



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

Candice Russell, B.S., Facilitator
Rhonda Waller, Ph.D., Facilitator
Katie Crowley, B.S., Co-Facilitator

Thursday, April 13, 2023

Vision: Healthy Communities, Healthy People





Session 7: Special Considerations: Pregnancy, Parenting, and Guardianship Among TAY

Thursday, April 13, 2023

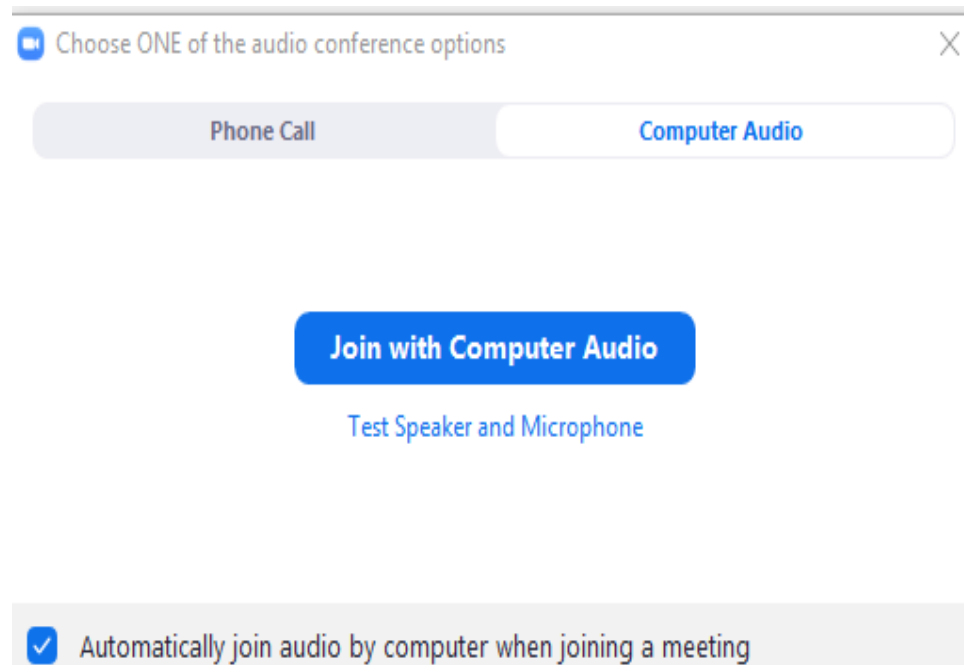
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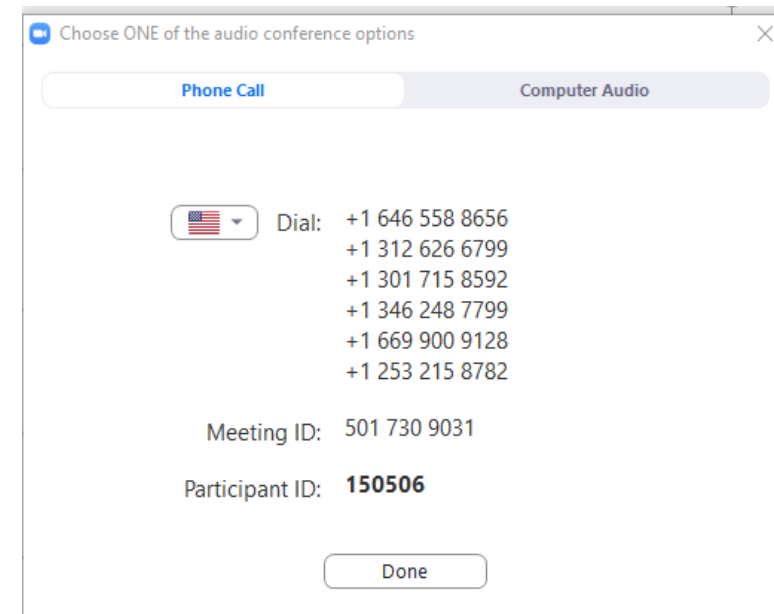
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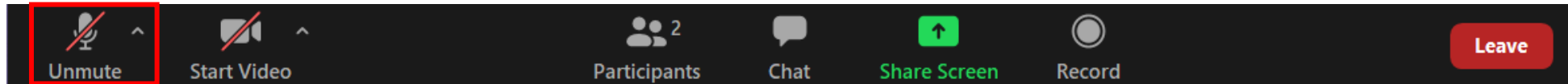
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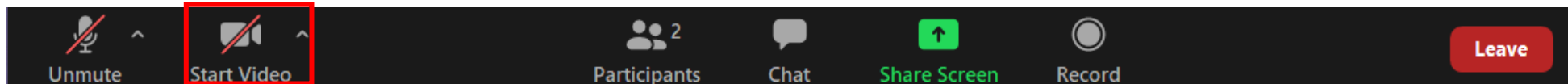
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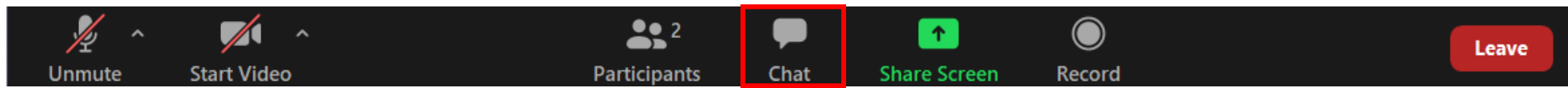
- You will begin muted. To **unmute/mute**, click the **microphone** icon located at the bottom left of your Zoom window.



