Bridging the Gap Between Youth and Adult Behavioral Health Care

A Project of Behavior Health Network of Greater St. Louis (BHN)
Funded by the Missouri Foundation for Health

Final Report
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emdconsulting
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Executive Summary

Project Goal: The long-term project goal is to effect the system changes necessary to ensure that youths with significant behavioral health care needs will remain engaged in services through the transition to adult services.

Project Objectives: The project’s short term objectives to meet the long-term goal were met by completion of the following: (1) a literature review to identify gaps, barriers, and promising approaches, (2) two half-day group model-building workshops conducted by Washington University’s Social System Design Lab, where representative consumers, providers and policy makers developed initial recommendations for system improvements, (3) focus groups and individual interviews with stakeholders to test and revise the proposed recommendations from the group model-building sessions, and (4) completion of a final report that defines the nature and scope of the problem in the region and provides an outline of recommended next steps for which there is stakeholder consensus.

Literature Review Findings Summary

The literature review resulted in the identification of twenty-five papers, articles and reports relevant to the goals of the project. The key findings of the literature review include the following as key issues that impede successful youth to adult transitions.

- Service system silos
- One size fits all service designs lead to service “cliffs” as youth transition to adults.
- Underutilization of knowledge of adolescent and young adult development
- Lack of continuity of helping relationships
- Family engagement dissipates as youth enter adult services
- Gaps in addressing holistic needs
- Lack of multiple access points for service entry and re-entry
- Inadequate capacity to meet the needs of severely impaired youth and young adults

Group Model-Building Summary

Fourteen stakeholders representing policy makers, service providers and consumers participated in two half-day group model-building sessions at Washington University’s Social System Design Lab. The group model-building session produced an analysis of the current service system, and developed preliminary “action ideas” that might be promising in leading to changes needed to benefit youth to adult transitions. Thirteen preliminary action ideas were identified.

- Transition resource centers that are user-friendly, attractive, and youth-oriented.
- Touch-points for young adults for screening and connections to services.
• More family involvement for youth and young adults who can step in as supports.
• Appropriate placement options for individuals that need very intensive services.
• Transition-specific case management focused on treatment continuity.
• Neighbor-Helping-Neighbor coalitions that provide access and support to needed services.
• Mobile outreach targeting community, family, and school settings.
• Education and training for youth and service providers.
• Technology support for use by youth and caregivers.
• Daily Living Needs resources and services to guide youth in daily living skills.
• Criminal Justice Mental Health Court specifically for young adults.
• Transitional housing options with oversight from mentors and professionals.
• LGBTQ Youth Resources for LGBTQ youth that come out at transitional age.

Focus Group Methodology and Results

The next step in the project involved securing input from a wider representation of regional stakeholders by convening a series of focus groups. The focus groups provided additional input to validate, contradict, or add to the identified needs and action ideas generated through the Group Model Building group process.

Focus groups were formed representing the following stakeholder categories:
• Youth and young adults currently receiving services at community mental health centers
• Youth and young adults that have been in foster care and/or homeless or disengaged from family and community
• Parents of youth and young adults receiving services at community mental health centers
• Service providers and referral sources
• Behavioral health system leaders and policy makers
• BHN advisory board members

Focus group best practices were followed. Groups were as homogeneous as possible, and groups were identified and participants invited for each of the above categories. Focus group questions were open-ended in order to evoke spontaneous opinions among stakeholders. The focus group interviews yielded general support of all of the approaches offered by the group model-building participants, and also generated an additional eight “action ideas” that were offered by multiple stakeholder groups.

• Increasing communication among providers to begin to integrate services operated in silos.
• Beginning transition planning as early as age 13 for youth identified as being at risk for serious and persistent mental disorders, mirroring effective practices for the developmentally disabled.
• Increased services for ages 18 and over, as service options and funding for young adults drastically diminish in Missouri as individuals age out of youth services.
• Better partnerships with schools in order to increase service access and transition planning.
• More youth involvement and peer support models consistent with current best practices.
• Better public transportation access so that youth can access needed comprehensive services.
• Help with school & job training consistent with best practices as described in the literature review.
• More resources for black males were identified as being needed, along with LGBT resources, as youth felt these were highly stigmatized populations that lacked culturally competent services among many behavioral health providers.

