

June 2015

Region 7E Mental Health Assessment Focus on transition-age youth

TRANSITION-AGE

The term “transition-age youth” typically refers to the ages 16 through 24 and is characterized by many changes in a young person’s life such as: increased responsibility for securing education opportunities, housing, and employment. In addition, young adults often “age out” of services they receive at 18 which can be difficult for those who received services and supports, including those addressing mental health needs and life skills.

It is estimated that as many as 20% of children in the United States have a diagnosable mental health disorderⁱ and as many as three million children suffer from a serious mental illness.ⁱⁱ The prevalence of mental illness varies among different groups of children. Mental health needs are higher for children living in low-income housing and poorer regions. Of particular concern, youth in the child welfare system and juvenile justice system have higher rates of mental illness (50% and 67 to 70%, respectively) than youth in the general population.ⁱⁱⁱ Many treatment options designed for youth have been developed to meet the growing need to provide care to children with mental illness. However, it is unclear how well these services are being utilized, with reports that up to 80% of young people do not get the mental health services they need.^{iv}

What are the specific needs of transition-age youth?

Transition-age youth are at risk for “falling through the cracks”. Many end up leaving the mental health system, either because they no longer wish to receive treatment or because they are not eligible for adult services. These individuals often face unique challenges as they move from services specialized for youth to services specialized for adults. Differences in eligibility requirements can result in these youth not qualifying for adult services even though they have previously received children’s services. Additionally, adult services may not be age appropriate for transition-age youth. The needs of young adults in their late teens and early twenties are often starkly different than the needs of people who are in their late 20’s, middle aged, or older.

For many transition-age youth, there is no clear process for how to move from children’s services to adult services. Service providers working with children often work independently of those working with adults.^v The lack of collaboration between providers often makes it difficult for individuals to move from one service provider or program to the next. Transition-age youth may also need assistance or training in life skills that are geared toward establishing independence. These skills include finding a job, finding and maintaining housing, and making education or career goals. Although many providers teach these life skills to young adults, providers do not necessarily work in collaboration with mental health service providers.

What services currently exist for transition-age youth in Region 7E?

Providers in the region have taken some steps to address the needs of transition-age youth. For instance, some counties allow older consumers to maintain their Children's Therapeutic Services and Supports (CTSS) for several years after they turn 18 while also receiving treatment from Adult Rehabilitative Mental Health Services (ARMHS). Receiving these overlapping supports can assist in the transition from child to adult services.

Very few specialized programs for transitioning youth exist in the region. Programs targeted to transition-age youth like Oh No! 18 through Lutheran Social Services in Duluth, which provides life skills training to meet the needs of some of their teenage clients. However, county staff noted that they are unable to bill for these services because this service does not qualify for state mental health funding. Those who want to access this type of support would also need to find transportation to access specialized programs located outside of the Region 7E counties.

When possible, county adult and children's mental health units typically have a process for transitioning individuals internally and coordinate through case manager meeting. Key informants said that they try to involve others including parents, guardians, providers, and schools; however, most acknowledge that the process could be improved through additional coordination between different groups. Barriers to making a smooth transition not necessarily related to availability of services include self-determination and loss of relationships built with current case manager and providers.

What are the gaps in services?

Mental health providers recognize that there is a lack of services designed for transition-age youth in Region 7E. One reason being a lack of staff and resources to provide specialized services. Key informants indicated, that while funds are available to help young adults pay for things like GED classes and a driver's license, there are limited specialized service options to aid with vocational rehabilitation and independent living skills.

In addition, mental health providers might not be adequately trained or prepared to work with this age group. Providers are often unfamiliar with the limited number of resources and services available for young adults making it difficult to refer them to programs or services. Without availability of specific programs, case managers are challenged to bring together a variety of services and supports to meet the needs of their young adult clients, but caseloads may make it hard to devote the time necessary to connect them to all the resources that they need. Service providers also mentioned that working with this population is especially challenging since each client's needs are different as they make their transition into adulthood.

Recommendation

Communicate the need to develop programs for transition-age youth and identify opportunities to coordinate with individual support systems to participate in transition planning.

The Region 7E AMHI can use ongoing conversations with service providers and community organizations providing life training skills to identify the unique needs of young adults to explore solutions within existing services and models. Due to the challenges facing youth about to “age out” of current services, it is important to minimize the fragmentation of programs. Coordination across the different domains of the young adults’ environment including home, school, and community can expand access to important supports and promote collaboration in meeting the unique needs of each individual.^{vi}

Examples of service models for transition-age youth

- **Moving Forward Maine^{vii}** appears to be successful in meeting the needs of transition-age youth. This program provides specialized services in helping youth transition from child serving system to adulthood.
- **Transition to Independence Process (TIP) Model.^{viii}** This model prepares youth for movement into adulthood by engaging them in a future planning process and providing developmentally appropriate services. The goal is to help individuals move towards greater self-sufficiency and completion of personal goals. The system supports and involves participants’ family members and other important people in their life.

ⁱ New Freedom Commission on Mental Health, 2003

ⁱⁱ American Academy of Child and Adolescent Psychiatry, 2010

ⁱⁱⁱ Burns et al., 2004; Skowrya & Coccozza, 2006

^{iv} Kataoka, Zhang, & Wells, 2002

^v Retrieved from <http://findyouthinfo.gov/youth-briefs/mental-health-youth-brief-challenges>

^{vi} Technical Assistance Partnership for Child and Family Mental Health, 2009

^{vii} Retrieved from <http://www.movingforwardmaine.org/about/index.shtml>

^{viii} Retrieved from <http://www.tipstars.org/OverviewofTIPModel.aspx>