



Transition-Aged Youth: Integrating Primary Care and Behavioral Health Services

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Thursday, February 16, 2023

Vision: Healthy Communities, Healthy People





Session 3: Individual Factors Affecting Engagement, Resilience, and Well-Being

Thursday, February 16, 2023

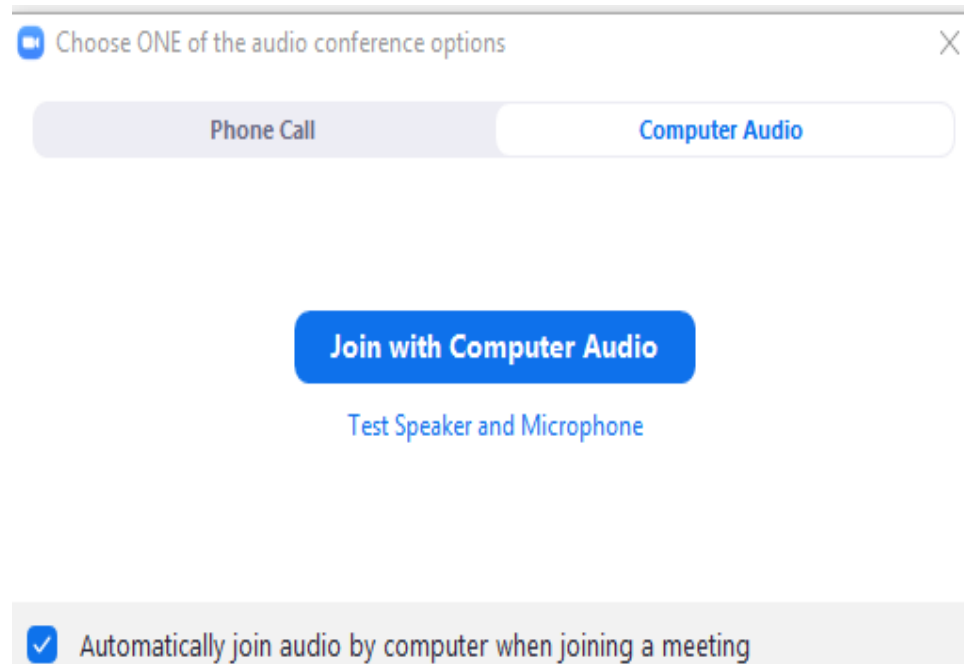
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Connecting to Audio

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- Click **Join with Computer Audio**.



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Phone Call Computer Audio

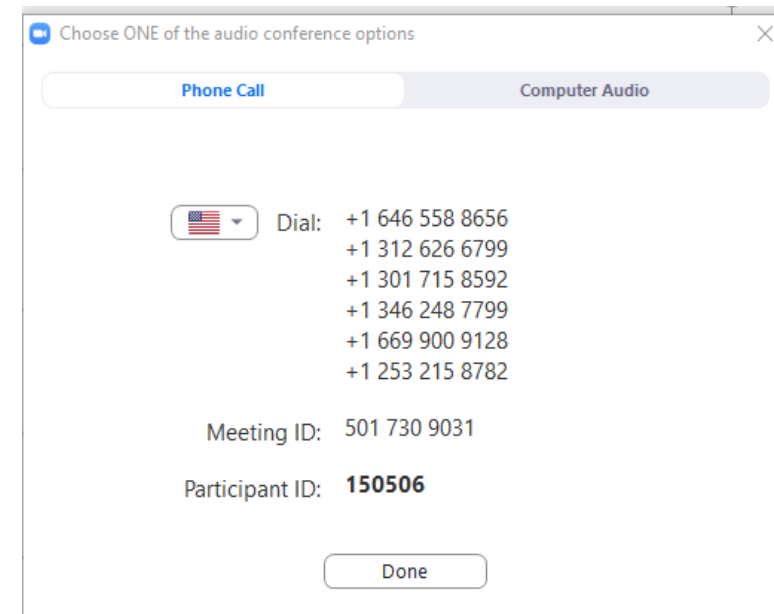
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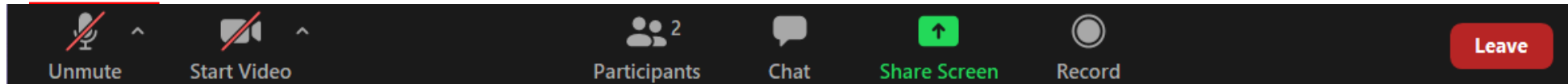
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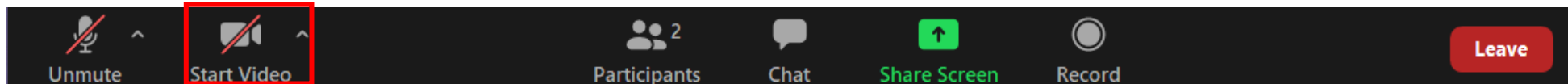
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Zoom Participation