Conclusions

Incorporating an analysis of the literature review, the action ideas from the group model building process, and the input from stakeholders interviewed in focus groups, below are the key project conclusions.

1. Problems involving youth to adult transitions among individuals with behavioral health service needs are not unique to the St. Louis region.
2. St. Louis benefits from some innovative and effective youth to adult transition practices that can be leveraged for wider use in the region.
3. The prevalence of silos among service sectors and service-age categories hinder effective youth to adult transitions in the St. Louis region.
4. Comprehensive services are more available for youth until they reach ages eighteen to twenty, after which services drop-off significantly as youth transition to adulthood.
5. Current knowledge and use of best practices in youth to adult development are underutilized.

Recommendations

Recommendations resulting from this project reflect alignment of best practices as noted in the literature review, and “action ideas” as developed by participants in the group model building process and focus group interviews. These recommendations are intended as a “menu” from which BHN might identify one or more projects to pursue in order to improve services for youth ages fifteen to twenty-five as they transition from youths to adults.

1. Utilize technology to improve outreach, inter-agency communication, service coordination, and data collection. Examples include:
   • Website (with smart phone apps) for use by youth for service information & access
   • Use of texting and social media to support youth engagement and service retention
   • Website for use by case managers and health navigators for enhancing service coordination, treatment planning, etc.
   • Web-based centralized data source to monitor outcomes and effectiveness of initiatives
2. Enhance the continuity of the transition from youth to adult services among providers and systems that provide services to both youth and adults.
   - Urge all community mental health administrative agencies to utilize the Department of Mental Health (DMH) sanctioned option of allowing youth that receive DHM funded services to continue with their current clinical case managers as they enter adult services and until they reach age twenty-four.
   - Recommend that DMH consider developing policy that mirrors the Division of Developmental Disabilities practice of identifying youth who are likely to need services as adults and begin a transition process in early adolescence for both youth and parents.

3. Develop training curricula and modules in adolescent cognitive and social-emotional development, as well as best practices in Positive Youth Development, that can be utilized by all organizations that provide services to youth and young adults.
   - Training on specific populations’ needs: SED, LGBQ, culturally oppressed, impoverished, trauma, etc.
   - Youth involvement in program design and peer support
   - Youth involvement in their treatment & decisions
   - Develop "youth friendly" treatment settings and use of peer support

4. Develop advocacy agendas and strategies that can be used by all service sectors involved in youth to adult transition services to secure appropriate funding and policies to meet this population's service needs.
   - Advocacy efforts for Medicaid expansion that would increase behavioral health service availability for uninsured young adults over age 19
   - Fund increase availability of therapeutic transitional and permanent housing for homeless youth with mental illnesses.
   - Advocate for including funding eligibility for engagement of family members, and services provided by trained youth and young-adult peers assisting in outreach, treatment, and aftercare services.

**Summary**

An opportunity exists for the Behavioral Health Network of Greater St. Louis (BHN) to spearhead beginning improvements in policy, programs and practices related to youth to adult transitions. Changes that will lead to broad and lasting impact will require openness to changes in policy and practices within and between public and private organizations. In most cases, enhanced resources and/or resource reallocations will be needed to support needed change, and advocacy efforts will be needed to secure funding for practices that produce demonstrated results. For improvements in youth to adult transitions to be substantial and effective, beginning efforts will need to serve as catalysts for ongoing incremental improvements in advocacy and funding, policy, professional training, program design, and practice models. With BHN’s continued focus and coordinating efforts, effective youth to adult transition practices will become permanently embedded as a key focus area in the organizational cultures of policy and service organizations.
Bridging the Gap Between Youth and Adult Behavioral Health Care
A Project of the Behavioral Health Network of Greater St. Louis (BHN)

Full Report

Project Overview

Project Goal: The long-term project goal is to effect the system changes necessary to ensure that youths with significant behavioral health care needs will remain engaged in services through the transition to adult services. This project will be the starting point to meeting this goal by conducting research and examining carefully how the current systems operate, where they intersect, what barriers prevent youths from transitioning to adult services, and where there may be strategic “leverage points” to benefit the transition process.

Project Objectives:

1. Conduct a literature review to identify gaps, barriers, and promising approaches in child to adult mental health service transitions.

