Youth and Young Adults in Transition:

Report on a Survey of Behavioral Health Service Providers in Colorado

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cdbh Colorado Division of Behavioral Health

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Introduction

In recent years there has been growing interest in youth and young adults with behavioral health challenges. In June 2008 the U.S. Government Accountability Office (GAO) reported that at least 2.4 million young adults aged 18 through 26—or 6.5 percent of the non-institutionalized young adults in that age range had a serious mental illness in 2006, and they had lower levels of education on average than other young adults[1]. The actual count would be greater than 2.4 million because it did not include young adults who were in institutional settings, homeless, or in correctional facilities. Further, about 186,000 young adults received disability benefits in 2006 because of a mental illness that prevented them from engaging in substantial, gainful activity.

Outcomes for this group are considerably less favorable than their peers who do not face similar challenges. For example, young adults with behavioral health challenges are nearly 14 times less likely to complete secondary school, with 44% of the failure to complete school attributed to their disorders; and, have higher unemployment rates (82% compared to 34%)[2]. Further, 33% of adolescents discharged from residential treatment experience homelessness; and, 69% of male and 46% of female involved in intensive mental health services are arrested during the transition years[3].

Acquisition of benefits also presents a significant challenge, as evidenced by a study indicating that approximately one-third of youth that qualified for Supplemental Security Income (SSI) as a child lost eligibility during the age-18 redetermination process because they did not meet the adult SSI disability criteria or left the program for other reasons[4].

Survey

In October 2011 the Colorado Division of Behavioral Health conducted an online survey (using SurveyMonkey.com) of behavioral health prevention and treatment providers about their perspectives on serving transition age youth and young adults ages 14-25. The survey covered 15 questions regarding specialized services, staff training, barriers, funding, successes and challenges, youth involvement, and ways that DBH could be helpful. For some questions, respondents were able to add comments and others were completely open-ended. In general, open-ended responses and comments were edited for clarity.

The survey invitation was sent to executive directors and direct service staff of the following:

- Community Mental Health Centers;
- Substance use service providers licensed or funded by DBH;
- Prevention programs funded by DBH; and,

[1] Young Adults with Serious Mental Illness: Some States and Federal Agencies Are Taking Steps to Address Their Transition Challenges, United States Government Accountability Office, June 2008 (GAO-08-678)
[2] Clark, Hewitt B. "Rusty". (Fall, 2008). Navigating the Treacherous Pathways to Adulthood. National Council Magazine. Pp. 20-21. (www.TheNationalCouncil.org)
[3] Davis, M., Sabella, K., Smith, L. M, & Costa, A. (2011). Becoming an Adult: Challenges for Those with Mental Health Conditions. Transitions RTC. Brief 3. Worcester, MA: UMMS, Dept. of Psychiatry, CMHSR, Transitions RTC.
[4] Hemmeter, J., Kauff, J., & Wittenburg, D. (2009). Changing circumstances: Experiences of child SSI recipients before and after their age-18 redetermination for adult benefits. Journal of Vocational Rehabilitation. Volume 30. Number 3, pp. 201–221.

- Therapeutic Residential Child Facilities (TRCCFs) licensed by the Colorado Department of Human Services.

The email encouraged recipients to forward it to other relevant individuals in their agency and community. In all, there were 76 individuals responses.

