

Nothing About Us, Without Us

Engaging Transition Age Youth in Health Services

A presentation by Rising Harte Wellness Center, a program of Fred
Finch Youth and Family Services

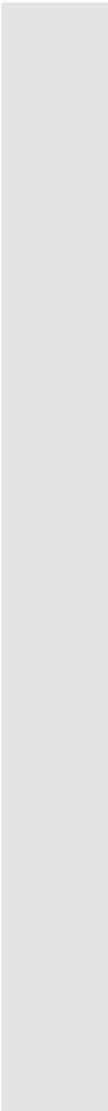
Today's Session

- Introductions
- TAY Access to Healthcare: Factors to Consider
- The Transition Age Youth Advisory Council (TAYAC) Experience
- The TAY Perspective
- Wrap Up and Reflections



A Quick Note From Us

Nothing About Us, Without Us

- This phrase came out of the Consumer/Peer movement within mental health and means when the behavioral health system makes decisions about people living with mental health or substance use challenges their voice is part of that decision-making process.
- 

Characteristics of Transitional Age Youth

- Developmentally 18 – 25 is a period of exploration to "find a life that fits:"
 - Identity formation: "who am I or who do I want to be?"
 - Navigating transitions related to work, school and interpersonal relationships
 - Present focused vs. long term planning or consideration
 - Guided by peer influence
 - Sense of invincibility

Challenges TAY Face

- Trauma
- Transition to adulthood
- Substance Use
- Unstable housing
- Lack of access to resources
- Untreated or undertreated mental health or health conditions
- Undiagnosed learning differences

Barriers to Healthcare

TAY “have the lowest help-seeking behavior of any age group.”*

* Substance Abuse and Mental Health Services Administration

- Here are a few reasons why this is:
- Lack of Insurance
- Misunderstanding of what is covered by insurance
- Historical and current precedent of how POC, esp African Americans have been treated by the medical system)
- Stigma (may be more applicable to behavioral health care)
- Lack of awareness or education re: signs and symptoms of illness
- Lack of awareness or education re: preventative care and reproductive health.

Ways to Support TAY Patients

- Compassionate, accepting response to life experiences and disclosure of unhealthy coping tools
- Re-frame challenges through a survival promotion lens to encourage hope and resilience
- Use non-blaming and non-judgmental communication
- Use Motivational Interviewing techniques ie: affirmations, asking open ended questions and use of reflective listening
- cursory understanding of TAY culture (music, fashion, social media, norms of behavior – example use of voice mail vs. texting)

Rising Harte's Work with TAY

Over the last 5 years, RHC has learned the following while working with TAY patients:

- Flexibility is key to providing services
- Have Release of Information (ROI) and Authorized Representative forms readily available at every visit so that if necessary, the case manager or support person can be included in care planning
- Coordination of care with other providers is strongly encouraged especially if the patient is on psychiatric medication.
- Self-medication is prevalent

TAYAC Fall 2019

- Successes:
 - Developed interest in clinic services with internal programs via presentations to staff and participants
 - Created curriculum based on member interests
 - Development of Fall 2019 Health Fair as outreach to TAY population
- Challenges:
 - Limited application receipt
 - Participation and engagement
 - Transportation for participants

TAYAC Summer 2020

- Successes:

- Increased TAY community knowledge about RHWC services and offerings
- Application submissions grew by more than double
- Developed consistency in participation and engagement
- Gathered wealth of information about TAY perspective of healthcare access

- Challenges:

- COVID-19
 - Shelter in Place for whole county
- Chosen members became unavailable due to push back into summer months
- Transition to fully virtual meetings caused redesign of curriculum

The TAY Perspective

- Summer 2020 TAYAC Team
 - Meghan Nebril, Facilitator
 - Originally had 5 participants
- Program Overview
 - 10 sessions
 - Incentivized via weekly stipend
 - Fully virtual (all sessions held via Zoom)
 - Goals:
 - Provide TAY with current health information
 - Receive TAY specific feedback on increasing clinic utilization

What We've Seen

Month/Year	Percent of Appointments for TAY	What we were doing or had done in the months prior to data collection
January 2019	0%	Very minimal outreach to outside programs and agencies; Community Health Educator (focus on TAY utilization) position was officially filled
July 2019	59%	Health Educator completed health education workshops to TAY agencies and staff; TAYAC 2019 outreach began
January 2020	44%	TAYAC 2019 completed; graduate intern brought onto TAY utilization team; Fall Health Fair event held

We Hope You Consider...

- Is your clinic environment welcoming to TAY?
- Do you have resource materials available for TAY?
- What mechanisms for TAY input on clinic services are in place at your clinic?
- What training might clinic staff need to more effectively engage TAY?

Wrap Up

- Please feel free to ask us any lingering questions you have or provide feedback about what you are taking away from today's session.

References

- Committee on Improving the Health, Safety, and Well-Being of Young Adults; Board on Children, Youth, and Families; Institute of Medicine;
- National Research Council; Bonnie RJ, Stroud C, Breiner H, editors. Investing in the Health and Well-Being of Young Adults.
- Washington (DC): National Academies Press (US); 2015 Jan 27. 2, Young Adults in the 21st Century. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK284782/>