2. Convene two half-day group model-building workshops conducted by Washington University’s Social System Design Lab, where representative consumers, providers and policy makers develop a common understanding of the St. Louis region’s strengths, challenges, and initial recommendations for system improvements.

3. Conduct a series of focus groups and individual interviews with stakeholders to test and revise the proposed recommendations resulting from the group model-building sessions.

4. Complete of a final report that defines the nature and scope of the problem and provides an outline of next steps for which there is stakeholder consensus.

Following completion of the literature review and the group model building sessions at the Washington University Social System Design Lab, an assessment was made of whether the action ideas developed as provisional recommendations in the group model building sessions were consistent with findings in the literature review. A focus group design was then developed to test the literature review findings and group model-building provisional recommendations with the views and experiences of multiple local stakeholders.

Literature Review Findings Summary

The literature review resulted in the identification of twenty-five papers, articles and reports relevant to the goals of the project. A complete report of the literature review is included as an appendix with the full report. The key findings of the literature review are summarized below:
• SERVICE SYSTEM SILOS: Silos exist among mental health, foster care, juvenile justice, education and other youth and young adult service systems, and also between the child/youth and the adult service components of each system. These silos serve as barriers to service continuity and comprehensiveness.

• “ONE SIZE FITS ALL” SERVICE DESIGN: Services are typically designed for either children or adults, and do not address the unique developmental needs of older adolescents and young adults.

• UNDERUTILIZATION OF KNOWLEDGE OF ADOLESCENT AND YOUNG ADULT DEVELOPMENT: Service systems have lagged in incorporating adolescent brain research and youth developmental frameworks into service models, practices, professional training and staff development.

• CONTINUITY OF HELPING RELATIONSHIPS: Successful transitions often hinge on the strength of the relationship between a youth and their counselor or case manager. Youth often lose their counselor or case manager when transitioning to another service silo or to adult services.

• FAMILY ENGAGEMENT DISSAPATES AS YOUTH ENTER ADULTHOOD: Families continue to have major influence, both whether positive and/or negative, on youths as they enter adulthood. Service systems for youths typically utilize a high level of family engagement, but this engagement usually disappears when youth are of legal adult status.

• GAPS IN MEETING HOLISTIC NEEDS: Behavioral health services lack capacity to address in a holistic manner the broad range of the needs critical for youth as they transition to adulthood: such as education, job skills, employment skills, housing, life skills required for self-sufficiency, self-care, and engagement with family and social networks.

• LACK OF MULTIPLE ACCESS POINTS FOR SERVICE ENTRY/RE-ENTRY: Youth and young adults are developmentally prone to impulsive decision-making and resisting perceived adult expectations. They sporadically enter, discontinue, and seek re-entry into services. Service systems typically lack the flexibility of having multiple service entry and re-entry access points throughout the youth to adult developmental period.

• INADEQUATE CAPACITY TO MEET THE NEEDS OF THE DUALLY DIAGNOSED AND SEVERELY IMPAIRED YOUTH/YOUNG ADULTS: Service systems lack capacity to meet the needs of individuals that require intensive daily supervision and specialized care. These include youth and young adults that have serious and pervasive mental illnesses, and/or those with both mental illnesses and developmental disorders, including individuals diagnosed with severe autism spectrum disorders,
Group Model-Building Summary

Fourteen stakeholders representing policy makers, service providers and consumers participated in two half-day group model-building sessions at Washington University’s Social System Design Lab. Using methods based on System Dynamics, Washington University staff facilitators led the group in developing a visual representation of the systems involved in youth to adult transitions (see “Initial Integrated Model” below). The model was generally consistent with findings from the literature review, including the region’s lack of a defined set of services for older adolescents and young adults that are targeted to their developmental and life needs.

Preliminary Action Ideas were then identified that would be most promising in leading to changes needed to benefit youth to adult transitions. Thirteen preliminary action ideas were identified.
AI-1: Transition resource centers
Resource centers for transition-aged youth that are stand-alone or embedded in schools, modeled after the SPOT (the street-based health clinic and drop-in center for disengaged youth operated by Washington University School of Medicine). Such centers would take services where youth are located and feel comfortable. They would be user-friendly, attractive, and youth-oriented. Youth would be encouraged to engage with services and stick with treatment beyond when they reach majority age.

