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- Move any electronic handheld devices away from your computer and speakers
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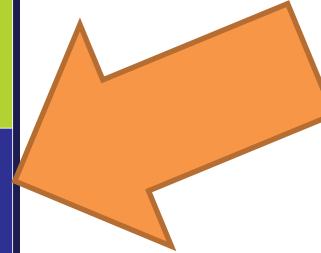
A recording of this webinar will be available online at  
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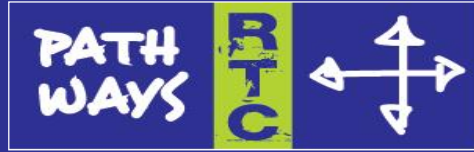
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The screenshot shows the Pathways RTC website. The header includes the logo and the text "PATHWAYS 2 POSITIVE FUTURES". The left sidebar contains a navigation menu with links: Home, About, Research, Training, Publications, Connect, and Resources. Below the menu is a "MISSION" section with text about improving the lives of youth and young adults. Further down are social media icons for Twitter, YouTube, and Facebook, and a "YOUTH MOVE NATIONAL" logo. The main content area features a "NEWS" section with an announcement for an upcoming webinar titled "Implementing Early Psychosis Intervention in the Real World" on January 26, 2016. Below this is a section for "Recruiting Teams for Free Fall Online Training Program". The right sidebar contains an "RTCUPTDATES" section with a sign-up form for the newsletter, including fields for email address, first name, and last name, and a "Sign Up!" button. Below the form is a "RECENT PUBLICATIONS" section with a link to a Spanish version of a tipsheet.



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Title:

# **How Effective are Transition Programs for Youth and Young Adults: Findings from the Healthy Transition Initiative.**

Presenters:

*Nancy Koroloff*  
*Kirstin Painter*

*Diane Sondheimer*  
*Gwen White*





# HEALTHY TRANSITIONS INITIATIVE

State / Community Pioneering Partnerships



Healthy Transitions Initiative  
Funded and Administered by:

The Child Adolescent and Family  
Branch, CMHS, SAMHSA





# Healthy Transitions Initiative

*PURPOSE: To create developmentally-appropriate and effective local systems of care that (will) assist youth of transition age in becoming healthy, confident, capable and empowered adults.*



# Healthy Transitions Initiative

*GOAL: To improve outcomes for youth and young adults with serious mental health conditions in areas such as education, employment, housing, mental health and co-occurring disorders, and decrease contacts with the juvenile and criminal justice systems.*



# Healthy Transitions Initiative

Cooperative agreements to integrate services and supports for youth and young adults 16 – 25 with serious mental health conditions and their families.

- *State level policy change*
- *Local service delivery change leading to state wide processes*



# Healthy Transitions Initiative

- Georgia
- Maine
- Maryland
- Missouri
- Utah
- Oklahoma
- Wisconsin



# Language

**Grantee or State:** Refers to state entity that received the grant.

**Local:** Refers to local community within the state where practice change took place.



# Healthy Transitions Initiative – Impact

## Young Adult Involvement and Engagement

- Increased visibility and awareness:
  - Attention to unique needs
  - Community recognition and commitment
  - Understanding of youth culture
  - Social Marketing for outreach and stigma reduction
  - Paid staff and staff who are age appropriate
  - Importance of young adult organizations



# Healthy Transitions Initiative – Impact

## Young Adult Involvement and Engagement

- Impact on Young Adult Organizations:
  - Structured roles to address development of youth voice activities.
  - Organizational partnerships with adult advocacy groups and/or Youth MOVE Chapters.
  - Development of young adult drop in centers



# Healthy Transitions Initiative – Impact

## Young Adult Involvement and Engagement

- Impact on Young Adult Organizations:
  - Exploration and development of young adult peer to peer support programs.
    - Peer relationship, peer supports, friendships and mentors are vital
    - Certification for Peer Specialists
  - Opportunities for youth-directed leadership and advocacy
    - Policy development