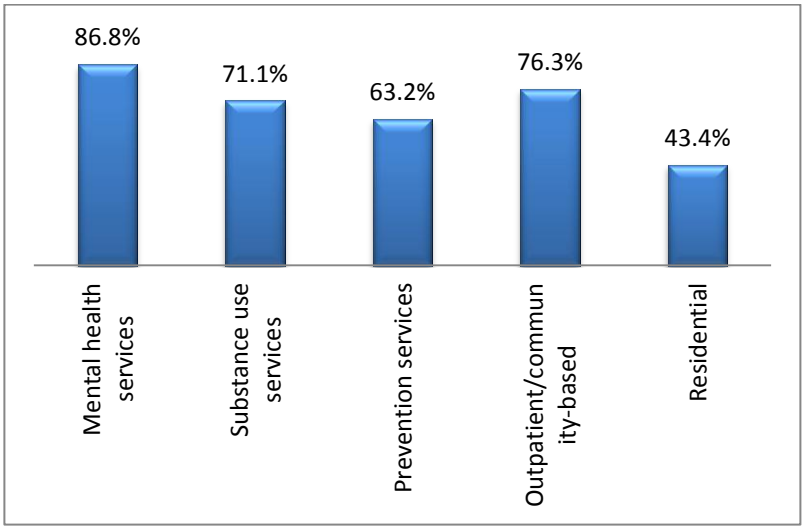
Survey Responses

The following summarizes responses to the survey questions, including comments and open-ended answers.

1) Please identify the types of services your agency provides (select all that apply)

Respondents were asked to identify the types of services provided by respondent's agencies. The choices were mental health, substance use, prevention, outpatient/community-based, and residential. As reflected in Chart 1 below, mental health was the predominant selection (86.6%), followed by outpatient/community-based (76.3%), substance use (71.1%), prevention (63.3%), and residential services (43.4%).

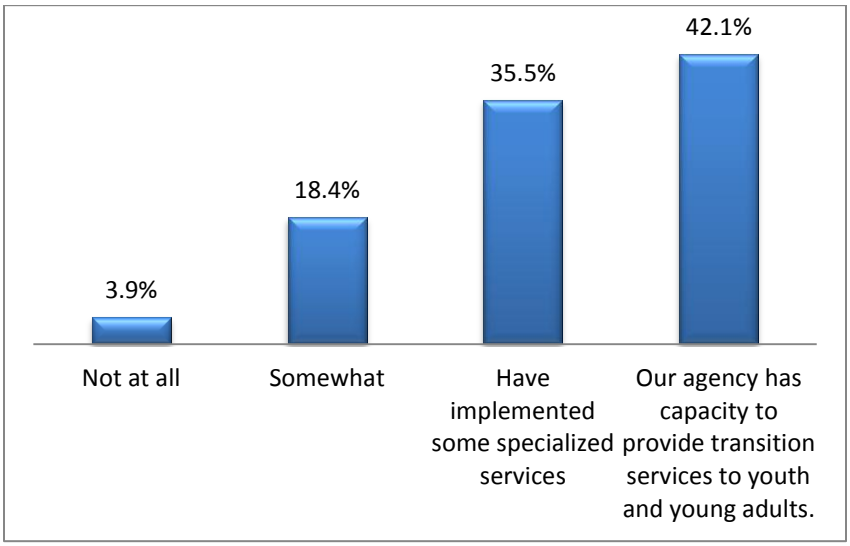
Chart 1



2) To what extent is your agency equipped to provide specialized services to youth and young adults?

Forty-two percent indicated their agency had capacity to serve transition age youth, whereas 35.5% responded that they were either somewhat or not at all equipped to provide services to this population.