AI-2: Touch-points for young adults
Build in new opportunities for screening, links to services, and connections to social networks for young adults (starting at 18) who are not already involved in the system and may be isolated and ill.

AI-3: More family involvement
For youth and young adults who don’t have immediate family who can step in, locate biological extended family to engage them with youth. Educate family members on what youth needs are and give them a choice – options and ideas – on what their level of involvement could be. A shift in focus would take place from seeking to resolve immediate youth needs, for example, instead of asking if the youth can live with them, ask “would you be willing to be their advocate in the getting services?”

AI-4: Appropriate placement options
A placement center/possibility that would provide more options for persons who require a higher level of care, sometimes as an alternative to residential care facilities. A small number of individuals do need very intensive services that would have to be developed. This would also involve a greater focus on engaging family and professionals to be proactive in a person’s progression through the system (Asking, “Whose responsibility is this?” “Who else can join in on finances and development?” “Have all other options been exhausted?”)

AI-5: Transition-specific case management
Train and deploy transition-specific case managers who are trained as experts in transition issues and have primary responsibility in treatment. Case management would be focused on treatment continuity, maintaining youth engagement and treatment compliance, and providing mental health education and resources specific to 17-24 year olds. A certificate of training completion could be developed that would be available for transition-specific case management.

AI-6: Neighbor-Helping-Neighbor coalitions
Use framework of children’s system of care: wrap-around model to widen scope and target, and serve families and single adults at the community level. Develop a formal, community-based system that provides access and support to needed services, so when family or adult comes to attention of system, resources and case
management can be readily provided. This can prevent individuals from becoming chronically in need of crisis support. One of the region’s community mental health centers is piloting this model in their service areas.

**AI-7: Mobile outreach**  
Expand face-to-face community contact and crisis intervention services, like that of Behavioral Health Response. Services would target going into to community, family, and school settings to provide youth or adult services and facilitate inpatient needs or outpatient slot for next-day urgent appointment at community health, mental health, and substance abuse agencies. Service access would be provided 24/7 for youth and young adults.

**AI-8: Education and training**  
Develop a wide range of mental health education at schools and community centers, for all students. Pamphlets, apps for cell phones, but also more formalized mental health education would be provided beyond giving students a number for resources or guidance counselors. A program is already developed (youth Mental Health First Aid) but could be expanded with additional people being trained and increased presentations throughout the region.

**AI-9: Technology support**  
Utilize and develop technologies to help youth understand their illness, track their mood, manage their medications, and monitor expenses (for example, Apps).

**AI-10: Daily Living Needs**  
Adolescent-friendly resources and services to guide youth in daily living skills, such as getting an ID card, vocational rehab, job coaching/testing/training. Possibly located at a transition resource center (see AI-1 above).

**AI-11: Criminal Justice/Young adult mental health court**  
Identify youth with mental health issues in the youth criminal justice system and keep them in services and case management. This would require a new component in the current system, with a track specific for young adults. A case manager who’s an expert in transitional age youth could work with that court.

**AI-12: Transitional housing**  
Two additional types of transitional housing are needed: one for the transition-age youth to young adult (19-25), and also non-permanent housing. A variety of housing options are needed that are accessible by public transportation with access to onsite oversight from mentors and professionals.

**AI-13: LGBTQ Youth Resources**  
Create support groups with youth, family/parents, and peer involvement, as many LGBTQ youth will come out at transitional age and their family may not be supportive.
The thirteen Action Ideas were then included in an updated visual System Dynamics visual representation (see “Final Integrated Model with Action Ideas” below).

The thirteen Action Ideas were then included in an updated visual System Dynamics visual representation (see “Final Integrated Model with Action Ideas” below).