# Healthy Transitions Initiative – Impact

Policy Change to support better outcomes:

- Formal Partner MOUs.
- Engagement of non-traditional partners.
- Guiding principles integrated into policy and practice contracts.
- Administrative Structures
- Financing



# Healthy Transitions Initiative – Impact

Practice Change to support better outcomes:

- Services and supports for families and other adult allies.
- Develop a clear practice model
- Services from both the child and adult mental health system.
- Address critical needs in all domains



# Healthy Transitions Initiative: Additional Information

HTI Tool Kit: <http://pathwaysrtc.pdx.edu/HTItoolkit/>

Issue Briefs 1 & 2:

<http://gucchdtacenter.georgetown.edu/Resources/HTIIssueBrief1>

<http://gucchdtacenter.georgetown.edu/Resources/HTIIssueBrief2>

Coming Soon: Issue Brief #3 Healthy Transition Initiative: Youth and Young Adult Outcomes.



# Methods

- Client level data for the Health Transitions program is collected using the CMHS National Outcomes Measures (NOMs) Adult Client-level Measures for Discretionary Programs Providing Direct Services.
- The client level data encompasses eight domain areas comprised from 75 questions.
- The NOMs measurement tool was administered at baseline, at six-month reassessments for as long as the person remained in treatment, and at discharge.
- This study reports on change across time for four key domain areas: daily functioning, overall health, social connectedness, and mental health symptoms



# Data Collection

- Data collection procedures varied slightly by grantee
- Most often, data collected by transition facilitator
- In some states, data were collected by transition facilitator at baseline and research interviewer at follow-up
- In one site, all data were collected by a research interviewer



# Data Cleaning

- Excluded if data collected administratively
- Excluded youth under age of 15 (n= 9)
  - Included 5 youth who were 15 at baseline
- Included case if had completed follow-up at either 6 months or 12 months



# Description of Participants

Wave 1,	Baseline	1542
Wave 2,	6 months	666
Wave 3,	12 months	384



# Number of Young Adults Served (unduplicated count)

Grantee/ state	NOMS #	% of Total	Goal
1	193	13	178
2	160	10	135
3	185	12	160
4	306	20	235
5	276	18	400
6	264	17	260
7	158	10	265
Total	1,542	100	1,633



# Gender at Baseline

	Frequency	Percent
Male	751	49%
Female	779	51%
Transgender	5	0.3
Missing	7	0.5
Total	1542	100



# Ages at Baseline

	Frequency	Percent
15-17	259	17
18-20	735	48
21-23	395	26
24-26	107	7
missing	46	3
Total	1542	100



# Ethnicity/Race at Baseline

	Frequency	Percent
Hispanic/Latino (yes)	123	8%
Hispanic/Latino (no)	1373	92%
<b>Total</b>	<b>1496</b>	<b>100%</b>
Black	511	31
American Indian	175	11
Alaskan Native	16	3
White	837	53
Asian	32	2
Native Hawaiian	16	1
<b>Total Responses*</b>	<b>1587</b>	<b>100%*</b>
* individual could mark more than one race		



# Sexual Identity at Baseline

	Frequency	Percent
Heterosexual	242	16
Gay or Lesbian	14	1
Bisexual	16	1
missing	1270	82
Total	1542	100



# Incident in Last 30 Days

Indicator	N (%)	% based on
Physically Hurt (% Never)	537 (91)	590
Violence or Trauma (% no)	119 (25)	471
Intake Homeless (% none)	953 (90)	1057
Intake Homeless (21 + days)	48 (4.5)	1057
Intake Detox (% None)	1056 (99.6)	1060
Intake Jail (% None)	1018 (96)	1063
Intake ER (% None)	1023 (96)	1061
Intake Hospital (% None)	1008 (95)	1062



