Policy Considerations to Support the Transition to Adulthood

Maryann Davis
Transitions RTC
Center for Mental Health Services Research
Department of Psychiatry
University of Massachusetts Medical School
Why Change Policies?

Typical Services result in poor young adult outcomes
Arrest Rates are High

Number of Arrests by Age 25

- No Arrests
- Single Arrests
- Multiple Arrests

Proportion of Subjects

Males MH  Males - GenPop  Females - MH  Females - GenPop
Comorbidity with Substance Abuse/Dependence

Percent of Total NACTS

- Drug or Alcohol
- Marijuanna
- Alcohol

8-18yrs  17-<21yrs  21-25yrs

(Greenbaum personal communication in Davis & Vander Stoep, 1997)
Young Adults Struggle More than Mature Adults

<table>
<thead>
<tr>
<th>Area of Functioning</th>
<th>% of Respondents</th>
<th>18-30 yr olds</th>
<th>35-54 yr olds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Working**</td>
<td>33</td>
<td>18.3</td>
<td>8.9</td>
</tr>
<tr>
<td>Below Poverty*</td>
<td>24.2</td>
<td>21.8</td>
<td>2</td>
</tr>
<tr>
<td>In School*</td>
<td>21.8</td>
<td>33</td>
<td>18.3</td>
</tr>
<tr>
<td>Daily Friend*</td>
<td>33</td>
<td>18.3</td>
<td>29.5</td>
</tr>
<tr>
<td>Not Married*</td>
<td>55</td>
<td>29.5</td>
<td>29.5</td>
</tr>
</tbody>
</table>

* $\chi^2 (df=1) = 31.4-105.4$, $p<.001$  
** $\chi^2 (df=1) = 5.5$, $p<.02$
Typical Services are Not Effective

Why not just change services?
Examples of the impact of policy on practice

- You have to end your treatment because your client is turning 18, and your clinic’s license is for “children” only.

- You want to arrange a meeting between the 20 year old client you’ve worked with as a case manager for 4 years, you, and his new “adult” case manager so you can foster a good connection between them, but the CM can’t meet with the two of you because it would be “double billing” on case management services.

- All the young adults who enter your program don’t know the very basics about arranging appointments, or following through on plans you’ve established together.

- All the young adults you bring into your vocational support group drop out after only a short stint no matter how you try to reach out to them.
Impact of policy on practice

You run a fabulous program for 16-25 year olds, young adults are integral to the running of the program, young people do well in the program, you’re able to hook them up with appealing housing programs, your vocational and educational support programs work well.

Starting next year the only 18-25 year olds you’ll be able to work with are those eligible for adult MH services (and that is only about a half of those you currently serve)
### Target Population Definitions

**From Davis & Koroloff, (2006)**

<table>
<thead>
<tr>
<th>Concept</th>
<th>Value</th>
<th>% State Policies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>“Qualifying” diagnoses (Child N=38, Adult N=44)</strong></td>
<td></td>
<td>Child</td>
</tr>
<tr>
<td>“Qualifying” diagnoses</td>
<td>Psychotic disorders</td>
<td>100.0</td>
</tr>
<tr>
<td></td>
<td>Major affective disorders</td>
<td>100.0</td>
</tr>
<tr>
<td></td>
<td>Borderline personality disorder</td>
<td>100.0</td>
</tr>
<tr>
<td></td>
<td>Post traumatic stress disorder</td>
<td>92.1</td>
</tr>
<tr>
<td></td>
<td>Attention deficit/disruptive behavior</td>
<td>97.4</td>
</tr>
<tr>
<td></td>
<td>disorders</td>
<td></td>
</tr>
<tr>
<td>Other qualifying conditions (N=46)</td>
<td>Risk or history of out-of-home placement</td>
<td>28.3</td>
</tr>
<tr>
<td></td>
<td>Presence/risk psychosis/dangerous to self/others</td>
<td>21.7</td>
</tr>
<tr>
<td></td>
<td>Multiagency/interdisciplinary team involvement</td>
<td>19.6</td>
</tr>
<tr>
<td></td>
<td>Special Education Student</td>
<td>8.7</td>
</tr>
<tr>
<td></td>
<td>Arrested/Convicted of Crime</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>Homeless and mentally ill</td>
<td>4.3</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>34.8</td>
</tr>
</tbody>
</table>

