Healthy Transitions INITIATIVE

ISSUE BRIEF 3

YOUTH AND YOUNG ADULT OUTCOMES

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Overview

Youth and young adults with serious mental health conditions have some of the poorest outcomes among young people with disabilities. Challenges related to having a mental health condition can disrupt a young person's development during this period of life. In addition, the services that are available for young adults have often been developed for older adults and have not been modified to meet the young person's needs and preferences. From 2009-2014, the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) funded the Healthy Transitions Initiative (HTI). Seven states (Georgia, Maine, Maryland, Missouri, Oklahoma, Utah, and Wisconsin) were awarded funds to identify and implement evidence- based models for service delivery to young adults with serious mental health challenges in at least one local implementation community. Other goals of HTI were to: 1) bring together relevant stakeholders at both community and state levels; 2) identify system level issues and set in place action plans to effect change to state and local policies; and 3) involve young adults and their families in the process.

This issue brief describes the client level outcomes produced by these seven grantees. The data for Issue Brief #3 comes from National Outcomes Measures system (NOMs) data collected by each grantee and reported to SAMHSA. The analysis of the NOMs data showed that those young people who were retained in services up to 6 months (43%) or 12 months (25%) showed significant improvement in three domains: improved social connectedness, fewer mental health symptoms, and improved daily functioning. There were no significant differences at baseline between those young adults who remained in services until the six-month interview and those who did not.

Individual grantees also conducted an evaluation that was specific to the unique qualities of that state and local communities. Summaries of the highlights of these evaluations are also included in this brief, especially when they covered indicators not included in the NOMs.

NOMs data is a part of the TRAC system which SAMHSA uses to document performance for all of its grantees. The HTI grantees used the adult version of NOMs because it contained questions about employment not found in the child version. Grantees were asked to collect data at intake and every 6 months thereafter until discharge.

Description of Healthy Transition Initiative Participants

- The seven grantees collected baseline NOMs data from 1,542 young adults.
- At 6 months, NOMs data were collected for 666 young adults for a 43% retention from baseline to 6 months.
- At 12 months, NOMs data were collected on 384 young adults or a 25% retention from baseline to 12 months.
- 48% (735) of the respondents were in the 18-20 year age range and 26% (395) were in the 21-23 age range.
- At baseline, 8% (123) identified their ethnicity as Hispanic/Latino.
- At baseline, 31% (511) identified as Black, 14% (191) identified as American Indian or Alaskan Native, and 53% (837) identified as White.

Because of the high rate of attrition between baseline and 6 months, analyses were conducted to identify potential differences between those young people who remained in services and those who did not. The two groups were compared on demographic variables (gender, race, ethnicity) and baseline scores on the four outcome measures. No significant differences were found between the two groups on any of these variables.

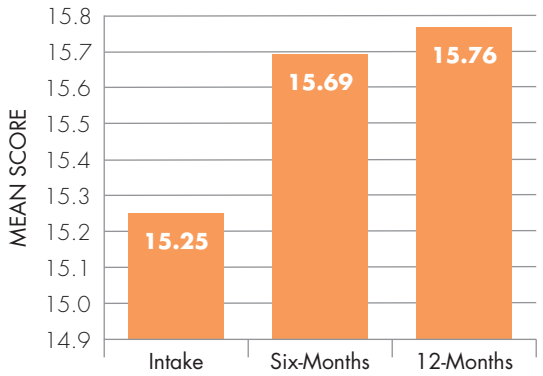
Outcome Measures

Data on three NOMS outcome measures are reported in this brief: social connectedness, mental health symptoms, and daily functioning. Mixed Model Repeated Measures analysis was used to test the effect of the Healthy Transitions Program with time (baseline, 6 months, and 12 months) as a covariate.

Social Connectedness was measured by four items rated from 1 (strongly disagree) to 5 (strongly agree). Scores ranged from 4 to 20; higher scores mean greater social connectedness.

