costs of implementation.[6]

Bridging the Gap: What Minnesota Can Do to Support Youth Living with Mental Health Conditions

Minnesota can be a place where all youth reach their maximum human potential.

The Transition to Independence Process (TIP) model should be adopted by the state of Minnesota to support youth ages 14 to 25 living with mental health conditions to become independent, well-functioning, and productive adults.

Building the bridge:

1. Implement at the county level. Currently, county case managers in both child and adult mental health work with the transition-age population.
2. Train designated county case managers in the TIP model to act as the coordinators and mediators of services needed by youth.[10] These case managers would work exclusively with this population, providing intermediate case management between child and adult mental health services.[10]
3. Begin by using the TIP model with youth currently receiving services through county case management.
4. Allocate funding for young adults to serve as Peer Support Specialists to mentor youth, help develop goals, and provide ongoing support.[10]
5. Counties develop partnerships with employment/education programs to promote skill development for youth to help foster independence.[10]
6. Develop and implement an evaluation protocol. Based on results, adjust (as needed) and expand the TIP model to youth not being served through county services. Implement a process of continuous evaluation to assess goals, progress, and limitations.

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