- 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:
Rhonda Waller, Ph.D.
Managing Director
Maternal and Child Health Initiatives
Bizzell US

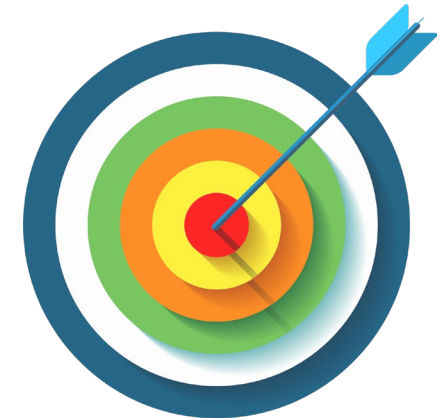


Co-Facilitator:
Katie Crowley, B.S.
Program Associate
Advocates for Human Potential, Inc.

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).

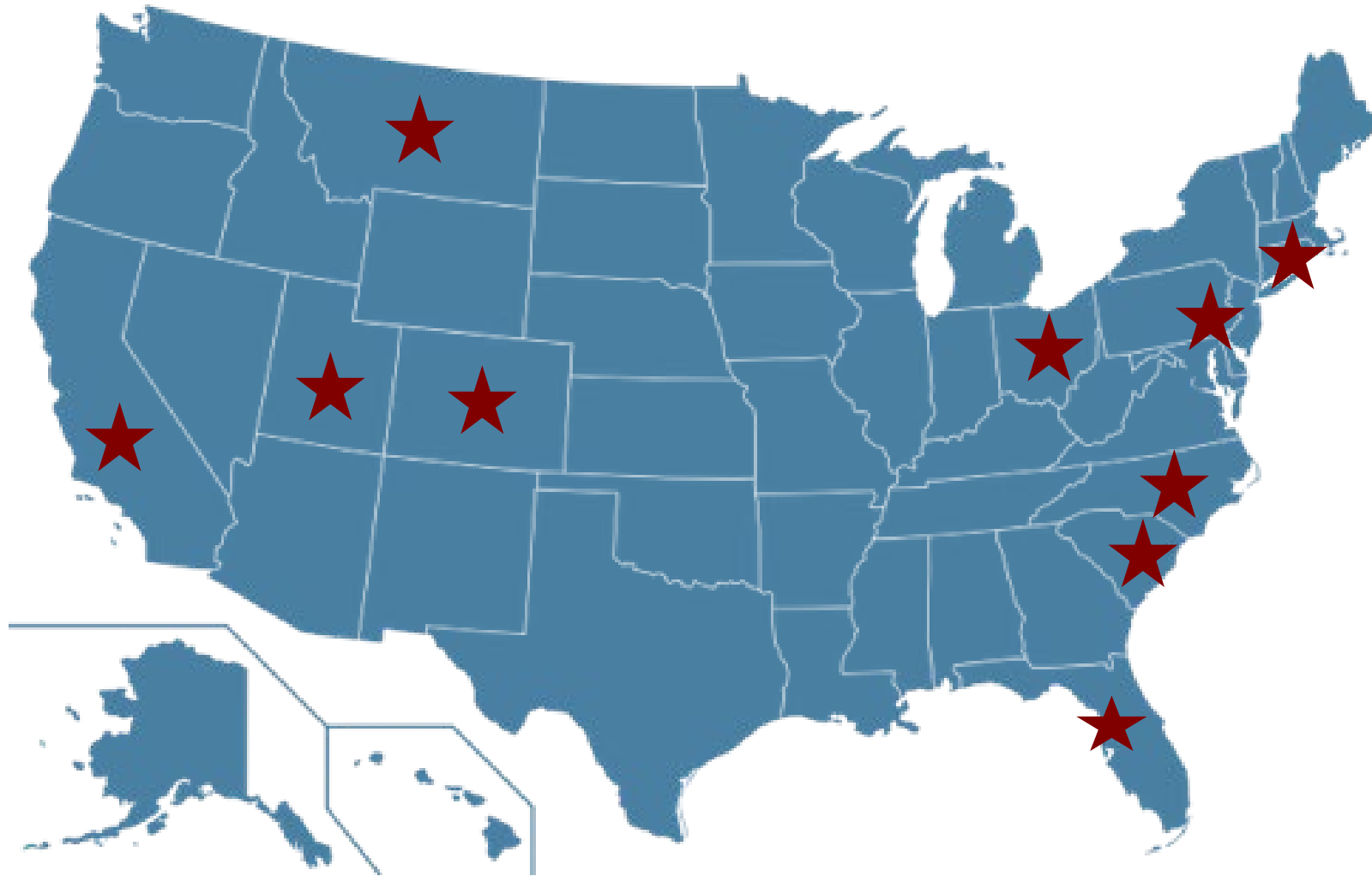


Source: iStock

Check-In and Attendance



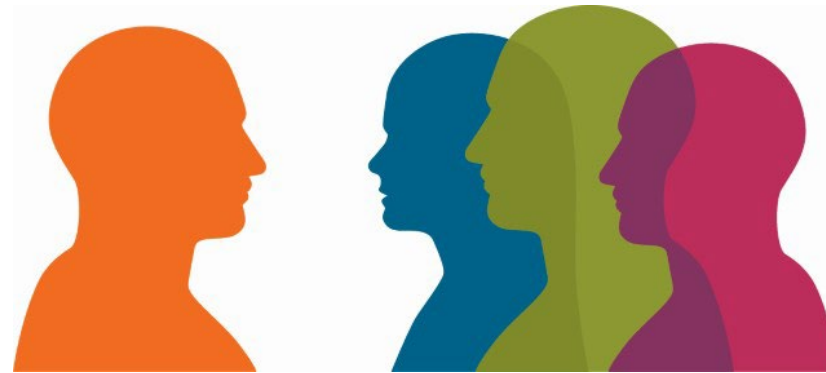
CoP Participants



Today's Discussion Question

Later in the session, we will ask:

How can you **H.E.L.P** (Help, Evaluate/Empower, Listen/Learn, Provide/Protect) TAY who may experience pregnancy? How can your health center improve current practices to address this?



Source: ThinkStock



Pregnancy and Parenting Among TAY



Rhonda Waller, Ph.D.
Managing Director
Maternal and Child Health Initiatives
Bizzell US



Agenda

- Adolescent Pregnancy and Parenting in the United States
- Social and Structural Determinants of Health (SDOH)
- SDOH and TAY During Pregnancy and Parenting
- Behavioral Health Challenges of Pregnant and Parenting TAY
- Community Health Center Interventions
- Behavioral Health Interventions
- Case Study Review



Source: iStock



Poll Question

How does your health center engage with TAY who are of childbearing age? (Select all that apply.)