Each of the Action Item recommendations was categorized by Group Model Building participants by estimating (1) their relative ease or difficulty of implementation, and (2) their potential impact. These categorizations are listed in Table 1 below, which illustrates that the service system issues and action ideas identified by the group model-building participants in the St. Louis region are generally consistent with findings of the literature review.
**TABLE 1: Summary of Group Model Building Action Ideas, Estimated Difficulty, Impact, and Relation to Literature Review Findings**

<table>
<thead>
<tr>
<th>Action Item (AI)</th>
<th>Estimated Implementation Difficulty</th>
<th>Estimated Level of Impact</th>
<th>Most related to Literature Review Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>AI-1: Transition resource centers</td>
<td>Moderately high</td>
<td>High</td>
<td>Meeting holistic needs</td>
</tr>
<tr>
<td>AI-2: Touch points for young adults</td>
<td>High</td>
<td>High</td>
<td>Meeting holistic needs</td>
</tr>
<tr>
<td>AI-3: More family involvement</td>
<td>High</td>
<td>High</td>
<td>Family engagement</td>
</tr>
<tr>
<td>AI-4: Appropriate placement options</td>
<td>High</td>
<td>High</td>
<td>Needs of severely impaired</td>
</tr>
<tr>
<td>AI-5: Transition-specific case management</td>
<td>Moderately low</td>
<td>High</td>
<td>Continuity of helping relationships</td>
</tr>
<tr>
<td>AI-6: Neighbor helping neighbor coalitions</td>
<td>High</td>
<td>High</td>
<td>Family engagement; meeting holistic needs</td>
</tr>
<tr>
<td>AI-7: Mobile outreach</td>
<td>Moderate</td>
<td>High</td>
<td>Multiple access points</td>
</tr>
<tr>
<td>AI-8: Education and training</td>
<td>Moderately low</td>
<td>High</td>
<td>Knowledge of youth/young adult development; multiple access points</td>
</tr>
<tr>
<td>AI-9: Technology support</td>
<td>Moderately low</td>
<td>High</td>
<td>Multiple access points; meeting holistic needs</td>
</tr>
<tr>
<td>AI-10: Daily living needs</td>
<td>Moderate</td>
<td>High</td>
<td>Meeting holistic needs</td>
</tr>
<tr>
<td>AI-11: Criminal justice/Young adult mental health courts</td>
<td>Moderate</td>
<td>Moderate</td>
<td>Multiple access points; meeting holistic needs</td>
</tr>
<tr>
<td>AI-12: Transition housing</td>
<td>Moderately high</td>
<td>Moderate</td>
<td>Meeting holistic needs</td>
</tr>
<tr>
<td>AI-13: LGBT youth resources</td>
<td>Low</td>
<td>Moderate</td>
<td>Meeting holistic needs</td>
</tr>
</tbody>
</table>
The next step in the project was to secure input from a wider representation of regional stakeholders by convening a series of focus groups. The focus groups were to provide additional input that might validate, contradict, or add to the identified needs and action ideas generated through the Group Model Building group process.

**Focus Group Methodology**

Focus group stakeholder categories were determined by Diane McFarland, BHN Chief Executive Officer, Hillary Katsin, BHN Project Coordinator and Jim Braun, Project Consultant, and included:

- Youth and young adults currently receiving services at community mental health centers
- Youth and young adults that have been in foster care and/or homeless or disengaged from family and community
- Parents of youth and young adults receiving services at community mental health centers
- Service providers and referral sources
- Behavioral health system leaders and policy makers
- BHN adult advisory board members

Following focus group best practices that groups are as homogeneous as possible, groups were identified and participants invited for each of the above categories. Focus group questions were developed by the Project Consultant and reviewed and approved by the Project Coordinator, based on best practice guidelines.