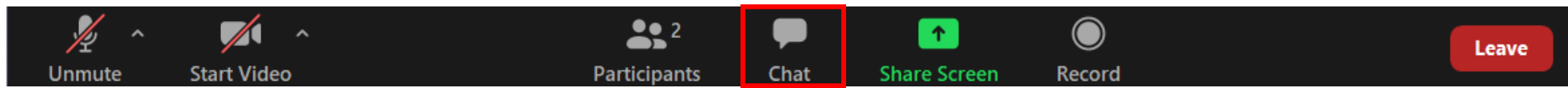
- You will begin muted. To **unmute/mute**, click the **microphone** icon located at the bottom left of your Zoom window.



- We encourage everyone to keep their video enabled. Click **Start Video** to join by webcam.



- To ask a question using the **Chat** feature, click the **Chat** icon located at the bottom center of your Zoom window.



CoP Facilitators



Facilitator:
Candice Russell, B.S.
Senior Program Associate I
Advocates for Human Potential, Inc.



Facilitator: Joseph Hyde, M.A., LMHC, CAS
BHTA Project Director and
Senior Technical Expert Lead
JBS International, Inc.



Co-Facilitator:
Katie Crowley, B.S.
Program Associate
Advocates for Human Potential, Inc.

CoP Learning Objectives

At the end of this CoP, participants will be able to:

1. Describe the unique challenges that transition aged youth (TAY) face and the solutions that can be implemented to support them.
2. Design developmentally appropriate programming that is also trauma informed, equitable, and inclusive.
3. Develop effective strategies for your clinic that will improve outreach to and engagement of TAY from specific populations (e.g., youth in foster care, LGBTQIA+ youth, youth and young adults who are pregnant/parenting).



Source: iStock

Agenda

- Check-in and attendance
- SME Presentation: Tara Fischer, M.S.W., LICSW
- Participant Q&A
- Session wrap-up & intersession learning assignment