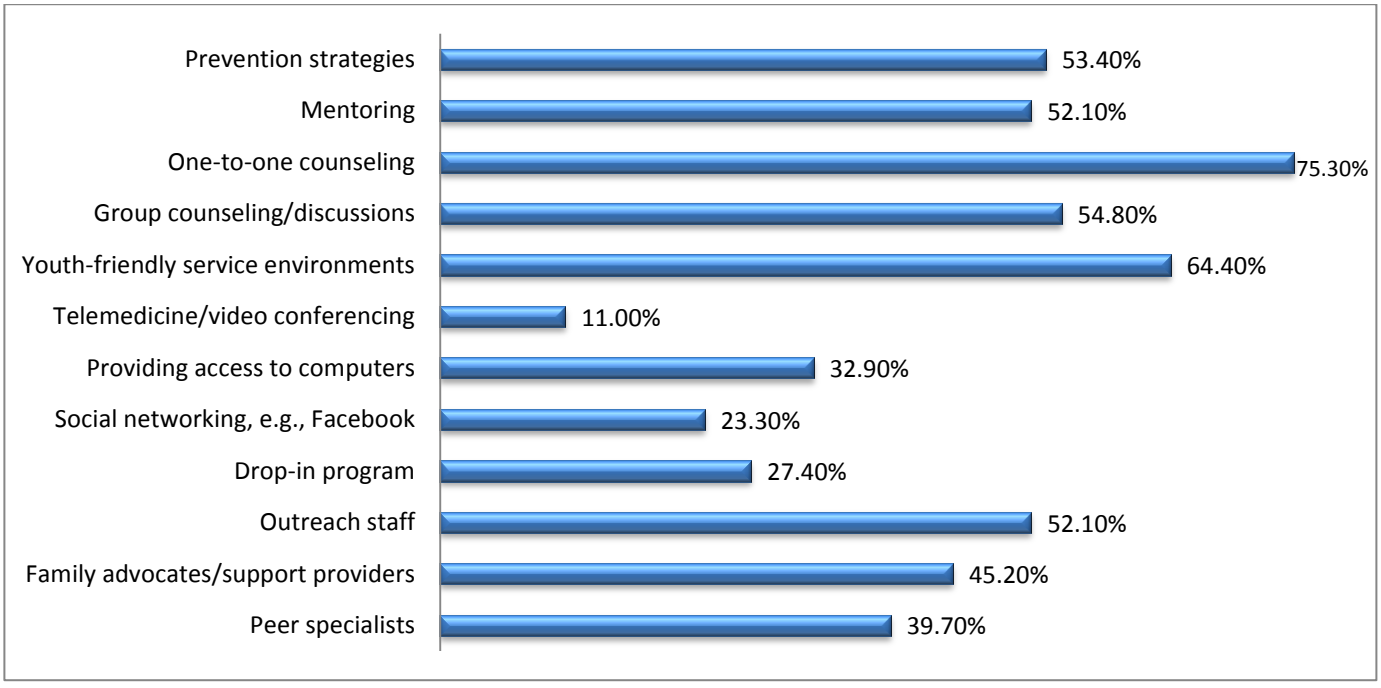
Chart 2



3) What strategies have you found to be effective for engaging youth and young adults in transition services? Select all that apply.

Responses indicate an array of traditional and non-traditional services being used. The perceived effectiveness of methods ranged from one-to-one counseling (75.3%) to telemedicine/video conferencing (11%). Other strategies used significantly were youth-friendly service environments (64.4%), group counseling/discussions (54.8%), prevention strategies (53.4%), outreach staff and mentoring (both 52.1%), and family advocates/support providers (45.2%). It is worthy of noting that less than only one-quarter employed social networking technology. Percentages for all are found in Chart 3 below.

Chart 3



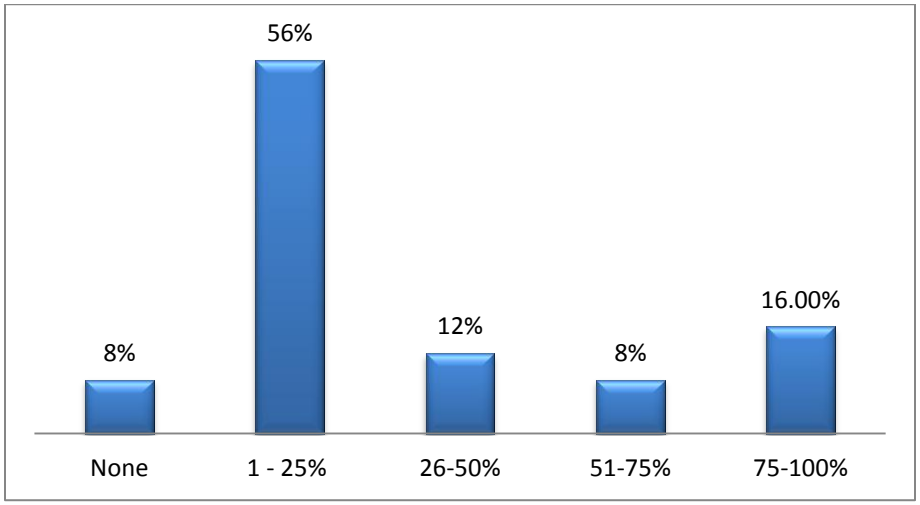
Open-ended responses indicated an array of other types of approaches were found to be effective:

- In-home, community-based support, advocacy and counseling.
- Employment-related assistance.
- Court-ordered treatment along with professionals using effective engagement skills.
- Comprehensive support and accountability programming with an array of intervention approaches.
- Assistance with acquiring a high school diploma or a General Educational Development (GED) certificate.
- Transition to Independence Process (TIP).
- Trained peer counselors.

4) What proportion of your agency's staff have been trained in providing transition services? Examples would be one-day workshops, in-service trainings, online or computer-based training, participation in conferences on this topic, etc.

Interestingly, although responses to Question 2 indicated that 41.9% of respondent's agencies had capacity to provide transition services, 56% reported that one-quarter or less of their agency staff had been trained to provide services. An additional 8% reported that none of their staff had received training.

Chart 4

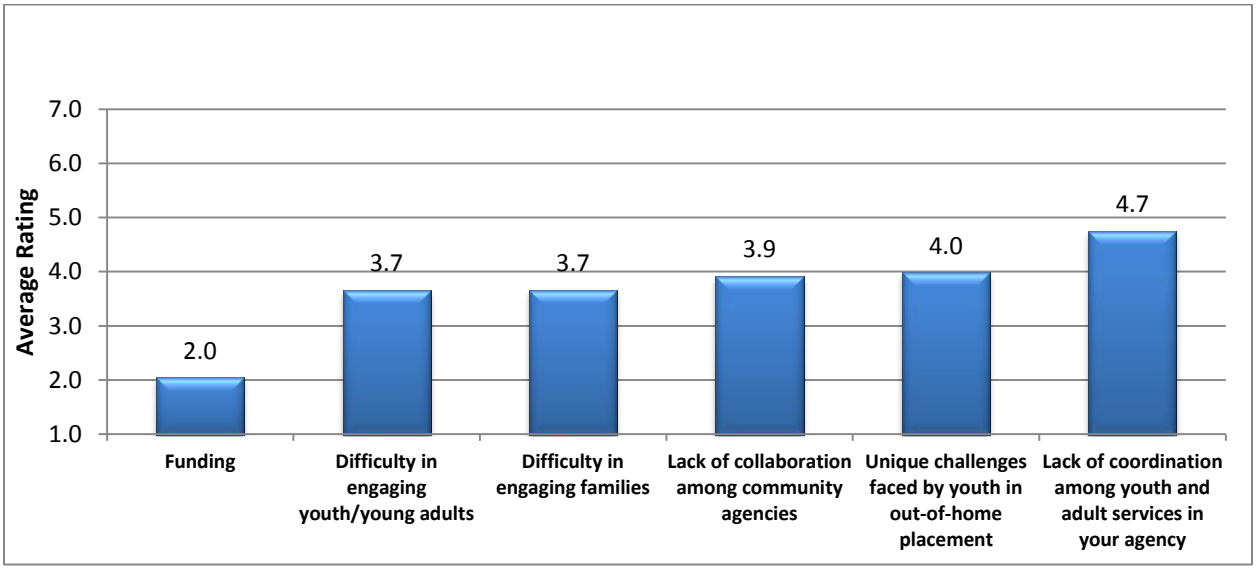


5) What do you consider to be the biggest barrier to providing transition services to youth and young adults? Please rank the following items, 1-7, with 1 being the biggest barrier.