*From Davis & Koroloff, (2006)*
Consequences of Population Policy Differences

- Services are lost because of a change in age, not in need
- Systems are built around their target population, underlies many of the conflicts between child/adult systems
- Supports false dichotomy of adulthood/adolescence; prevents services from being developmentally appropriate
- Circular argument that you provide services to priority population, and you don’t others because others aren’t served well
- Denies ownership of the whole population with mental health conditions
Segregated Child and Adult Systems

Block analysis of Clark County PYT; prior to grant implementation

Johnsen et al., 2006
Policy Impeded Continuity of Care

Of the 789 individual services offered in the Transition Network, 99 (12.5%) offered continuity from ages 14-25
Key Policy Tenets for Services that Support the Transition to Adulthood

1. Promote a density of developmentally-appropriate and appealing services from which individualized service and treatment plans can be constructed.

2. Provide continuity of care from ages 14 or 16 to ages 25 or 30.

3. Provide continuity/coordination of care across the many systems that offer relevant services.


5. Support expertise in this age group and disability population.

Davis & Koyanagi (2005)
Key Policy Tenets

2. Provide continuity of care from ages 14 or 16 to ages 25 or 30.

Davis & Koyanagi (2005)
Some Remedies…

Change policies that define disability by age

**EXAMPLE – Center for Mental Health Services  SED/SMI**

Functional impairment is defined as difficulties that substantially interfere with or limit an individual from achieving or maintaining one or more *developmentally appropriate* social, behavioral, cognitive, communicative, or adaptive skills, or functioning in social, family, and vocational/educational contexts. Adaptive skills include self care, home living, community use, self-direction, health and safety, functional academics, and work.
Key Policy Tenets

1. Promote a density of developmentally-appropriate and appealing services from which individualized service and treatment plans can be constructed.

   Davis & Koyanagi (2005)
## Promote Developmentally-Appropriate Services

<table>
<thead>
<tr>
<th>TYPE OF SERVICE</th>
<th>% of states with service (n=43)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult MH</td>
<td>23.3</td>
</tr>
<tr>
<td>Child MH</td>
<td>32.6</td>
</tr>
<tr>
<td>Housing (supervised, supported, or group home)</td>
<td>20.9</td>
</tr>
<tr>
<td>Special Comprehensive (i.e. wraparound, PACT etc.)</td>
<td>30.2</td>
</tr>
<tr>
<td>Vocational support, preparation, counseling</td>
<td>11.6</td>
</tr>
<tr>
<td>Psychosocial Rehabilitation</td>
<td>7.0</td>
</tr>
<tr>
<td>Residential Treatment</td>
<td>7.0</td>
</tr>
<tr>
<td>Other</td>
<td>4.7</td>
</tr>
<tr>
<td>MH Treatment</td>
<td>4.7</td>
</tr>
<tr>
<td>Social Skills</td>
<td>7.0</td>
</tr>
<tr>
<td>Homeless Mentally Ill</td>
<td>2.3</td>
</tr>
<tr>
<td>Dual Diagnosis Treatment</td>
<td>2.3</td>
</tr>
<tr>
<td>Educational Support</td>
<td>2.3</td>
</tr>
<tr>
<td>Independent Living Preparation</td>
<td>0.0</td>
</tr>
<tr>
<td>Any Transition Services</td>
<td>48.8 (n=43)</td>
</tr>
<tr>
<td>Promote Developmentally-Appropriate Services</td>
<td>69.8 (n=43)</td>
</tr>
</tbody>
</table>
Those in Transition to Adulthood Quickly Lost from Treatment
Each Generation has its “Youth Culture”

"In America, a flapper has always been a giddy, attractive and slightly unconventional young thing who, in [H. L.] Mencken's words, 'was a somewhat foolish girl, full of wild surmises and inclined to revolt against the precepts and admonitions of her elders.'"\(^6\)
Culturally Competent Service Guidelines