- We conduct sexual health screening.
- We conduct preconception counseling.
- We provide contraception and education.
- We refer clients to another provider.
- We don't address sexual health or family planning at our health center.
- Does not apply.

Adolescent Pregnancy and Parenting in the United States¹



Facts:

- In 2020, the teen birth rate was 15.4 (births for every 1,000 females ages 15–19), down 8 percent from 2019 and down 75 percent from the 1991 peak of 61.8.
- Not all teen births are first births. In 2020, roughly 15 percent of live births to 15-to-19-year-olds were at least the **second** child born to the mother.

Source: Microsoft® PowerPoint® for Microsoft 365.

Social and Structural Determinants of Health²

Social determinants of health

- “Social, economic, and environmental [conditions] in which people are born, live, learn, work, age, and play”
- “Shape...experiences, health and health outcomes”
- “Contribute to health disparities and health inequities”

Structural determinants of health

- “Cultural norms, policies, institutions, and practices that define the distribution...of power and resources across the population and within communities”

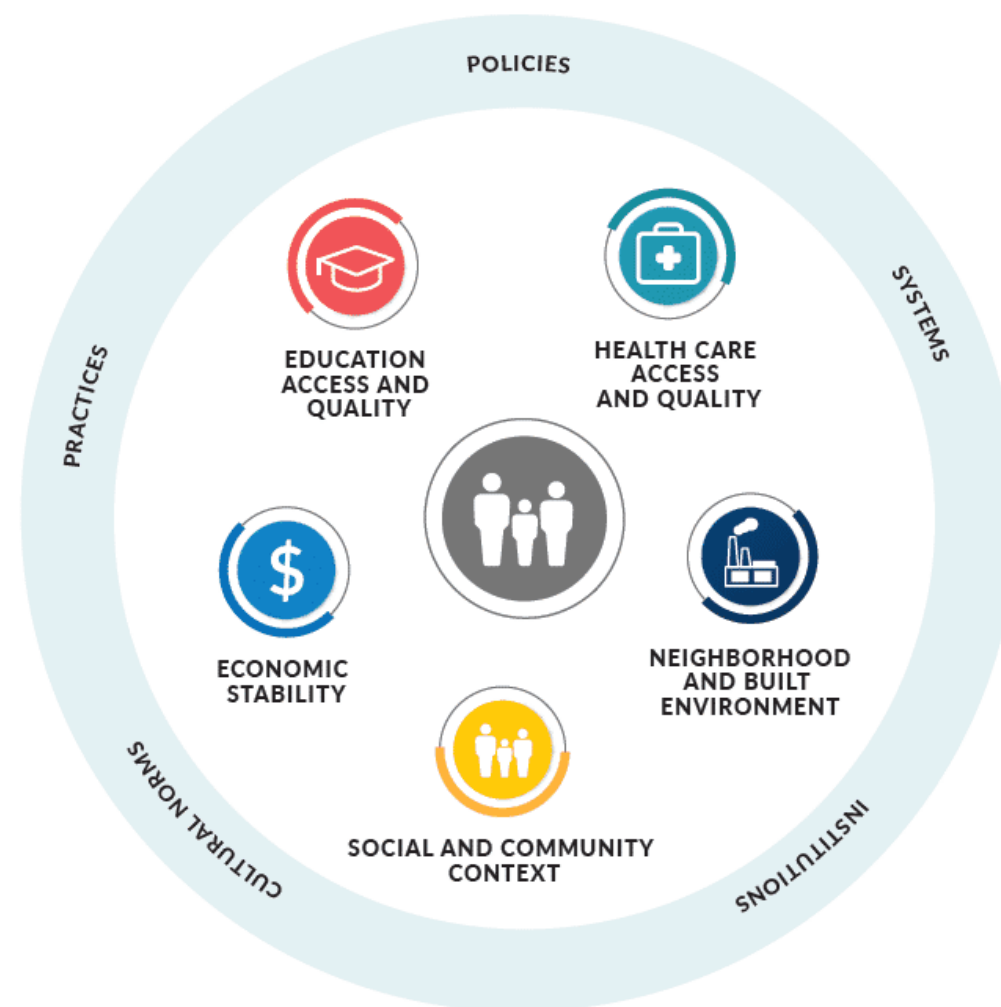


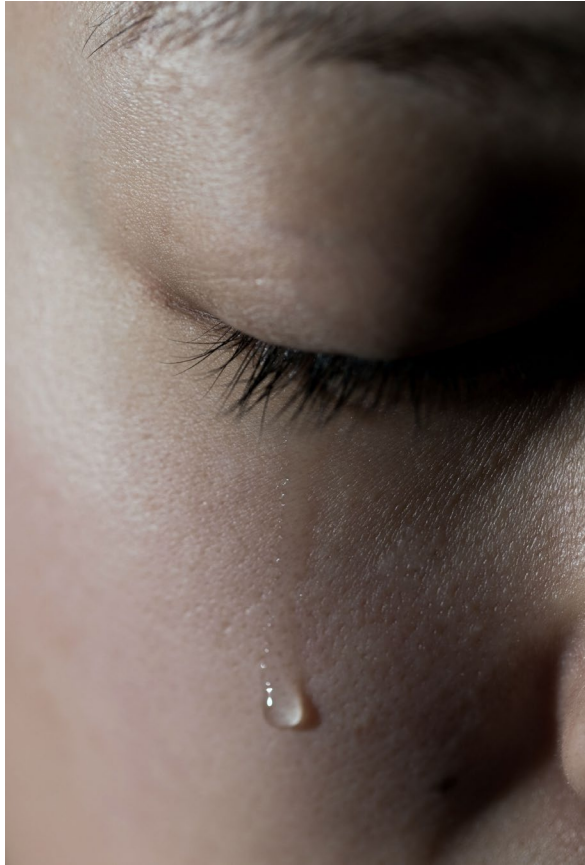
Image source: The Reproductive Health National Training Center.²



SDOH and TAY During Pregnancy and Parenting¹

- SDOH that strongly influence TAY and their children during pregnancy and parenting include:
 - Poverty
 - Homelessness/residential mobility
 - Depression
 - Limited resources for
 - ✓ Transportation
 - ✓ Basic needs
 - ✓ Childcare

Behavioral Health Challenges of TAY



Source: Microsoft® PowerPoint® for Microsoft 365.

The Pregnancy Risk Assessment Monitoring System (PRAMS) reported:³

- Younger parental age (15–24 years) is associated with a higher risk of maternal depression.