Not surprisingly, funding was found to be the biggest barrier in providing transition services, as Chart 5 below points out. Taken together, difficulty in engaging youth/young adults and families were also significant barriers, suggesting that traditional methods of engaging young people may not be effective

ways to promote involvement. In this regard, evidence-informed models such as TIP which advocate for a youth-centered approach are worthy of consideration as a means of improving outcomes.

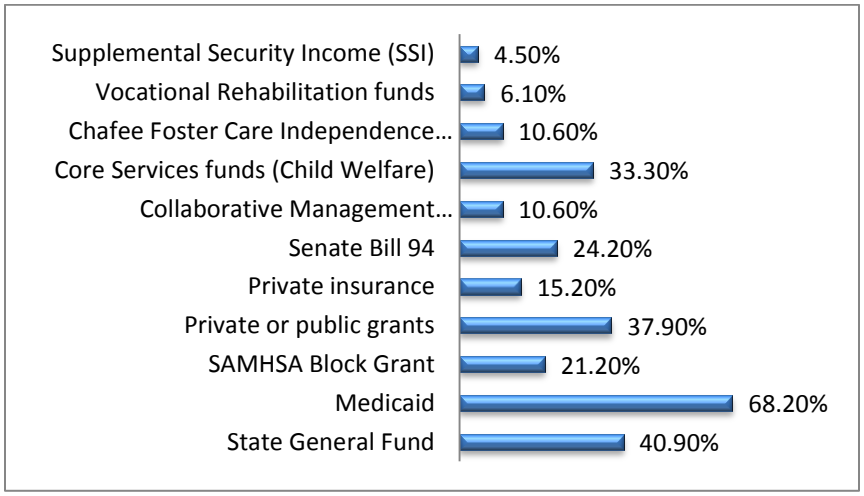
Chart 5



6) What sources of funding support your agency's transition services? Select all that apply.

Medicaid was by far the most frequently (68.2%) cited source of funding. The three others used the most were State General Fund (40.9%), private or public grants (37.9%), and Core Services dollars (33.3%), which are available through the child welfare system. Vocational Rehabilitation, a funding source to assist individuals with disabilities was only used by 6.1% of respondents. Supplemental Security Income/SSI (4.5%) was the least used to support services (it should be pointed out that SSI is an individual benefit, not a funding source for services).

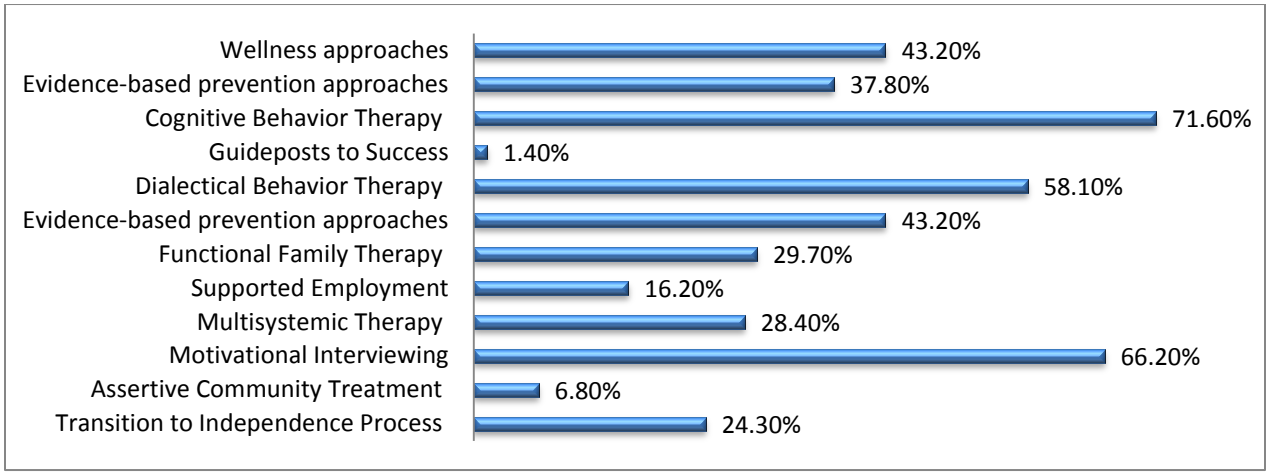
Chart 6



7) What models/approaches does your agency use in providing transition services? Select all that apply.