Table 2 below illustrates the focus group questions and the preliminary action items for which they were intended to evoke opinions.
<table>
<thead>
<tr>
<th>Youth Focus Group Question</th>
<th>Action Idea Intended to Evoke Opinion About</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are some examples of when you’ve appreciated how people have helped you?</td>
<td>Engagement question</td>
</tr>
<tr>
<td>Navigating the world as a young adult can be difficult. What are some of the challenges</td>
<td>AI-10: Daily living needs</td>
</tr>
<tr>
<td>that can cause young people to feel really distressed or hopeless?</td>
<td>AI-2: Touch points</td>
</tr>
<tr>
<td>How can counseling and helping organizations best help young people to navigate the</td>
<td>AI-2: Touch points</td>
</tr>
<tr>
<td>challenges of becoming an adult?</td>
<td>AI-9: Technology support</td>
</tr>
<tr>
<td>If a young person is feeling extremely distressed or hopeless, how could they best be</td>
<td>AI-2: Touch points</td>
</tr>
<tr>
<td>connected to the help they need right away?</td>
<td>AI-7: Mobile outreach</td>
</tr>
<tr>
<td>How might young people become better informed about emotional problems and crisis</td>
<td>AI-2: Touch points</td>
</tr>
<tr>
<td>warning signs, so they know when and where to get help for themselves and their friends?</td>
<td>AI-7: Mobile outreach</td>
</tr>
<tr>
<td>For youth that receive helping services, how important is it to keep the same counselor or</td>
<td>AI-5: Case management continuity</td>
</tr>
<tr>
<td>case manager while transitioning to young adulthood? Why?</td>
<td></td>
</tr>
<tr>
<td>How do you feel about counselors and case managers reaching out to family members that</td>
<td>AI-3: Family involvement</td>
</tr>
<tr>
<td>might assist in helping youth to navigate the challenges of young adulthood?</td>
<td>AI-10: Daily living needs</td>
</tr>
<tr>
<td>How important is it that counseling and helping organizations have places where youth</td>
<td>AI-1: Transition resource centers</td>
</tr>
<tr>
<td>feel welcome and join with other youth to get the help they need? Why?</td>
<td>AI-2: Touch points</td>
</tr>
<tr>
<td>Is there anything else you’d like to say about how youth can be helped with the</td>
<td>AI-10: Daily living needs</td>
</tr>
<tr>
<td>challenges of transitioning to adulthood?</td>
<td></td>
</tr>
</tbody>
</table>

The focus group interviews confirmed general support of all of the approaches offered by the group model-building participants. Focus groups also generated additional “action ideas” that were offered by multiple stakeholder groups.
AI-14: *Increasing communication among providers* to begin to integrate services operated in silos.

AI-15: *Beginning transition planning as early as age 13* for youth identified as being at risk for serious and persistent mental disorders, mirroring effective practices for the developmentally disabled.

AI-16: *Increased services for ages 18 and over*, as service options and funding for young adults drastically diminish in Missouri as individuals age out of youth services.

AI-17: *Better partnerships with schools* in order to increase service access and transition planning.

AI-18: *More youth involvement and peer support models* consistent with current best practices.

AI-19: *Better public transportation access* so that youth can access needed comprehensive services.

AI-20: *Help with school & job training* consistent with best practices as described in the literature review.

AI-21: *More resources for black males* were identified as being needed, along with LGBT resources, as youth felt these were highly stigmatized populations that lacked culturally competent services among many behavioral health providers.

As illustrated in Table 3 below, each of the 21 Action Ideas offered by the Group Model Building and focus group stakeholders were supported by the literature review as a recommended practice. Table 3 also illustrates that the 21 Action Ideas received support based on comments expressed among multiple focus groups.
<table>
<thead>
<tr>
<th>Group Model Building Action Ideas (AI)</th>
<th>Supported by Literature Review</th>
<th>Young adult Group 1</th>
<th>Young adult Group 2</th>
<th>Parents</th>
<th>Service Providers</th>
<th>Policy Experts</th>
<th>BHN Advisory Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>AI-1 Transition resource centers</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>AI-2 Touch points for young adults</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>AI-3 More family involvement</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>AI-4 Appropriate placement options</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AI-5 Transition-specific case management</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>AI-6 Neighbor helping neighbor coalitions</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>AI-7 Mobile outreach</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AI-8 Education and training</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>AI-9 Technology support</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>AI-10 Daily living needs</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AI-11 Young adult mental health courts</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>AI-12 Transition housing</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AI-13 More resources for LGBT youth</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Focus Group Additional Action Ideas**

| AI-14 Increase communication among providers | Yes | | | | | | |
| AI-15 Begin transition at 13 (like DD policy) | Yes | | Yes | Yes | Yes | | |
| AI-16 Increased services for 18+ | Yes | | Yes | Yes | Yes | | |
| AI-17 Better partnerships with schools | Yes | | Yes | Yes | Yes | | |
| AI-18 More youth involvement/peer support | Yes | | Yes | Yes | Yes | Yes | |
| AI-19 Better transportation access | Yes | | Yes | | | Yes | |
| AI-20 Help with school & job training | Yes | | Yes | Yes | | | |
| AI-21 More resources for black males | Yes | | Yes | | | | |
Conclusions

Incorporating an analysis of the literature review, the group model building process, and the input from stakeholders interviewed in focus groups, below are the key project conclusions.