# Employment Status at Baseline?

Grantee	Employed full time N= (%)	Employed part time n(%)	Unemployed, other n (%)	Missing	Total
1	11 (6)	25 (13)	109 (56)	48(25)	193
2	10 (4)	44 (17)	120 (45)	90 (34)	264
3	8 (4)	19 (10)	113 (61)	45 (24)	185
4	6 (2)	22 (7)	148 (48)	130 (42)	306
5	8 (5)	16 (10)	72 (45)	64 (40)	160
6	23 (8)	24 (9)	147 (53)	82 (30)	276
7	3(2)	25 (16)	104 (66)	26 (16)	158



# Attrition

Mean Scores at Baseline		
	Had a 6-Month Assessment	
	No N = 876	Yes N = 666
Gender		
Female	444 (51%)	336 (50%)
Male	422 (48%)	326 (49%)
Transgender	3 (< 1%)	2 (< 1%)
Missing	7 (< 1%)	0 (0%)
Race		
Black	270 (31%)	241 (36%)
White	492 (56%)	345 (52%)
Asian	17 (2%)	15 (2%)
Alaska Native	6 (< 1%)	10 (2%)
American Indian	85 (10%)	90 (14%)
Native Hawaiian	12 (77%)	6 (33%)
Hispanic/Latino	77 (10%)	46 (7%)



# Attrition

	Mean Score at Baseline	
	Had 6-Month Assessment	
	No	Yes
Mental Health Scale	9.04	9.03
Daily Functioning	24.99	24.93
Social Connectedness	15.37	15.28
Physical Health	2.93	2.90



# Attrition

Reason for Discharge	
Withdrew from/refused treatment	196
No contact within 90 days	225
Incarceration	29
Moved	59
Clinically referred out	22
Aged Out/Went to Adult Services	14
Mutually agreed cessation of treatment/completed program	221
Death	2
Other	10
Missing Information	764
<b>Total</b>	<b>1542</b>



# Analyses

- Mixed Model Repeated Measures was utilized to test the effect of Healthy Transitions Program, controlling for covariates.
  - Fixed Factor
    - Time
    - Gender
    - Race/Ethnicity
  - Covariates
    - Age
    - Educational Level



# Covariate Analysis

- Inclusion of race/ethnicity and educational level resulted in insignificant associations with all outcome variables and were removed for final analysis.
- Inclusion of age and gender resulted in significant associations with the outcome variable Mental Health Symptoms and insignificant associations on Social Connectedness and Functioning.
- The significant associations of age and gender on Mental Health Symptoms did not have an effect on the outcome and the models were less parsimonious.
- We are reporting on the final models which includes only time as a fixed factor.