Nearly three-quarters indicated that Cognitive Behavioral Therapy was the most frequently used approach. Motivational Interviewing (65.8%), Dialectical Behavior Therapy (58.9%), Evidence-Based Prevention (42.5%), and Wellness approaches (42.5%) were the other most-used methods. Only one-quarter indicated they used the Transition to Independence Process (TIP)[5], an evidence-informed approach specifically designed to work with youth and young adults with emotional and behavioral challenges.

Chart 7



Other models/approaches used include:

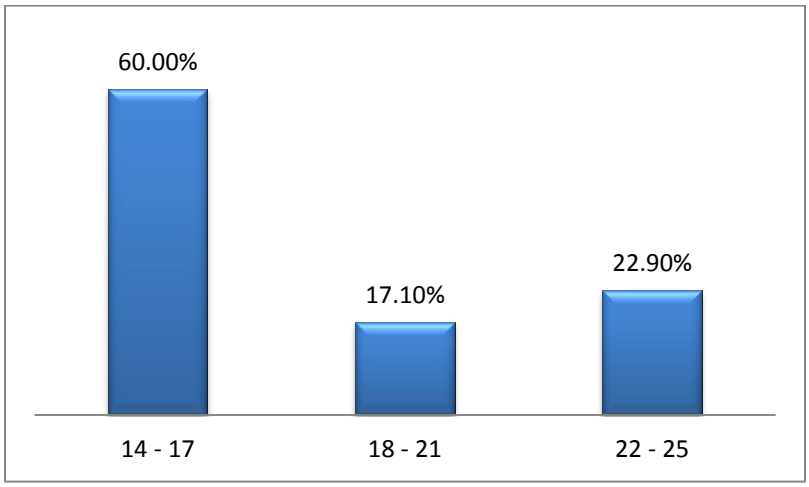
- Preventative Aftercare model used in Pennsylvania.
- Peer mentors and family support groups.
- Assertive Continuing Care (ACC).
- Strength-Based Case Management.
- Transition curriculum.
- SAIFS Model (program developed in-house and supported by research).
- Parenting with Love and Limits (PLL), an evidence-based practice (intensive in home therapeutic/skills program) out of Savannah Family Institute.
- Evidenced-informed co-occurring substance abuse/mental health treatment.
- Adolescent Community Reinforcement Approach (ACRA), and Adolescent Continuing Care (ACC).

8) **Which of the following age groups has your agency found particular success in serving?**

[5] See Clark, H.B. & Deanne K.U. (2009). Transition of Youth and Young Adults with Emotional or Behavioral Difficulties: An Evidence-Supported Handbook. Baltimore, Maryland: Brookes.

Sixty-percent of respondents believed they were most successful serving the 14-17 year-old age group. To a much lesser degree, 17% and 22.9% noted success in serving 18-21 and 22-25 year olds, respectively.

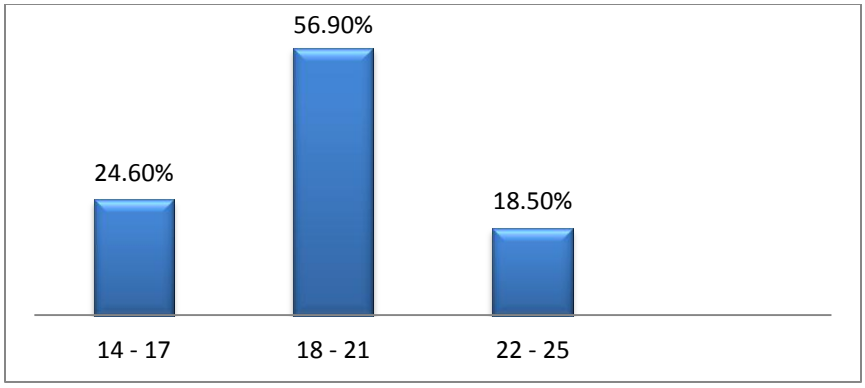
Chart 8



9) **Which of the following age groups has your agency had the biggest challenges in serving?**