- Young fathers (15–24 years of age) with no previous history of mood disorders are more likely to experience depression compared with older fathers.
- Parental stress during pregnancy and the postpartum period increases the risk of developing postpartum depression.
- Adolescent mothers with higher parenting stress and parent–child dysfunction scores have higher rates of depression.



How Can Your Community Health Center H.E.L.P.?

Professionals working with TAY should be aware of and acknowledge the historical reasons disparities in adolescent reproductive health and childbearing exist in the United States.



Help



**Evaluate and
Empower**



Listen and Learn



**Provide and
Protect**

Community Health Center Providers

Can help shape the health of adolescent parents and their children

Can play an important role in assessing the social supports of adolescent parents and linking them to proper resources

Should screen for prenatal depression

Must understand the legal rights adolescent parents have

Are encouraged to begin early discussions regarding family planning to prevent rapid repeat pregnancies



Behavioral Health Interventions ^{4,5,6}

- Integrate postpartum depression screenings at the prenatal pediatric visit.⁵
- Screen for substance use, brief intervention, and referral to treatment (SBIRT)—even more critical for pregnant adolescents.
- During health visits, ask about history of substance use (including e-cigarettes and marijuana) and any increased risk of child abuse.
- Conduct a formal screening for intimate partner violence (IPV).
- Address toxic stressors.
- Connect pregnant and parenting TAY to supportive services.



Community-Based Supportive Services⁷

Be aware of and form collaborative relationships with programs in your community that support pregnant adolescents and adolescent parents.