1. Problems involving youth to adult transitions among individuals with behavioral health service needs are not unique to the St. Louis region.

Youth and young adults (ages 15 to 25) in the St. Louis region face challenges in securing and sustaining behavioral health services similar to other regions in the nation as they transition to adulthood. A literature review of twenty-five articles on the topic noted youth to adult transition issues for individuals with mental health needs which are consistent with this project's findings in St. Louis.

2. St. Louis benefits from some innovative and effective youth to adult transition practices.

While having problems similar to other communities, the St. Louis region benefits from some progressive policy and practices that are discussed in the literature. A “system of care” for children that includes comprehensive community services and partnerships with parents has been effectively developed by a local community mental health center, and is being incorporated by other mental health centers. A community mental health center in the region has received a grant to pilot an evidence-based practice model for this age group that incorporates transitional housing, family and community engagement, mental health, job training, education and life skills. Services are available for youth aging-out of foster care that include transitional living and access to a drop-in center that utilizes Positive Youth Development practices. A unique street-based, barrier-free medical clinic for homeless and disengaged youth and young adults provides comprehensive health, mental health and social services using a Positive Youth Development framework.

3. The prevalence of silos among service sectors and service-age categories hinder effective youth to adult transitions.

Significant challenges remain for the bulk of youth and young adults in need of behavioral health services in the St. Louis region. Service “silos” largely inhibit the integration of services needed by transitioning youth and young adults. Public and private organizations remain in silos of service sectors in mental health, substance abuse, foster care, health, education, housing, and job training, as well as juvenile and adult court systems. Service silos likewise exist between youth and adult service systems within the State operated mental health and child welfare services, in court and educational systems, and within many community provider organizations. These service silos contribute to youth and young adults experiencing disruptions, interruptions and fragmentation among services and relationships with counselors and case managers in various service systems, and as
they transition from youth to adult systems. Service silos also prevent ready access to comprehensive, coordinated data and information sources through which consumer needs, service effectiveness, and outcomes can be monitored.

4. **Comprehensive services are more available for youth until they reach ages eighteen to twenty, after which services drop-off significantly as youth transition to adulthood.**

Overall funding for behavioral health services for youth under age twenty is significantly stronger in the region than for those 20 and over, and services are generally more available and coordinated with community wrap-around services. The presence of local funding from mental health and children’s services tax levies provides community-based prevention and intervention services for those under twenty that are not available through State and other funding sources. Because local tax levies do not provide services after reaching age twenty, along with Missouri’s failure thus far to expand Medicaid, funding and services for young adults abruptly diminish as they approach adulthood, contributing to a behavioral health service “cliff.”

5. **Current knowledge and best practices in youth to adult development are underutilized.**

While several organizations in the region utilize best practices that incorporate the latest research in the developmental capabilities and needs of fifteen to twenty-five year olds, behavioral health services in the region as a whole are not adequately addressing the developmental needs of this age group. Behavioral health professionals remain largely untrained in Positive Youth Development practices. Organizations tend to have “one size fits all” program designs for either children or adults, with few programs designed specifically for 15 to 25 year olds in transition to adulthood. Programs that have strong parent and family engagement components typically abruptly end once individuals reach majority age of eighteen, and programs fail to help young adults to navigate their relationship with family members as they pursue independence and autonomy. Programs often do not adequately provide youths transitioning to adulthood with life skills and practical solutions to their daily living needs. Involvement and development of peer relationships and support are a key element of Positive Youth Development, and most programs for transitional age youth do not utilize peer support models, and lack funding resources to develop them.

**Recommendations**

An opportunity exists for the Behavioral Health Network of Greater St. Louis (BHN) to spearhead beginning improvements in policy, programs and practices related to youth to adult transitions. Changes that will lead to broad and lasting impact will require openness among public and private organizations to both inter-agency and intra-agency change. In most cases, enhanced resources and/or resource reallocations will be needed to support needed change. For improvements in youth to adult transitions to be substantial and effective, beginning efforts will need to serve as catalysts for ongoing incremental
improvements in advocacy and funding, policy, professional training, program design, practice models, and youth to adult transition becoming embedded as a key focus area in the organizational cultures of policy and service organizations.