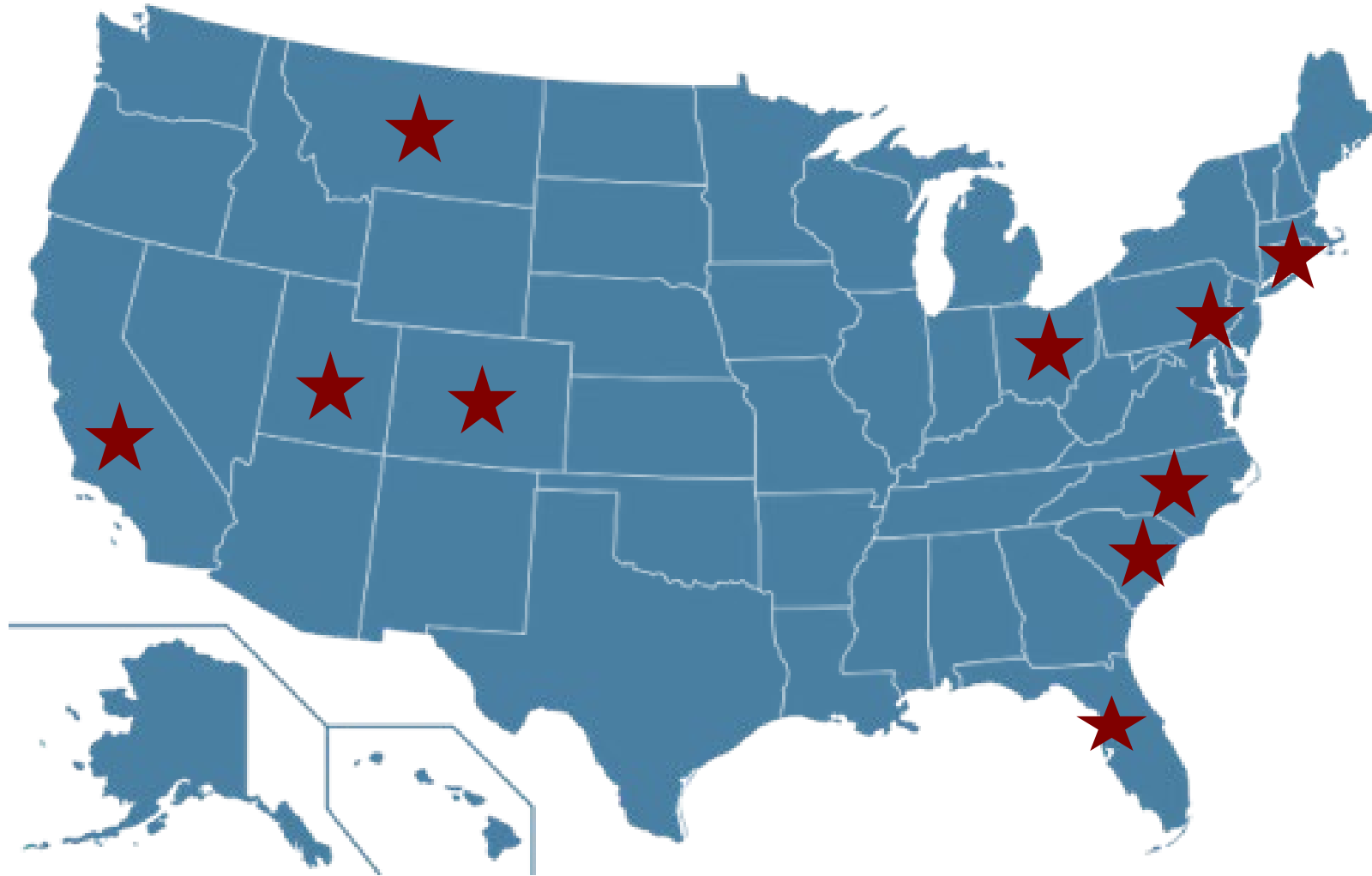


Source: iStock

Check-In and Attendance



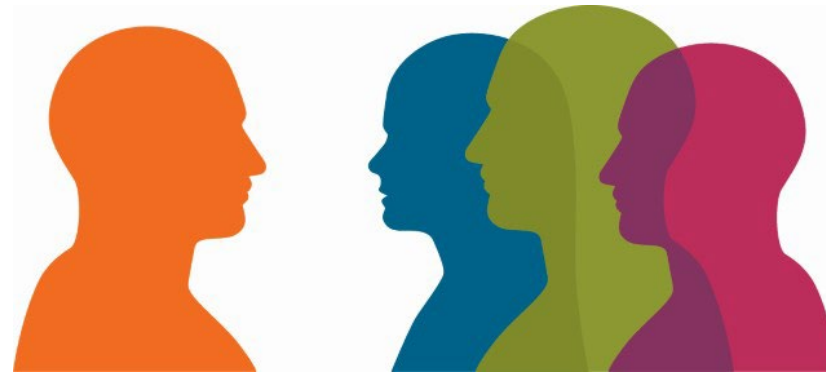
CoP Participants



Today's Discussion Question

Later in the session, we will ask:

How and when (at what age) can we support the shifting dynamics in the provider-patient relationship as the young patient emerges into adulthood?



Source: ThinkStock

Today's Presenter



Tara Fischer, M.S.W., LICSW
Senior Program Manager
Advocates for Human Potential

Transition Age Youth: Individual Factors Affecting Engagement, Resilience, and Well-Being

Tara Fischer, M.S.W., LICSW



Outline

1. Defining “transition age youth (TAY)”
2. Supporting transitions
3. Unique needs of high-risk subpopulations
4. Intersection of culture, trauma, and recovery
5. Shifting dynamics in the provider-patient relationship



Defining Transition Age Youth

- Broad demographic spanning from older adolescence to young adulthood (15–26 years old)
- Includes diverse subgroups of youth¹



Defining Transition Age Youth (cont'd)

- Marked by a myriad of psychosocial experiences
 - Gaining and maintaining independence
 - Identity formation
 - Exploring sexuality and relationships
 - Post-secondary education/career development
 - Engaging in behaviors that have potential for poor health outcomes (e.g., substance use, violence, self-harm)
- Associated with onset of some mental health disorders, including mood, psychotic, and substance use disorders (SUDs), as well as suicide ideation and attempts.¹

Prevalence

The National Comorbidity Survey Replication Study found that 50% to 75% of DSM IV–defined anxiety disorders, mood disorders, impulse control disorders, and SUDs emerge between the ages of 14 and 24, with SUDs showing a marked increase in prevalence in this age group.