- The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program
- Early Head Start
- Nurse-Family Partnership
- Healthy Families America
- AIM 4 Teen Moms
- Teen Options to Prevent Pregnancy (T.O.P.P.)
- Centering Pregnancy





Harm Reduction: To Birth or Not to Birth⁵

- Health center providers should never pressure a childbearing person to continue or end a pregnancy.
- For childbearing TAY who may want to carry a pregnancy to term, it is important for health center providers to reiterate that **taking medication for opioid use disorder (OUD) or using other illicit drugs should not be a reason for them to end a pregnancy.**
- If pregnancy loss does occur during treatment, it is important that health center providers help childbearing TAY understand that “pregnancy loss **should not** be blamed on substance use.”



Harm Reduction: Trauma-Informed Best Practices⁵

Prenatally: before birth, during pregnancy

- “Support clients to access resources and/or organizations that can address immediate practical needs such as safe housing, food, clothing, medical concerns, leaving violent relationships, and transportation. ...
- “Consider the impact of sexual abuse and trauma on childbirth. ...Black, Indigenous, and other people of color experience higher rates of disrespect and mistreatment in birth.”

Postpartum: in the community, through the first year after delivery

- “Include a focus on parent-child relationships in all interventions. ...
- “Assess for postpartum depression and other mood disorders. ...Childbearing people with a history of trauma are more likely to develop postpartum depression.”

Best Practices to Avoid Using Stigmatizing Language⁵

Don't Use	Do Use	Why
"addict" "abuser" "junkie"	"person who uses heroin" "person with cocaine use disorder"	Using "person-first" language demonstrates that you value the person and are not defining them by their drug use.
"got clean"	"no longer uses drugs"	"Clean," although a positive word, implies that when someone is using drugs, they are "dirty."
"addicted newborn" "born addicted" "crack baby"	"newborn opioid withdrawal (NOW)" "baby with prenatal cocaine exposure"	Infants are not "addicted;" they have prenatal substance exposure and/or physiological dependence.
"medication replacement therapy (MRT)" "medication assisted therapy (MAT)"	"opioid agonist therapy (OAT)" "medication for opioid use disorder" "medication for alcohol use disorder"	These categories are value neutral and precise. When discussing a specific medication, refer to it by both its generic and brand names.

Case Study



Source: Microsoft® PowerPoint® for Microsoft 365.

Case Study

Tia Jones is brought to your center by her sister who is a former client. Tia is pregnant with her second child at the age of 17. She and her boyfriend Mike, age 23, have just moved to your area from outside of the country. Tia's sister, who lives 10 minutes from the center, is providing housing for Tia and Mike until they can find a place of their own.

Tia's first child, age 2, is still in Guatemala living with Tia's mother until they can get enough money saved to move both the 2-year-old and Mom to the US. Mike works at his uncle's business and Tia is seeking employment to help out until the baby is born.

Tia is in need of prenatal care and has paperwork from her country stating she is 28 weeks pregnant. Upon intake Tia admits that Mike smokes and drinks a lot, and she is worried about being around him when he does. Tia also looks visibly frail and in need of proper fitting clothes.

Breakout Group Discussion

How can you H.E.L.P (Help, Evaluate/Empower, Listen/Learn, Provide/Protect)?

1. What do we know about this family? (Listen/Learn/Evaluate) / What strengths do they possess? (Evaluate)
2. What questions should you ask to get a better understanding of the situation? (Evaluate/Listen)
3. Based on the services at your center for TAY what are your next steps? (Help)
4. Are there any state specific laws that would impede your progress? (Protect/Empower)
5. How can you link them to services to support them and ensure a healthy/sustainable future? (Provide/Empower)



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, using outreach, engagement, and collaboration with other entities.

To continue building your action plan, develop a strategy that would consider the incorporation of **trauma-informed preconception counseling** when screening with TAY clients.

