


Youth in Transition: Needs and Service Utilization

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Needs and services for transition-aged youth

- Adolescents with serious emotional disturbances in transition to adulthood have unique needs which have failed to be addressed in traditional mental health systems¹
 - These needs include employment, living situations, educational opportunities, and community-life adjustment²
- As youth approach adulthood they enter both a developmental transition (maturation) and an institutional transition (age and eligibility requirements for services)

¹ Davis, M. (2003). Addressing the needs of youth in transition to adulthood. *Administration & Policy in Mental Health, 30*(6), 495-509.
² Clark, H.B., Deschenes, N., & Jones, J. (2000). A framework for the development and operation of a transition system. In H.B. Clark & M. Davis (Eds.), *Transition to adulthood: A resource for assisting young people with emotional or behavioral difficulties* (pp. 29-53).

Current study

- Data were collected as part of the evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program.
- Data were collected at intake into a mental health program and 6 months later.

System of Care: Agency Composition

- **General SOC**
 - Community providers: Outpatient, intensive, and crisis services, some wraparound planning
 - Mostly Medicaid (89%)
 - Youth served are younger: 69% aged 13-15, 31% aged 16+
 - Gender evenly split: 50% males
- **Connections**
 - Juvenile Justice program: mental health and family support services, universal wraparound planning
 - Less Medicaid (59%)
 - Youth served are older: 51% aged 13-15, 49% aged 16+
 - Gender 69% male

Number of interviews completed

- Baseline interviews, n=331

| | <i>Age</i> | | |
|--------------|-------------|--------------|------------|
| | <i>5-12</i> | <i>13-15</i> | <i>16+</i> |
| Connections | - | 37 | 36 |
| General SOC | 154 | 72 | 32 |
| Total | 154 | 109 | 68 |

Child risk factors

Caregiver reported

| | <i>General SOC</i> | | | <i>Connections</i> | |
|----------------------------------|--------------------|--------------|------------|--------------------|------------|
| | <i>5-12</i> | <i>13-15</i> | <i>16+</i> | <i>13-15</i> | <i>16+</i> |
| Child history of substance use | .6%* | 33% | 50% | 36%* | 75% |
| Child has attempted suicide | 8%* | 34% | 41% | 16%* | 29% |
| Child has run away | 14%* | 47% | 41% | 56%* | 72% |
| Child has been sexually abused | 24%* | 40% | 34% | 30% | 30% |
| Child has been physically abused | 22%* | 42% | 36% | 36%* | 27% |
| Child sexually abusive to others | 9% | 7% | 9% | 14% | 9% |

*p < .05, Chi-square tests

Family risk factors

Caregiver reported

- No significant differences between age groups for:
 - History of domestic violence
 - History of family mental illness
 - History of psychiatric hospitalization of bio parents
 - History of criminal conviction of bio parents
 - History of substance use among bio family

Child functioning--CAFAS

(Child and Adolescent Functional Assessment Scale)

| | General SOC | | | Connections | |
|-------------------------|-------------|-------|-----|-------------|-----|
| | 5-12 | 13-15 | 16+ | 13-15 | 16+ |
| Substance use subscale | 0.2* | 5 | 8 | 9* | 20 |
| Community role subscale | 8* | 10 | 13 | 24 | 27 |
| Total problem score | 114* | 130 | 131 | 154 | 166 |

* $p < .05$, ANOVA

No significant differences by age for:

- Home subscale
- School/work subscale
- Behavior toward others subscale
- Moods/emotions subscale
- Self-harm subscale
- Thinking subscale

Child functioning--BERS

(Behavioral and Emotional Rating Scale)

| | General SOC | | | Connections | |
|--------------------|-------------|-------|------|-------------|------|
| | 5-12 | 13-15 | 16+ | 13-15 | 16+ |
| Affective strength | 11.9* | 10.7 | 12.1 | 10.6 | 11.5 |
| School functioning | 9.7* | 8.4 | 9.0 | 8.4 | 7.9 |

* $p < .05$, ANOVA

No significant differences by age for:

- Strength Quotient (Total score)
- Interpersonal strength
- Family involvement
- Intrapersonal strength

Substance use status

Youth reported (only interviewed 11 and older)

| | General SOC | | | Connections | |
|---------------------------|------------------------------|-------|-----|-------------|-----|
| | 11-12 <small>n=35</small> | 13-15 | 16+ | 13-15 | 16+ |
| Youth ever used... | | | | | |
| Alcohol | 22%* | 70% | 74% | 79%* | 96% |
| Cigarettes | 38%* | 64% | 74% | 82% | 89% |
| Marijuana | 17%* | 56% | 65% | 70%* | 96% |
| Psychedelics | 0%* | 11% | 27% | 12%* | 41% |
| Amphetamines | 0% | 8% | 15% | 3%* | 41% |