- Respect
- On staff
- Education and training
- "Culture" data collected and integrated in MIS
- Develop participatory collaborative partnerships with youth and young adult community
- Put in policy or contract language the requirement to develop, implement & promote "youth/young adult competent" services

http://home.fmhi.usf.edu/content/EmployeeResources/natlStandardsforDiversity.pdf
Key Policy Tenets

3. Provide continuity/coordination of care across the many systems that offer relevant services.

Davis & Koyanagi (2005)
CHILD SYSTEM

- Education
- Child Welfare
- Juvenile Justice
- Child Mental Health
- Medicaid

ADULT SYSTEM

- Criminal Justice
- Adult Mental Health
- Medicaid
- Housing
- Vocational Rehabilitation
- Substance Abuse
- Labor

Birth → AGE → Death

18-21 Yrs.
Key Policy Tenets


Davis & Koyanagi (2005)
The New Adulthood

- Bachelor’s degree is the economic equivalent of high school degree in the 60’s
- Fewer opportunities to earn incomes that allow for independence (with college degree)
- Unaffordable housing
- More dependence on families for longer time

(Settersten, Furstenberg & Rumbaut, 2004)
Bazelon Analysis of Federal Programs (2005)

# Number of Relevant Federal Programs in Each Life Domain

<table>
<thead>
<tr>
<th>Life Domain</th>
<th># programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Health Treatment (includes Mental Health)</td>
<td>6</td>
</tr>
<tr>
<td>Behavioral Health Specific Programs</td>
<td>7</td>
</tr>
<tr>
<td>Basic Supports (e.g. food stamps)</td>
<td>4</td>
</tr>
<tr>
<td>School-Based Based Transition Programs</td>
<td>5</td>
</tr>
<tr>
<td>Higher Education</td>
<td>7</td>
</tr>
<tr>
<td>Independent Living for Persons with Disabilities and Other Special Populations</td>
<td>7</td>
</tr>
<tr>
<td>Generic Independent Living (Skills training, employment-related services, etc.)</td>
<td>6</td>
</tr>
<tr>
<td>Housing</td>
<td>7</td>
</tr>
<tr>
<td>Family Planning and Parenting Assistance</td>
<td>2</td>
</tr>
<tr>
<td>Social Services</td>
<td>3</td>
</tr>
<tr>
<td>Youth In or At Risk of Juvenile Justice</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>55</strong></td>
</tr>
</tbody>
</table>
Confusion

- The sheer number of programs makes it difficult for providers and policymakers to be aware of, much less fully understand, all programs.

- No specific attempt has been made by the federal government to align programs with each other. Typically, there are rules unique to each program.

- Eligibility differences result in an individual youth being eligible for some programs but not others, or being eligible at one age but not consistently eligible through age 25.
Differing Age Criteria

- Ten programs limit services to those under age 21.
- Five programs limit services to those under 18/19.
- One program limits services to those under age 23.
- Seven programs accept youth up to age 25.
Confusion cont’d

- Funding may go directly to states, local nonprofit entities or some combination of public and private entities.

- Even among programs that have similar funding mechanisms, the eligibility criteria for grant applicants can be quite different.

- Thus, there is no one kind of entity serving youth and young adults with SMHC that is eligible to apply for all federal programs.
Patient Protection and Affordable Healthcare Act (H.R. 3590)

Will Health Reform Help People with Mental Illnesses?

An analysis of the bills passed in Congress in 2009 and how their enactment could affect adults with psychiatric disabilities

http://www.bazelon.org/issues/healthreform/HealthReformAnalysis.pdf
Some Implications of the PPACA

- More people would be eligible for Medicaid, including, for the first time, low-income, single childless adults.
- Eliminate the SSI requirement for people with incomes under 138% of the federal poverty level.
- Insurers could not deny coverage for a pre-existing condition.
- No health plan could have a lifetime or annual limit on benefits.
- Insurers could not charge people with poor health more than others.
- Health insurers could not discriminate based on a person’s mental or physical disability.
- Young adults (up to age 26) must be allowed to remain on their parents’ health insurance, if their parents so desire.