Nearly fifty-seven percent felt they faced the most challenges serving the 18-21 year-old age group. If expanded to include the 22-25 year-old age group, 71.4% felt they had the most challenges serving the entire young adult population. This is an important finding since a 2008 Colorado study indicated young adults ages 21-24 had the largest unmet need for behavioral health services relative to the number of years in the group[6].

Chart 9



[6] Western Interstate Commission on Higher Education, Mental Health Program (2009). Colorado population in need – 2009. Boulder, CO: Author. Sponsored by the Division of Behavioral Health, Office of Behavioral Health and Housing Colorado Department of Human Services.

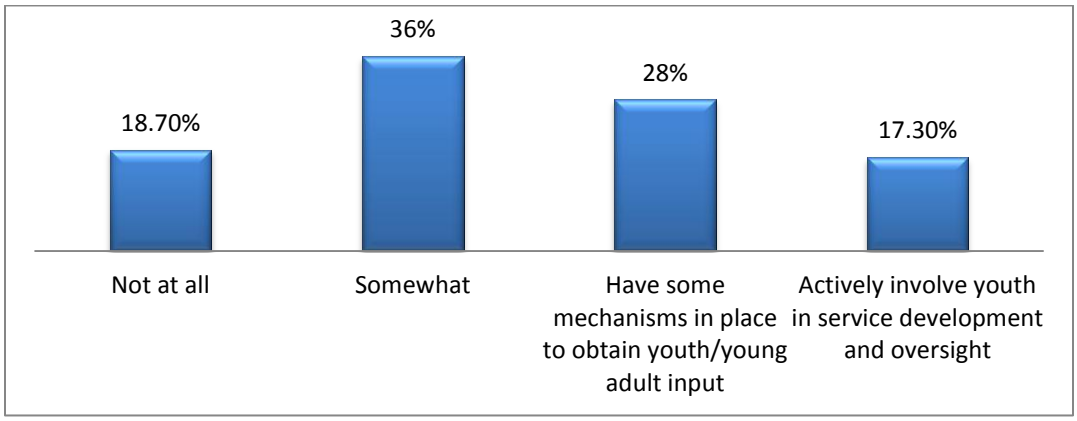
10) Has your agency made changes to improve services focused on transitional issues for youth? If yes, what changes have been made?

Numerous innovative change examples were given. Rather than summarizing those, the full list is provided in the Appendix.

11) To what extent have youth been involved in developing transition services and supports provided by your agency?

The emergence of youth involvement in the behavioral health field is a relatively recent development. Case in point, for a number of years one of the three core values of a system of care included the phrase "should be child centered", whereas today it is understood that the system of care should be "youth guided." Recent developments such as the development of a national youth-run organization with state chapters, Youth M.O.V.E. National (Motivating Others through Voices of Experience), governed by and designed for youth with behavioral health challenges, provide evidence of the youth voice in the behavioral health field. Only 17.3% responded that they actively involve youth in service development and oversight.

Chart 10



12) How can DBH best support you and your agency in serving TAY?

The survey asked how the Division of Behavioral Health could support respondents and their agencies in providing transition services. There were numerous responses to this; the main groupings listed in order of their frequency are:

- Funding.
- Training and information sharing.
- Coordination and collaboration.
- Increase awareness about the population.
- Improve accessibility to services.

13) Would you be open to DBH contacting you to learn more about your agency's services for TAY.