* $p < .05$, Chi-square

Educational status

Caregiver reported

| | General SOC | | | Connections | |
|--|-------------|-------|-----|-------------|-----|
| | 5-12 | 13-15 | 16+ | 13-15 | 16+ |
| Child in school at any time over last 6 months | 99%* | 88% | 81% | 97%* | 78% |
| Why was child not in school? | | | | | |
| “Good reasons” (i.e. in GED, home school) | 100% | 50% | 25% | - | 13% |
| “Bad reasons” (i.e. expelled, refused, poor functioning) | - | 50% | 75% | 100% | 87% |

* $p < .05$, Chi-square test

Educational status

Caregiver reported
Out of the youth that are in school

| | General SOC | | | Connections | |
|---|-------------|-------|-----|-------------|-----|
| | 5-12 | 13-15 | 16+ | 13-15 | 16+ |
| Grade point average (4-point A through F scale; A=4, F=0) | 2.3* | 1.3 | 1.4 | 1.3 | 0.9 |


* $p < .05$, ANOVA

Housing

Caregiver reported

| | General SOC | | | Connections | |
|--|-------------|-------|-----|-------------|-----|
| | 5-12 | 13-15 | 16+ | 13-15 | 16+ |
| Lived at any time, past 6 months | 5-12 | 13-15 | 16+ | 13-15 | 16+ |
| Living with parents or other similar | 92% | 86% | 94% | 92% | 89% |
| Living in jail, hospital, or restrictive treatment | 4%* | 26% | 31% | 27%* | 41% |

* $p < .05$, Chi-square



Services received, 12 months prior to intake

Caregiver reported

| | General SOC | | | Connections | |
|---|-------------|-------|-----|-------------|-----|
| | 5-12 | 13-15 | 16+ | 13-15 | 16+ |
| Alcohol / substance use | 1%* | 9% | 25% | 24%* | 44% |
| Inpatient hospitalization / residential | 3%* | 18% | 25% | 11%* | 28% |

* $p < .05$, Chi-square tests

- No significant differences by age for:
 - Outpatient therapy
 - School-based services
 - Day Treatment

Services received, Baseline to 6 months

Caregiver reported

| | General SOC | | | Connections | |
|--|-------------|-------|-----|-------------|-----|
| | 5-12 | 13-15 | 16+ | 13-15 | 16+ |
| Youth and/or your family received any services between baseline and 6 months | 91%* | 80% | 79% | 100% | 95% |

Services received, Baseline to 6 months

Caregiver reported

| | General SOC | | | Connections | |
|---------------------------|-------------|-------|-----|-------------|-----|
| | 5-12 | 13-15 | 16+ | 13-15 | 16+ |
| Crisis stabilization | 12%* | 31% | 18% | 9% | 5% |
| Inpatient hospitalization | 2%* | 4% | 14% | 4% | 10% |
| Recreational activities | 21%* | 24% | 7% | 35% | 30% |
| Independent living | 0%* | 7% | 5% | 0% | 5% |
| Life skills training | 2%* | 2% | 13% | 0% | 5% |
| Vocational training | 0%* | 0% | 8% | 0% | 5% |
| Transition services | 1% | 2% | 4% | 0% | 0% |

* $p < .05$, Chi-square test

Services Received, Baseline to 6 months

Caregiver reported

No significant differences by age for:

- Family preservation
- Medication
- Group therapy
- Individual therapy
- Family therapy
- Day treatment
- Residential camp
- Residential treatment
- Therapeutic group home
- Therapeutic foster care
- Behavioral aide
- Transition to adulthood
- Caregiver/family support
- Transportation services
- Respite care
- Flexible funds
- Having Wraparound/ITC team

Transition-related services

- Reports of transition-aged type services were rare, even for youth aged 16 and older
- Including families who reported receiving no services:

| | General SOC | Connections |
|------------------------------|-------------|-------------|
| Life skills training | 10% | 5% |
| Vocational training | 8% | 5% |
| Independent living | 7% | 5% |
| Transition to adult services | 4% | 0% |

Limitations

- Secondary data analysis--we only had access to the variables in this dataset. Other variables may have been more topical:
 - Employment
 - Community involvement
 - Vocational training
 - Plans for higher education
 - Pregnancy
 - Parent education/training
 - Independent living skills
- Service questions focus on the type of service rather than the way services were delivered

Conclusions

- Juvenile Justice was more likely to serve transition-aged youth.
- Transition-aged youth have more severe problems with functioning, substance use, housing, and education.
- Transition-aged youth 16 and older at this system of care site are more likely to receive transition-related services.
- Transition-related services are still rare, even for youth 16 and older.
- The Community of Care data sets can provide useful information for planning for transition aged youth

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