Below are recommendations resulting from this project that reflect alignment of best practices as noted in the literature review, and “action ideas” as developed by participants in the group model building process and focus group interviews. These recommendations are intended to provide a “menu” from which BHN might determine one or more projects to pursue in order to improve services for youth ages fifteen to twenty-five as they transition from youths to adults.

1. **Utilize technology to improve outreach, inter-agency communication, service coordination, and data collection.**

   - For example, an “action idea” from the group model building process that was also independently recommended by youth focus group members, was to utilize a website that lists programs and services for youth in this age range and an “app” that can be downloaded and used by youth to refer each other to services based on their experiences getting help.

   - Utilize web technology as a tool to facilitate interagency agreements among multidisciplinary service providers that support collaborative treatment planning, service linkage, progress monitoring, and discharge planning among behavioral health organizations, housing agencies, homeless shelters, public and alternative educational programs, job training and placement providers, and youth and adult court systems.

   - Utilize web technology to pilot a database for use by all involved service providers to track and monitor progress in improving outcomes of youth to adult transitions.

   - This recommendation would clearly require additional resources, but has the potential to attract funding that would yield significant ongoing increases in services coordination, efficiency and effectiveness.

   - Increase use of texting, Facebook, twitter, and other social media in engaging youth and providing treatment and aftercare services. Use youth peers as the primary spokespeople in social media communication.

2. **Enhance the continuity of the transition from youth to adult services among providers and systems that provide services to both youth and adults.**

   - All regional community mental health centers should be urged to utilize the Department of Mental Health (DMH) sanctioned option of allowing youth that receive DHM funded services to continue with their current clinical case managers as they enter adult services and until they reach age twenty-four.
• DMH should consider developing policy that mirrors the Division of Developmental Disabilities practice of identifying youth who are likely to need services as adults and begin a transition process in early adolescence for both youth and parents.

3. Develop training curricula and modules in adolescent cognitive social-emotional development, as well as best practices in Positive Youth Development, that can be utilized by all organizations that provide services to youth and young adults.

• Include training with special focus on populations with unique challenges, such as: youth and young adults that have significant functional limitations due to a serious and persistent mental illness; are LGBT; face persistent racial, ethnic and/or sexual discrimination; and/or have backgrounds of poverty, abuse and trauma.

• Expand use of youth and young adults in program planning, and as trained peer service providers in outreach, treatment and aftercare activities.

• Facilitate youth participation in their treatment planning and decisions, including whether to retain their current counselor or case manager as they transition to adult services, how parents and families are engaged and involved, and other aspects of service planning.

• Develop “youth/young adult-friendly” treatment approaches and settings that maximize homogenous group settings for youth and young adults, within a positive youth development service culture that is welcoming and accepting of consumers that typically face discrimination and stigma.

4. Develop advocacy agendas and strategies that can be used by all service sectors involved in youth to adult transition services to secure appropriate funding and policies to meet this population’s service needs.

• Continue and increase advocacy efforts for Medicaid expansion, citing the need for more behavioral health service availability for uninsured young adults over age 19, including therapeutic transitional housing for homeless youth with mental illnesses.

• Advocate for including funding eligibility for services provided by trained youth and young-adult peers assisting in outreach, treatment, and aftercare services. Funding sources targeted for advocacy efforts should include the Missouri Department of Mental Health (DMH), the Missouri Children’s Division, Medicaid, and local children’s service tax funding organizations.

Summary

An opportunity exists for the Behavioral Health Network of Greater St. Louis (BHN) to spearhead beginning improvements in policy, programs and practices related to youth to
adult transitions. Changes that will lead to broad and lasting impact will require openness to changes in policy and practices within and between public and private organizations. In most cases, enhanced resources and/or resource reallocations will be needed to support needed change, and advocacy efforts will be needed to secure funding for practices that produce demonstrated results. For improvements in youth to adult transitions to be substantial and effective, beginning efforts will need to serve as catalysts for ongoing incremental improvements in advocacy and funding, policy, professional training, program design, and practice models. With BHN’s continued focus and coordinating efforts, effective youth to adult transition practices will become permanently embedded as a key focus area in the organizational cultures of policy and service organizations.