Over 30 names were provided, indicating that resources exist in Colorado and that individuals are willing to share their knowledge with others.

14) Optional: Please identify your agency and provide the email address of a contact person.

See question 13.

15) Thank you very much for taking the time to complete this survey. Is there anything else you would like DBH to know about your agency's implementation of services to TAY?

The following types of responses were given:

- Gaps between the youth and adult behavioral health system.
- Need to also focus on dual-diagnoses, brain-based mental health issues, and trauma.
- There is a need for a drop-in center (like the Clubhouse model in adult mental health services).
- Need continued funding and support for the community.
- The more agencies can collaborate the better.

Summary

This survey on transition services for youth and young adults behavioral health challenges is the first of its kind sponsored by the Division of Behavioral Health. In addition to the valuable information it provides, it also represents an important step in understanding the special circumstances of the population and the service providers who help them address those challenges.

The survey results indicate that behavioral health service providers have accomplished much in serving this group. Those accomplishments include service innovations and expansion, collaborative initiatives, and working creatively within available funding. Further, the results point out the need for training, opportunities for practitioners and agencies to exchange information on best practices, policies that guide program development and implementation, and funding to continue and expand the important work that has been undertaken.

The Division of Behavioral Health expresses its deep appreciation to the individuals who responded to the survey and provided their valuable input.

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With assistance from the Division of Behavioral Health, Work Group on Transition Age Youth and Young Adults, and the Data and Evaluation Unit.

Appendix

10) Has your agency made changes to improve services focused on transitional issues for youth? If yes, what changes have been made?

- Co-occurring group and individual sessions along with family sessions. Also, implementation of family education sessions for family members.
- Improved communication between Child and Family and Adult Recovery Services. There is now a path to transition youth between the programs.
- Collaborate with Preventative Aftercare, Inc. in Pennsylvania to bring this model to Colorado.
- We have two groups going, through email and in person, for parents of youth with health issues transitioning to adulthood. We have also set up a networking group with the local Community-Centered Board (CCB), Vocational Rehabilitation, and the Center for Independence to communicate about issues.
- Increased program design, teen mom independent training program.
- Received extensive training in the TIP model. Promote transitional services within the agency and in the community.
- Working with state government to clarify perimeters expanding services to 18-20 year olds.
- Adopted Facebook, home visitation, weekly email affirmations.
- Denver Cares started a youth program.
- Received grant from the Colorado Department of Education and implemented case managers specific to transitioning youth.
- Reached out to provide services in schools.
- Applied for grants.
- Increasing the age range from 18 to 22/25 year olds.
- We have instituted and are revising our Youth Transition Services.
- Increased assistance finding employment, registering with workforce agencies, computer lab access.
- A much greater focus on the topic and involvement of local businesses and other agencies as support and internships.

- Evidence based training.
- We've tried within limited funding to create specialized programming for transition-age including life skills and having group activities targeting that age group as they express a preference for being with peer group and not older adults. In our supported education & employment programs we've also targeted some specific approaches. Finally, it's a topic for our Wellness Advisory Council which supports our Wellness programming.
- DYC has developed a broad spectrum of services to assist in transition and parole services.
- Groups, outreach, GED, independent living skills.
- Drop in center.
- More involvement with community organizations.
- Created a Transition Task Force. Our agency is represented on the Under 26 Task Force from DBH. We have an awesome model of referring to professionals for ongoing services. Funding is the issue.
- It's not been through our agency but other agencies we work with.
- We extensively trained staff and have worked with referral sources to be aware of these programs.
- Increased online content, resources, and assessment tools via web pages and social media outlets; increased peer training on key topics.
- New treatment models, attempts to secure grant funding.
- Specifically implementing TIP.
- Developing an intensive adolescent outpatient program in conjunction with other services for the 13-17 year olds.
- We have made changes to make transition from child to adult services more effective.
- More emphasis on co-occurring disorders.
- Convened monthly meeting between adult/child services to discuss needs of specific youth.