Respondents rated six mental health symptoms (e.g., nervousness, hopelessness) on a scale of 4 (all the time) to 0 (none of the time) over the past 30 days. Scores ranged

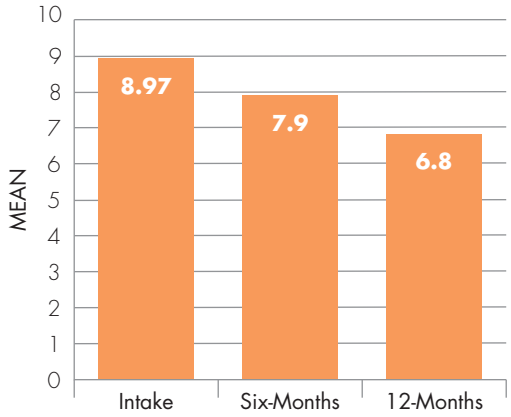
SIGNIFICANT IMPROVEMENT IN SOCIAL CONNECTEDNESS*



F = 7.92(2,1099), p. < .001

	P-Value	Mean Change
Intake to 6-Month	p < .001	0.44
Intake to 12-Month	p < .001	0.51

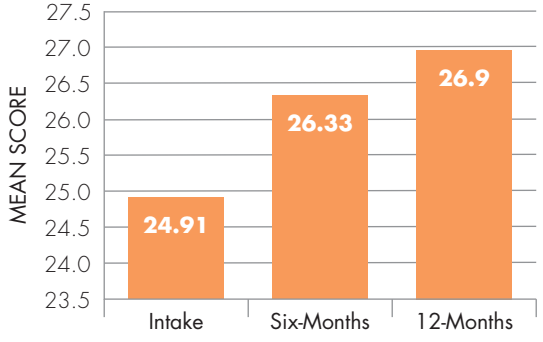
SIGNIFICANT IMPROVEMENT IN MENTAL HEALTH SYMPTOMS*



F = 35.68(2,1025), p. < .001

	P-Value	Mean Change
Intake to 6-Month	p < .001	1.024
Intake to 12-Month	p < .001	1.995

SIGNIFICANT IMPROVEMENT IN DAILY FUNCTIONING*



F = 37.80(2,895), p. < .001

	P-Value	Mean Change
Intake to 6-Month	p < .001	0.42
Intake to 12-Month	p < .001	1.99

*Koroloff, N., Painter, K., Sondheimer, D., & White, G. (2016, June 21). How effective are transition programs for youth and young adults: Findings from the Healthy Transition Initiative [Webinar]. Retrieved from https://www.pathwaysrtc.pdx.edu/webinars-previous#effectiveness.

from 0 to 24; lower scores mean fewer symptoms.

Daily functioning was measured by a 7 item scale using response categories of 1 (strongly disagree) to 5 (strongly agree). Scores on the scale ranged from 7 to 35 with higher scores indicating better daily functioning.

Conclusion

Those young people who were retained in services for up to 6 months or 12 months showed significant improvement in three domains: social connectedness, mental health symptoms, and daily functioning. No significant difference was found between young people who completed a six month interview and young people who did not. Limitations include:

- High rate of attrition between baseline and 6 or 12 months.
- No data on type of services received, duration, or frequency.
- No follow-up data collected after participant left services.

Results from evaluation conducted by individual grantees.

Each of the grantees conducted an evaluation focused on outcomes most important in their communities. The following are examples of the findings from these evaluation reports:

- "For participants with a discharge NOMs record (n=139), 25.2% (n=35) reached a mutual agreement for treatment cessation with staff (typically indicative of project completion), while 38.8% (n=54) voluntarily withdrew from treatment, and 18.7% (n=26) were discharged for non-contact with project staff" *(Final Report, Healthy Transition Initiative, Georgia, pg. 25)*.
- "A repeated-measures ANOVA was conducted to examine how mean scores on the [NOMs] psychological distress scale change over time (n=30). The within-subject effect of time was significant for the model (F (2,58) =9.71, p=.000), meaning that psychological distress decreased significantly over time … The effect size was large (n=.251), meaning that there is a strong relationship between time enrolled in HTI and youth-reported psychological distress." *(The Healthy Transition Initiative Final Report, (2014) Maryland, pg. 8)*.
- "Every young adult who is interviewed is asked a series of questions that gauge trauma-related symptoms including dissociation, anxiety, depression, sexual abuse trauma, sleep disturbance, and sexual problems. For each category, higher scores indicate a greater extent of reported symptoms in that area … Figure 20 shows that the presenting symptoms decreased slightly for anxiety (12.1 to 11.8), depression (12.6-11.6), and sleep disturbance (7.6-7.3) although only the reduction for depression was statistically significant." *(Moving Forward Year 5 Evaluation Report, (2015) Maine, pg. 34)*.
- "Reasons for discharge can vary, but the majority of participants did not have a planned discharge. Of the 117 participants who were discharged over the course of the project, 53% either withdrew from/refused treatment or had no contact with the program for 90 days. The average number of days between first service and discharge was 256.45 days (approximately 8.4 months). Participants who had a formal discharge, or mutually agreed cessation of treatment, were enrolled on average more days than those participants who did not have a formally planned discharge (334.55 days/11 months vs. 299.65 days/10 months)." *(Healthy Transitions Initiative-Discharge Report, (2014) Missouri, pg. 6)*.
- "Using a modified version of the Ohio Scales, young people reported improvement in functional and problem solving ability.
  - Tulsa HT had relatively few young adults with borderline or impaired baseline scores on the Functioning scale, so their counts for that scale in these charts are correspondingly low.
  - Both sites showed substantial, often statistically significant improvement on both the scales and for both genders. Cleveland County had higher average improvement overall…
  - Both sites showed considerably more effectiveness in improving Functioning scores than in lowering Problem scores.
  - Gender differences on levels of improvement showed no consistent pattern." *(Final Report, Oklahoma, pg. 11)*.
- "…approximately 50% of program participants in [one] county [either] lived with someone else or were homeless at baseline. Over 8% had spent at least one night homeless in the past 30 days and 2% were homeless for 30 days or more. Housing status improved significantly at 6 months. Only 1.4% reported at least one night

homeless and 10% more participants were living independently. The flexible funds proved to be instrumental in helping participants in a community with very limited housing." *(Project Progress Report, Year 5. PASSAGES Health Transition Initiative, Utah, pg. 9)*.

- "Considering that engagement with these young adults appears tenuous, especially in the beginning of the program, the dosage of contact is important. Therefore, it was determined that an initiated contact attempt is required twice a week. The outcomes reveal that over a 3 month period 71% (53/75) of young adults were provided with 2 contact attempts per week from Transition Coordinators, 25% (19/75) provided 1 contact /week and 4% (3/75) were not contacted. This outcome did not meet the fidelity threshold of 90%. However, examining the progress notes further of those that had 1 contact per week, 68% (13/19) were actively working on their Futures Plan and there were calls by the Transition Coordinators to other people supporting that plan. This may suggest that 1 contact per week may be sufficient to maintain engagement when there is evidence that the young adult has moved to another phase (i.e., Planning and Action phases of the Practice Model)." *(Building a Program through Fidelity: Project O-YEAH, A Young Adult Transition Initiative, Wisconsin, pg. 3)*.

For more information about each of the grantees' program, as well as policy and structural changes, go to the HTI Toolkit at www.pathwaysrtc.pdx.edu/HTItoolkit, Issue Brief #1 at www.pathwaysrtc.pdx.edu/HTItoolkit/files/12-State_Support/3-Policy/G.%20Healthy_Transition_Initiative_Issue_Brief_1-Impact_at_the_Local_Community_Level.pdf or Issue Brief #2 at www.pathwaysrtc.pdx.edu/HTItoolkit/files/12-State_Support/3-Policy/H.%20Healthy_Transition_Initiative_Issue_Brief_2-Policy_Impact_at_the_State_Level.pdf.

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