# Social Connectedness Scale

**I am happy with the friendships I have.**

**I have people with whom I can do enjoyable things.**

**I feel I belong in my community.**

**In a crisis, I would have the support I need from family or friends.**

**1 = Strongly Disagree**

**2 = Disagree**

**3 = Undecided**

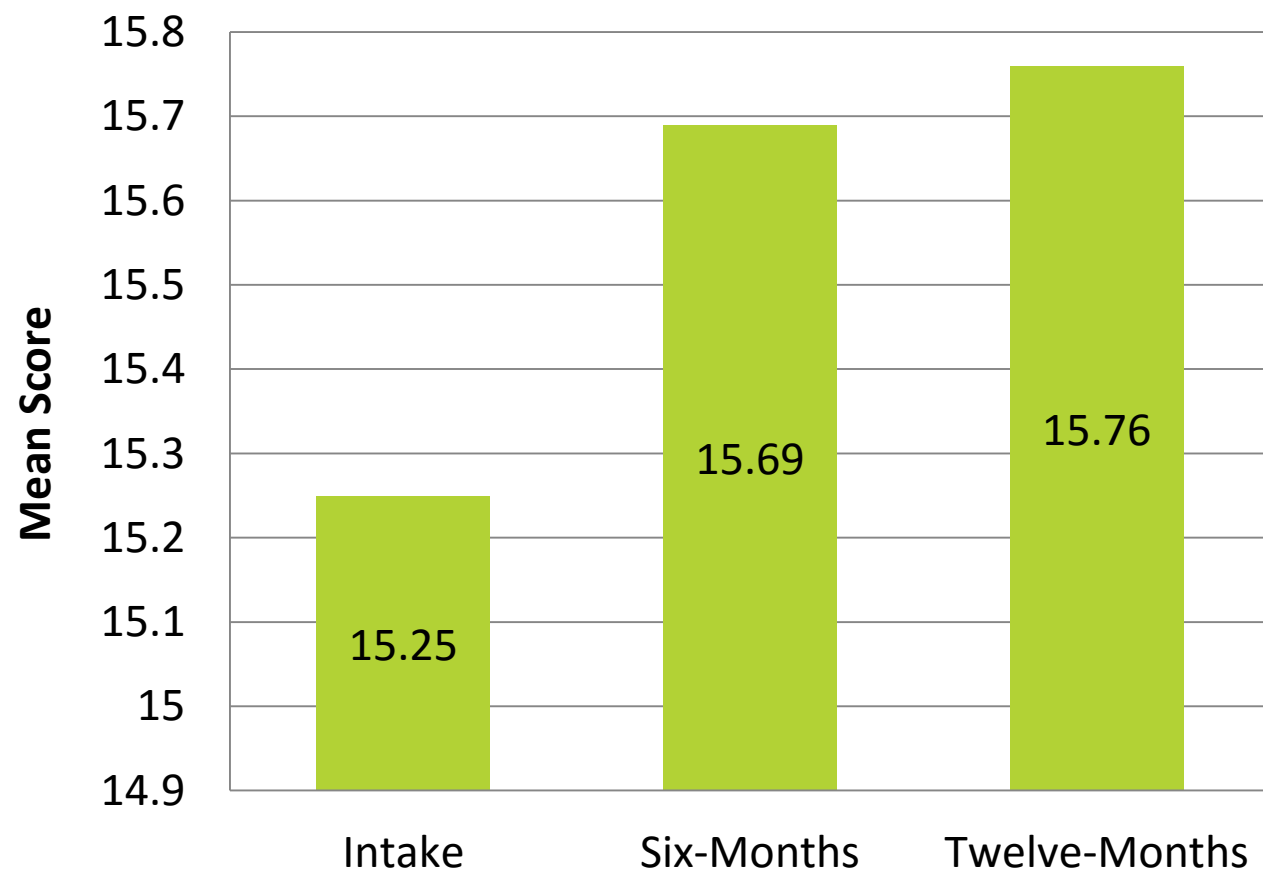
**4 = Agree**

**5 = Strongly Agree**

**4 to 20; Higher scores mean greater social connectedness**



# Social Connectedness Scale



F = 7.92(2,1099), p. < .001		
	P-Value	Mean Change
Intake to 6-Month	p < .001	0.44
6- Month to 12-Month	p < .001	0.51



# Mental Health Symptoms Scale

**During the past 30 days, about how often did you feel:**

- **Nervous**
- **Hopeless**
- **Restless or fidgety**
- **So depressed that nothing could cheer you up**
- **That everything was an effort**
- **Worthless**