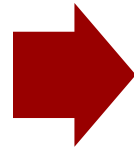
Evidence from multiple epidemiologic studies suggests that the prevalence of the full range of psychiatric disorders in this age group is 20%.

The use of mental health treatment services and health services in general tends to be low or decline during this transitional age.

The mental health needs of TAY have escalated during the COVID-19 pandemic.²

Why Is This Important to You?

Primary care practices are uniquely poised to lead transition planning efforts alongside the adolescent, their family, and other providers.



This population requires integrated guidance and support to promote **early identification, treatment engagement** and positive outcomes.



TAY care transition is a multiyear process, beginning as early as age 12.



Treatment Adherence Is at Risk During Transition



- Identify youth most at risk
- Engage the team in planning
- Link to guardianship resources
- Promote patient activation
- Conduct introductions/warm handoffs
- Support patient follow-through
- Anticipate access issues

← **Today's Focus**



Sub-Populations at Higher Risk for Poorer Outcomes

Youth aging out of foster care

Youth with experiences in the justice system

Youth transitioning from supported education services

LGBTQ+ youth

Ethnic/racial minority youth

Youth with chronic medical illnesses

3



Poll

I regularly work with youth who have behavioral health concerns and are (select all that apply) . . .

Aging out of foster care

Having experiences in the justice system

Transitioning from supported education services

LGBTQ+

Ethnic/racial minorities

Experiencing chronic medical illnesses

Does not apply



Unique Needs of Foster Youth

Education—Only 50% of all foster youth complete their secondary education.

Housing—Up to 40% of young adults who transition out of foster care experience homelessness within the first 4 years of aging out.

Employment—Approximately 50% of 19–21-year-olds transitioning out of foster care are unemployed.

Pregnancy—Approximately 51% of female foster youth are pregnant by age 19, and 46% have repeat pregnancies by age 19.⁴

Justice Involved TAY

70-80% of youth released from juvenile justice facilities are **rearrested** within three years.⁵

44% of **homeless** youth had spent time in a jail, prison, or juvenile detention center.⁶



Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual, 2 Spirit+ People (LGBTQIA2S+)

Risks

- Bullying, harassment, and violence
- Family rejection
- Homelessness
- Suicidal ideation and attempts

Remember to . . .

- Share pronouns, and ask for and use correct pronouns
- Identify chosen family
- Screen for risk factors
- Connect to supports
- Affirm self-care

7, 8



Culture Is Interwoven with Traumatic Experiences, Responses, and Recovery

Experiences related to positionality, intersectionality, and oppression

- Historical trauma
- Personal and/or collective experiences of bias, discrimination, or violence within educational, legal, health care, and behavioral health systems
- Provider bias and microaggressions

Culture and community perspectives

- Family roles and household structure
- Spirituality and religious beliefs
- Resiliency-building and healing traditions
- Traditions that support resiliency and healing



Remember to . . .



Shifting Family Dynamics

When safe and available, living with a family member can help reduce repeat pregnancies, increase self-esteem and educational achievements, and lower rates of depression.

Consider who the young person has as positive connections (within the family and other personal supports).

Learn how the teen/young adult defines “family.”

Assist in strengthening the relationship between the teen parent and child, and teen parent and their own parent(s), whenever possible.

Explore who else is helping to co-parent the teen/young adult’s child, and learn about the nature of that relationship.



Shifting Dynamics in the Provider-Patient Relationship

Discuss	Discuss mutual respect
Build	Build trust
Provide	Provide culturally responsive care
Empower	Empower youth
Foster	Foster genuineness and strengthen communication

4



Always Maintain a Trauma-Informed Approach

Behave and communicate in a way that...

Signals Safety

- Trustworthiness
- Over-communication
- Transparency
- Swift conflict resolution
- Mistakes are okay

Activates Agency

- Options
- Control over one's care
- Skill building
- Lift voices

Recognizes Worth

- Acceptance
- Value
- Respect
- Compassion
- Noticing strengths
- Sees behavior as an attempt to cope



Breakout Group Discussion

1. How and when (at what age) can we support the shifting dynamics in the provider-patient relationship as the young patient emerges into adulthood?
2. What does it look like—what can we do during “touch points” (check in, patient portal, visit, referrals, disseminating educational materials, etc.) to:
 - **Universal Screening for MH and SUD**
 - Signal safety
 - Activate agency
 - Recognize worth



Source: Microsoft® PowerPoint® for Microsoft 365.

