

TAY

TRANSITION AGE YOUTH

WHAT ARE TAY?

Blanket Answer:

Transition Age Youth are young people between the age of 16-24 this age group experience a number of challenges on their path to a successful adulthood.

Reality is:

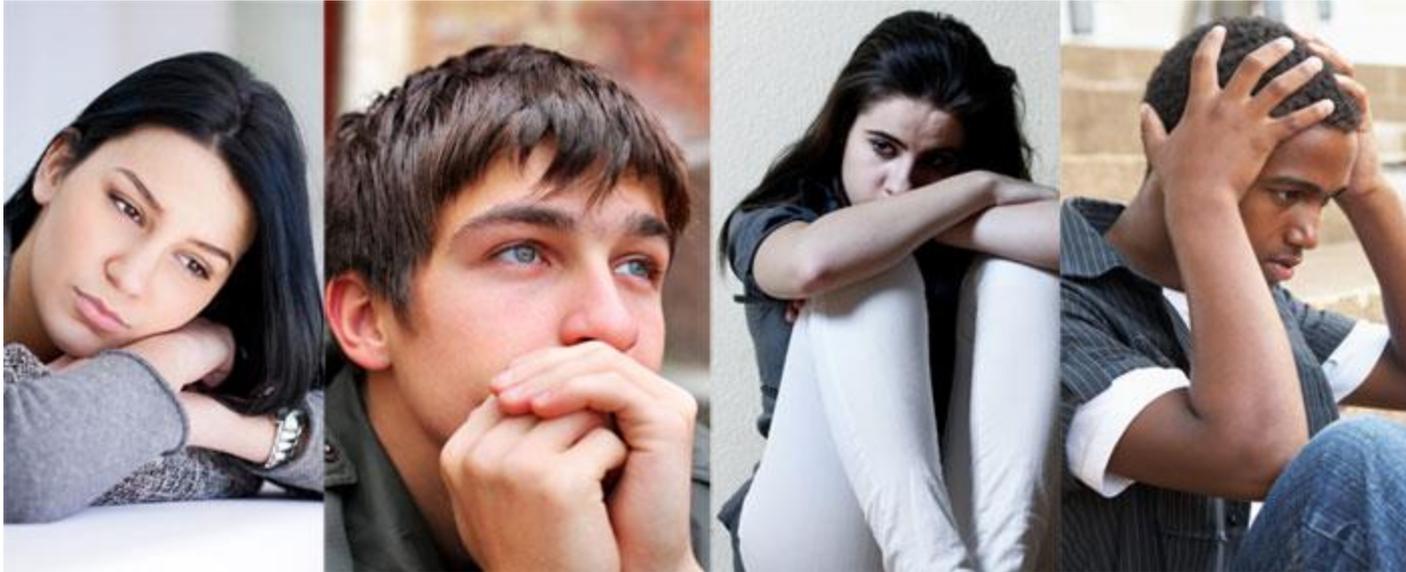
Transitioning to adulthood is difficult for every young person. They cycle between attending school, working, living with others, and living independently. Most youth are given a safety net of familial and a community support that allows them the flexibility and time to try new things, take risks, and receive lifelong support on their journey to self-sufficiency.

Youth who do not have the luxury of those supports are TAY.

Youth who have experienced long term or repeat detentions
(Juvenile Justice System, Foster Care, or Hospitalizations).

Youth who live with behavioral health issues or developmental
delays

Runaway, Homeless or Throwaway youth.



THEY'RE STUCK IN THE MIDDLE

TAY are aging out of child serving systems, entering the adult world and for those who qualify entering into adult serving systems. Often times they're ready to exit children services but not ready to receive adult services.

To make it to the other side (Successful Adulthood) TAY need:

Independence and responsibility

Chances to engage in decision making

& Experience setbacks and mistakes as a result.

They require modeling from adults to learn alternatives to high risk behaviors

And the autonomy to take the risks anyways.

PROVIDERS

Be aware that TAY may not have complete support systems.

When a provider can it's important that they **help TAY establish connections** through the community and their peers.

Offer opportunities for TAY to take on new responsibilities.

Be understanding when youth make mistakes....hindsight is 20/20 after a big mistake they need empathy and guidance not I told you so.

BARRIERS TO ACCESSING BEHAVIORAL HEALTH SERVICES

In the general population, common perceived barriers to mental health service use include financial costs, the inconvenience of receiving services, stigma, and the belief that mental health problems will resolve themselves

Studies of special populations, such as veterans, immigrants, and older adults, have emphasized the need for age-appropriate and culturally appropriate services and providers with specific training or expertise this is the same for TAY.

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TAY SAY BARRIERS ARE

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scheduling of services- If an appointment is early in the morning youth who rely on time-consuming public transportation or who live with medication related side effects, will be adversely affected by strict time constraints.

Long wait times... “To some degree I find it funny that if we show up late, we get chewed out, but if the doctor's an hour late, it's like, deal with it.”

Weak patient-provider relationships: Both the duration and frequency of appointments were deemed insufficient for providers to review their cases, reestablish rapport, and discuss progress made or challenges experienced by clients.

Lack of relevant content for group therapy- Suggested topics of interest for group therapy:

- **Coping with effects of violence against family members**
 - **Intimate partner violence**
 - **Addressing the aftermath of sexual abuse**
 - **Grieving**
- **Acquiring skills for establishing and maintaining healthy relationships**
 - **Problem solving related to couples issues**
 - **and parenting skills.**

TAY SAY BARRIERS ARE

One of the largest impacts on the continuity of care for TAY clients was:

Provider turnover- You certainly can't establish a relationship with a provider if you only see them for 60 minutes a week for 6 months and then you're staring at a new face.



PARENTS AND PROVIDERS IDENTIFY

Parents and providers described a need for increased access to community-based services:

Parents are interested in services closer to homes and Peer to Peer services

Providers are interested in seeing more community based services, outside traditional clinics—essentially mobile services. One said, “Our most effective services are services that ... get pushed out into the community and [are] flexible in how they engage.”



YOUTH UNDERSTAND!

Program funding is limited

Providers are under pressure as a result of large caseloads and related time constraints.

Providers have their own frustrations just as clients do.

TAY offer suggestions to increase the efficiency of the office visits including:

Having nurses prepare providers by eliciting information from clients in advance and

Improving health literacy among clients.

MEET SOME LOCAL YOUTH

These youth will share a bit about what it's like to be a TAY in Lake County.

Xae-li Long - Clearlake

Vanessa Morin – Lakeport

Nura Brown – Clearlake Oaks

ENGAGING TAY

To ensure that the actual needs of TAY are addressed, and meaningful outcomes are reached through services youth need to be engaged in the entire process. To ensure that youth can be present and engaged Providers can:

Youth Driven Process: Youth's preferences and stated needs should be utilized to find the best fit to programs, planning action steps to goals and creating and adjusting service plans.

Individualize planning: Engage the youth, their family and other supports. Planning should address key life domains that the youth and their supports both formal and informal identify as impacts to the youth's needs.

Programs need to be developmentally appropriate, and non-punative: Rules should compliment the programs mission and be tied directly to the youth's individualized goals.

Services must focus on realistic outcomes: Providers must employ case planning principles that address the individual needs of youth; goals that are not tailored to youth's individual goals and developmental stage push a youth farther behind.

**QUESTIONS OR
COMMENTS?**

REFERENCES

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