**4 = All of the Time**

**3 = Most of the Time**

**2 = Some of the Time**

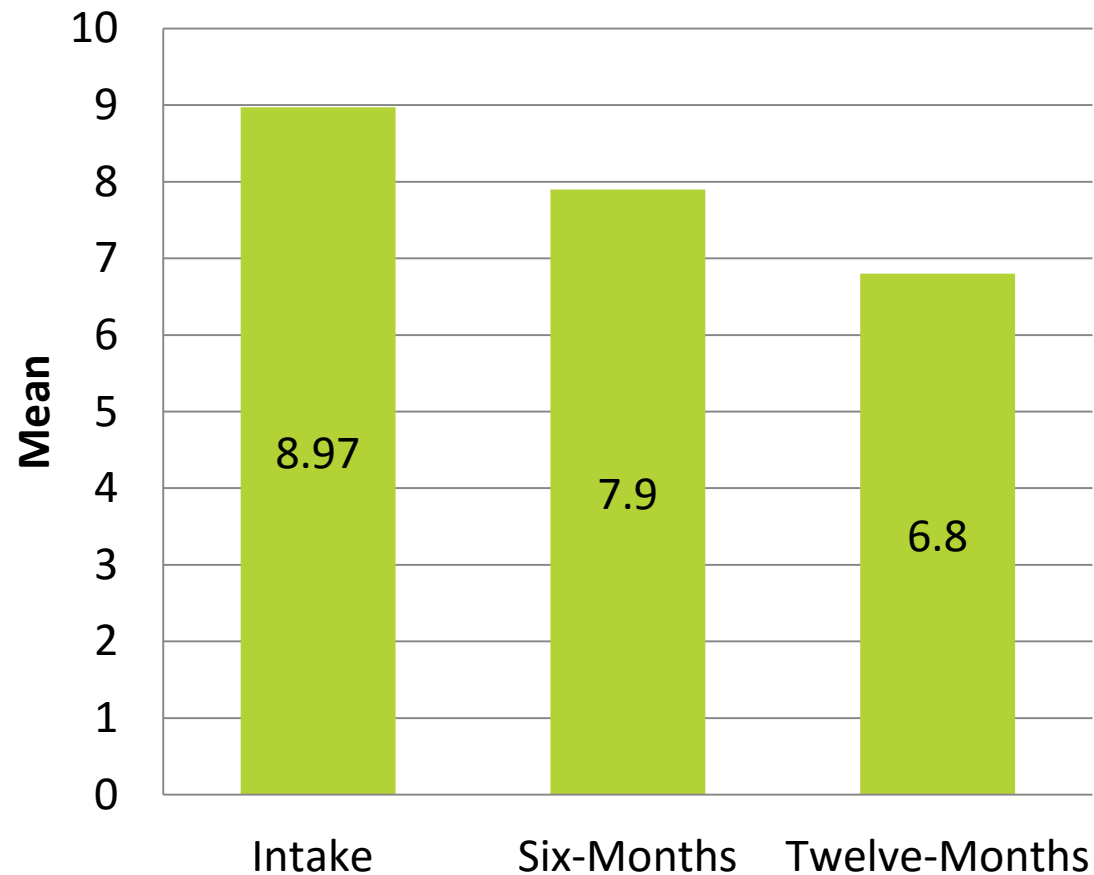
**1 = A Little of the Time**

**0 = None of the Time**

**0 to 24; Lower scores mean less symptoms**



# Significant Improvement in Mental Health



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

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



# Daily Functioning Scale

**I deal effectively with daily problems.**

**I am able to control my life.**

**I am able to deal with crisis.**

**I am getting along with my family.**

**I do well in social situations.**

**I do well in school and/or work.**

**My housing situation is satisfactory.**

**1 = Strongly Disagree**

**2 = Disagree**

**3 = Undecided**

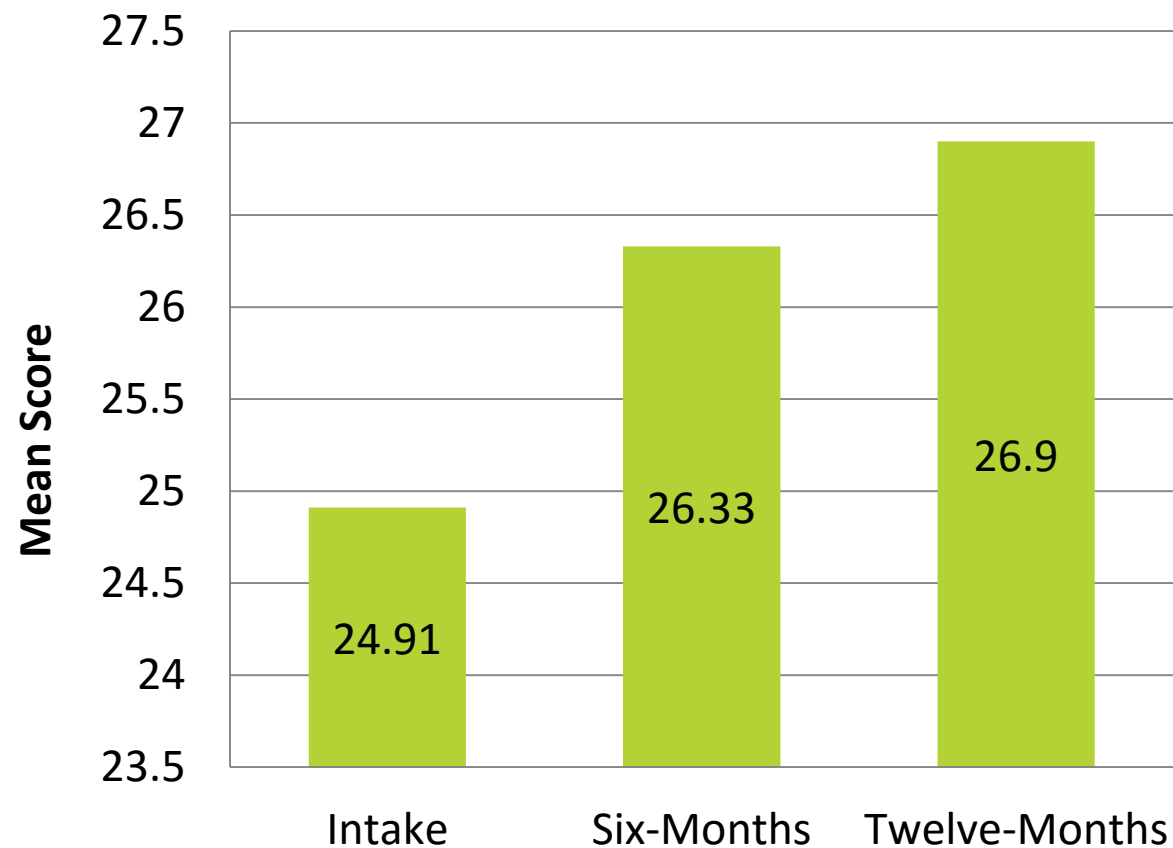
**4 = Agree**

**5 = Strongly Agree**

**7 to 35; Higher  
scores mean better  
daily functioning.**



# Significant Improvement In Daily Functioning



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

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



# Findings

	Intake to 6-Month	Intake to 12-Month
<b>Mental Health Scale</b>	Significant	Significant
<b>Daily Functioning</b>	Significant	Significant
<b>Social Connectedness</b>	Significant	Significant



# Limitations

- High rate of attrition between baseline, 6 months and 12 months. Data excluded if collected administratively.
- No data collected after young adult left program
- Data often collected by transition facilitator (may have resulted in less accurate responses)
- No data on frequency, duration or who provided services.



# Conclusions

- Reduction in mental health symptoms was significant from intake to 6-months and remained significant at 12-months. The scores went down, meaning people's mental health improved.
- Improvement in both daily functioning and social connectedness was significant from intake to 6-months and remained significant at 12-months.
- There were no significant differences at baseline between those who had a six-month interview and those that did not.



# Things To Consider

Ways to use these findings

Community use of the NOMS data

Data that has impact with funders



# Question and Answer Session

**Q & A**



- Thank you for participating in this webinar
- The Powerpoint slides and recorded webinar will be available at  
<http://pathwaysrtc.pdx.edu/webinars-previous>