Realizing the Vision

Strategic Plans are driven by a vision for success!

As part of your action plan, you were tasked with developing a three-part strategy that would ensure equitable access to behavioral health care services and supports from primary care services for TAY, utilizing outreach, engagement, and collaboration with other entities.

To continue building your action plan, develop a strategy that incorporates “signaling safety,” “activating agency,” and “recognizing worth” at key touch points, to ensure that youth and young adults remain engaged in treatment.

Particular focus should be on TAY who come from populations that may be typically underserved (ethnic and/or gender minorities, part of the foster care system, etc.).



Source: ThinkStock



Next Steps

- Identify the thorns you will tackle as part of your action planning.
- Remember, Thursday and Friday Office Hours.
- Coaching Calls are available—*please reach out to schedule a coaching call if you need additional assistance.*



Source: iStock by Getty Images

Biweekly Office Hours

- **Thursdays** (after the session) 3:30–4:30 p.m. ET
- **Fridays** 1:00–2:00 p.m. ET
- Designed to discuss progress and/or challenges related to
 - Your team's action plan
 - The session topic
- Meet colleagues from other health centers



TA Offerings for Health Centers

- One-on-One Coaching
- Webinars
- Intensive On-Site TA
- Communities of Practice (CoPs)

BPHC-BH TA Portal

<https://bphc-ta.jbsinternational.com/>

- Request TA
- Access Learning Management System (LMS) modules
- Learn more about BH TA options
 - One-on-One Coaching
 - E-learning Webinars
 - Virtual Site Visits to Improve Outcomes
 - Integration of Oral and Behavioral Health
 - Virtual Brown Bag Sessions



Coming in February and March

Micro-Webinar (30 minutes)

WEBINAR

2/15/2023, 12:30–1:00 PM ET, *“Addressing Racial and Ethnic Disparities in Pediatric Mental Health in an Integrated Care Setting”*

REGISTER: <https://bphc-ta.ibsinternational.com/event-calendar/addressing-racial-and-ethnic-disparities-pediatric-mental-health-integrated-care>

LEARNING COLLABORATIVE (Oral Health and Behavioral Health Integration)

3/8/2023, 1:00 – 2:30 PM ET *“Tobacco, Vaping, and Cannabis: Implications for Patients” - Didactic Session*

REGISTER: <https://us06web.zoom.us/meeting/register/tZAuceyorTkrHta9eDN58p3T71uq8ADHNRGJ>

3/9/2023, 1:00 – 2:00 PM ET *“Tobacco, Vaping, and Cannabis: Implications for Patients” - Discussion Session*

REGISTER: <https://us06web.zoom.us/meeting/register/tZAldeqtrz8sGNZQxw9gAZetrVXrC2lElZQe>



Continuing Education & Satisfaction Assessment

- We will be offering **1.5 CE credit per session** attended for a maximum of 12 CEs for participation in all 8 CoP sessions.
- You **must** complete the Health Center Satisfaction Assessment after **each** session for which you plan on receiving CEs.
 - Follow the link in the chat
 - Use the link in the follow-up message from Alchemer (Survey Monkey)
- **CE credits will be distributed within 2 weeks after the session.**



This course has been approved by JBS International, Inc. as a NAADAC Approved Education Provider, for educational credits. NAADAC Provider #86832, JBS international, Inc. is responsible for all aspects of their programming.



JBS International, Inc. has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 6442. Programs that do not qualify for NBCC credit are clearly identified. JBS International, Inc. is solely responsible for all aspects of the programs.





Thank You!

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Endnotes

1. Khetarpal, S. K., Auster, L. S., Miller, E. & Goldstein, T. R. (2022). Transition age youth mental health: Addressing the gap with telemedicine. *Child and Adolescent Psychiatry and Mental Health*, 16, Article 8. <https://doi.org/10.1186/s13034-022-00444-3>
2. Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 593–602. <https://doi.org/10.1001/archpsyc.62.6.593>
3. Central East Mental Health Technology Transfer Center & Advocates for Human Potential, Inc. (2022). *What providers need to know: Transitioning from pediatric to adult medicine*.
4. The National Child Traumatic Stress Network. (2022). *Trauma-informed guiding principles for working with transition age youth: Provider fact sheet*. <https://www.nctsn.org/resources/trauma-informed-guiding-principles-for-working-with-transition-age-youth-provider-fact-sheet#:~:text=Offers%20information%20for%20providers%20supporting%20transition%20age%20youth,in%20their%20journey%20and%20recovery.%20Published%20in%202022>
5. Mendel, R. (2022). Why youth incarceration fails: An updated review of the evidence. The Sentencing Project. <https://www.sentencingproject.org/reports/why-youth-incarceration-fails-an-updated-review-of-the-evidence/>
6. Youth homelessness and juvenile justice: Opportunities for ... (2016). https://www.juvjustice.org/sites/default/files/resource-files/policy%20brief_FINAL.compressed.pdf
7. Williams Institute. (2020). *LGBT people nearly four times more likely than non-LGBT people to be victims of violent crime*. <https://williamsinstitute.law.ucla.edu/press/ncvs-lgbt-violence-press-release/>
8. The Trevor Project. (2022). *Facts about LGBTQ youth suicide*. <https://www.thetrevorproject.org/resources/article/facts-about-lgbtq-youth-suicide/>