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

- **Action planning:** Develop strategies and/or SMART goals for your clinic that will improve outreach to and engagement of TAY from a special population specific to your community (e.g., youth in foster care, LGBTQIA+ youth, youth and young adults who are pregnant/parenting).
- **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 April & May

Learning Collaborative (90 minutes)
(1.5 CEUs per session)

4/12/2023, 1:00 – 2:30 PM ET *“Trauma-Informed Care for Better Oral Health – Didactic Session”*

REGISTER: https://us06web.zoom.us/meeting/register/tZApduGtqz8iHdTRTRf3O-922zwJqMa1H_2l#/registration

Virtual Brown Bag Lunches
8 Sessions for Health Center Staff Only (up to 1 CE for this session)

4/12/23, 3:00–5:00 p.m. ET *“Behavioral Health in a School-Based Setting - Discussion Session”*

REGISTER: <https://us06web.zoom.us/meeting/register/tZ0pdeyrqTgrHtUxnVQbsZPjwK1ZWIIJqbf3>

Micro-Webinar (30 minutes)
(.5 CEs for clinical staff)

5/10/2023, 2:30- 3:00 PM ET *“Integrating Behavioral Healthcare into Clinical Workflows”*

REGISTER: https://us06web.zoom.us/webinar/register/WN_YbwrSsABRY6yU6k6j-KQYg#/registration



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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Vision: Healthy Communities, Healthy People



Endnotes

1. Powers, M. E., Takagishi, J., & Committee on Adolescence, Council on Early Childhood, American Academy of Pediatrics. (2021). Care of adolescent parents and their children. *Pediatrics*, 147(5), Article e2021050919. <https://doi.org/10.1542/peds.2021-050919>
2. The Reproductive Health National Training Center & U.S. Department of Health and Human Services. (n.d.). *Addressing social determinants of health in family planning care*. <https://rhntc.org/sites/default/files/elearning/social-determinants/index.html#/lessons/wTn4bEGyRXAjj1PEg9gJ3s5mtGjU4bFo>
3. Davé, S., Petersen, I., Sherr, L., & Nazareth, I. (2010). Incidence of maternal and paternal depression in primary care: A cohort study using a primary care database. *Archives of Pediatric & Adolescent Medicine*, 164(11), 1038–1044. <https://doi.org/10.1001/archpediatrics.2010.184>
4. Yogman M, Lavin A, Cohen G; Committee on Psychosocial Aspects of Child and Family Health. The prenatal visit. *Pediatrics*. 2018;142(1):e20181218 (American Association of Pediatricians (AAP))
5. Levy SJL, Williams JF; Committee on Substance Use and Prevention. Substance use screening, brief intervention, and referral to treatment. *Pediatrics*. 2016;138(1):e2016
6. Committee on Substance Use and Prevention. Substance use screening, brief intervention, and referral to treatment. *Pediatrics*. 2016;138(1):e20161210
7. U.S. Department of Health and Human Services, Office of Population Affairs. (n.d.). Evidence-based programs for expectant and parenting teens: Profile guide. https://rhntc.org/sites/default/files/resources/opa_ebp_for_parenting_teens_profileguide_2019-09-06.pdf
8. National Harm Reduction Coalition & Academy of Perinatal Harm Reduction. (2020, September). *Pregnancy and substance use: A harm reduction toolkit*. <https://harmreduction.org/issues/pregnancy-and-substance-use-a-harm-reduction-toolkit/#section1>



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Davé, S., Petersen, I., Sherr, L., & Nazareth, I. (2010). Incidence of maternal and paternal depression in primary care: A cohort study using a primary care database. *Archives of Pediatric & Adolescent Medicine*, 164(11), 1038–1044. <https://doi.org/10.1001/archpediatrics.2010.184>

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Fuller, T. R., White, C. P., Chu, J., Dean, D., Clemmons, N., Chaparro, C., Thames, J. L., Henderson, A. B., & King, P. (2018). Social determinants and teen pregnancy prevention: Exploring the role of nontraditional partnerships. *Health Promotion Practice*, 19(1), 23–30. <https://doi.org/10.1177/1524839916680797>



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Mollborn, S. (2017). Teenage mothers today: What we know and how it matters. *Child Development Perspective*, 11(1), 63–69. <https://srcd.onlinelibrary.wiley.com/doi/abs/10.1111/cdep.12205>

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Resources

- The Pregnancy Risk Assessment Monitoring System (PRAMS):
<https://www.cdc.gov/prams/index.htm>