References and Resources

- Centers for Disease Control and Prevention. (2022, November 3). Preferred terms for select population groups & communities. Centers for Disease Control and Prevention. Retrieved January 26, 2023, from https://www.cdc.gov/healthcommunication/Preferred_Terms.html
- Central East Mental Health Technology Transfer Center & Advocates for Human Potential, Inc. (2022). *What providers need to know: Transitioning from pediatric to adult medicine*.
- Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 593–602. <https://doi.org/10.1001/archpsyc.62.6.593>
- Khetarpal, S. K., Auster, L. S., Miller, E. & Goldstein, T. R. (2022). Transition age youth mental health: Addressing the gap with telemedicine. *Child and Adolescent Psychiatry and Mental Health*, 16, Article 8. <https://doi.org/10.1186/s13034-022-00444-3>
- Martel, A. & Fuchs, D. C. (2017). Transitional age youth and mental illness – Influences on young adult outcomes. *Child and Adolescent Psychiatric Clinics of North America*, 26(2), xiii–xvii. <https://doi.org/10.1016/j.chc.2017.01.001>

References and Resources (cont'd)

- Martinez, M. J., & Kawam, E. (2018). Historical trauma and social work: What you need to know. *The New Social Worker*. <https://www.socialworker.com/feature-articles/practice/historical-trauma-and-social-work-what-you-need-to-know/>
- Mendel, R. (2022, December 8). Why youth incarceration fails: An updated review of the evidence. The Sentencing Project. Retrieved January 26, 2023, from <https://www.sentencingproject.org/reports/why-youth-incarceration-fails-an-updated-review-of-the-evidence/>
- The National Child Traumatic Stress Network. (2022). Trauma-informed guiding principles for working with transition age youth: Provider fact sheet. <https://www.nctsn.org/resources/trauma-informed-guiding-principles-for-working-with-transition-age-youth-provider-fact-sheet#:~:text=Offers%20information%20for%20providers%20supporting%20transition%20age%20youth,in%20their%20journey>
- Office of Disease Prevention and Health Promotion. (n.d.). *Discrimination - Healthy People 2030*. U.S. Department of Health and Human Services. <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/discrimination>
- Promoting protective factors for victims of child abuse and neglect: A guide for practitioners. Promoting Protective Factors for Victims of Child Abuse and Neglect: A Guide for Practitioners - Child Welfare Information Gateway. (n.d.). Retrieved January 26, 2023, from <https://www.childwelfare.gov/pubs/factsheets/victimscan/>

References and Resources (cont'd)

- Office of Disease Prevention And Health Promotion. (n.d.). *Lesbian, gay, bisexual, and transgender health | Healthy People 2020*. <https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health>
- Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. <https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884>
- The Trevor Project. (2022). *Facts about LGBTQ youth suicide*. <https://www.thetrevorproject.org/resources/article/facts-about-lgbtq-youth-suicide/>
- Williams, D. R. (2018). Stress and the mental health of populations of color: Advancing our understanding of race-related stressors. *Journal of Health and Social Behavior*, 59(4), 466–485. <https://doi.org/10.1177%2F0022146518814251>
- Williams Institute, UCLA School of Law. (2020, October 2). *LGBT people nearly four times more likely than non-LGBT people to be victims of violent crime*. <https://williamsinstitute.law.ucla.edu/press/ncvs-lgbt-violence-press-release/>
- Youth homelessness and juvenile justice: Opportunities for ... (n.d.). Retrieved January 26, 2023, from https://www.juvjustice.org/sites/default/files/resource-files/policy%20brief_FINAL.compressed.pdf

