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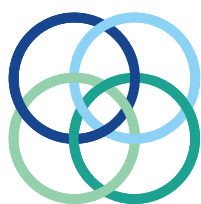
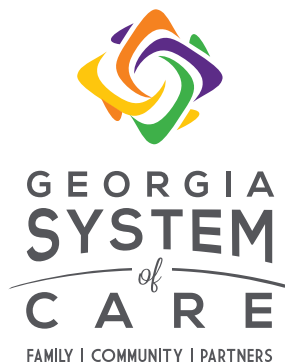
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CENTER OF EXCELLENCE FOR
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Transition Age Youth and Young Adults: *Important Information for Georgia Health Care, Education, and Other Service Providers*



Transition age youth and young adults (TAYYA) ages 14 to 26 comprise a significant portion of the population in Georgia and across the nation. This age is particularly vulnerable to a variety of physical, behavioral, and social issues, due to difficulties that may arise when transitioning from childhood to adulthood. This booklet was designed by the Georgia Interagency Directors Team (IDT) to help providers serving Georgia's TAYYA and their families better understand this population, in order to provide the best, most appropriate services and supports for this group.

Introduction

Transition refers to the period between the ages of 14 and 26 years, when adolescents are moving into adulthood. In 2013, TAYYA made up about 14 percent of Georgia's population. This group faces special challenges in arenas associated with development, physical and mental health, housing, education, career training, employment, life skills, and relationships.

Youth served in the foster care system are more likely than youth in the general population to experience physical and mental health problems, possibly making this transition period more difficult.¹ While this developmental stage can prove challenging for all youth, those with behavioral health needs may face even greater challenges, particularly in the areas of education, employment, and income.² Furthermore, youth in this age range are aging out of services provided by child-serving agencies and moving into adult services, which may be fragmented or developmentally inappropriate.³ This booklet is intended to help those providing educational, social, and other services to Georgia's TAYAA and their families better understand the characteristics and needs of this population.

Developmental Experiences

Adolescence, from roughly the ages of 10 to 19 years, is a period of intense growth and change marked by several key developmental milestones. Besides physical maturation, the processes of becoming independent, thinking abstractly, and identity development all occur during adolescence and early adulthood.⁴ During this time, youth may experience increased pressure to participate in high-risk behaviors, including unsafe sex and tobacco, drug or alcohol use.

Adolescents differ from adults in the way they behave, solve problems, and make decisions. The adolescent brain does not resemble that of an adult until the early twenties, reaching full growth around 25 years-old⁵. The amygdala, responsible for reactions such as fear and aggression, develops early. However, the frontal cortex, responsible for reasoning and judgment, does not develop until later into adulthood.⁵ Because of these developmental differences, adolescents are less likely than adults to think before they act, pause to consider the consequences of their actions, and/or modify dangerous or inappropriate behaviors.⁶ This could increase their likelihood to participate in high risk behaviors and their vulnerability to sexual exploitation.⁷

Physical & Mental Health

Physical Health

The major health problems for TAYYA are largely preventable and linked to risky behaviors and behavior-related outcomes, such as accidental injuries, violence, sexually transmitted infections (STIs), teen pregnancy, and obesity.

- Unintentional injury (including motor vehicle crash) is the leading cause of death for TAYYA, and for ages 15-24, homicide is the third.⁸
- In 2012, 66.3% of all sexually transmitted disease cases in Georgia were among TAYYA ages 15-24.⁹ However, teen birth rates in Georgia have been on the decline, with a 10% decrease from 2012 to 2013.
- Obesity rates for young adults have tripled since the 1970s, and each year that a young adult is obese increases his or her risk of developing heart disease, diabetes, and other chronic conditions. In 2013, the obesity rate for young adults in Georgia (18-25 year-olds) was almost 18 percent, the 15th highest in the nation.¹⁰

The risks noted here, along with the increased independence TAYYA experience in health-related decisions and responsibilities should be considered when providing services to support the health of TAYYA.

Mental Health

TAYYA are at a high risk of experiencing behavioral health problems, and many mental illnesses present during this age range. This risk is exacerbated by developmental brain changes that increase their vulnerability to substance use disorders (SUDs)⁵. TAYYA with some mental health issues are also at an increased risk of unemployment, low levels of education, and low rates of independent living.¹¹

- In 2012, the prevalence of mental illness among those aged 18 to 25 was 19.6%, and an estimated 2.2 million adolescents had a major depressive episode.¹²
- In 2013, suicide was the second leading cause of death for those aged 15-24.⁸
- Adolescence is the time when most people who become addicted develop their addiction. Prescription drug abuse is highest among young adults, and in 2010, three thousand young adults in the United States died from an overdose.¹³

Managing a mental health or substance use disorder can be made even more difficult for TAYYA because of fragmented public health systems, policies defining access, lack of clarity regarding the process for obtaining help, informational barriers between child and adult systems, and most state systems only serving youth until age 18.¹⁴ Transition planning for youth with mental health issues must address these challenges and bridge the gap between child and adult systems.

Affordable Care Act: TAYYA Insurance Changes

It is important for youth and young adults to have healthcare access so that they can develop preventive health behaviors that will transition into healthy habits in adulthood. In 2010, the Patient Protection and Affordable Care Act (ACA) made a number of changes to insurance coverage that enabled young adults to better access healthcare services and provided increased prevention services:

- Young adults can remain on their parent's insurance until age 26.
- Youth aging out of foster care at age 18 may remain on Medicaid until age 26.
- Young adults may purchase insurance with the assistance of subsidies on the Health Insurance Marketplace.
- Young adults under age 30 may purchase low-premium, high-deductible catastrophic plans through the Health Insurance Marketplace.
- The Act also includes provisions for school-based health centers and teen pregnancy prevention.

Knowledge of these choices and assistance with obtaining coverage could increase service options for TAYYA.

Housing

During this transitional period, safe and stable housing is associated with positive outcomes for youth in many areas, including education, employment, physical and mental health.¹⁵ The Georgia Department of Community Affairs (DCA) estimated that in 2013, over 53,000 people in the state experienced homelessness. Of those experiencing homelessness, 38% had some disability, and 17% of those in emergency shelters as well as 24% of those in transitional housing were under the age of 18.¹⁶

Barriers to stable housing that TAYYA may face, particularly those aging out of foster care, include: early parenthood, lack of supportive adults, lack of a safety net, and lack of preparation for independent living.¹⁷

Some suggested solutions for preventing TAYYA from experiencing homelessness include:

- keeping TAYYA in foster care until they are 21 years old;
- assisting with transition for those emerging from incarceration; and
- an increased sense of accountability in the mental health system for transitioning youth from the child system to the adult system.¹⁸

Education



Educational attainment can significantly influence future earnings and opportunities, and can also be a predictor of incarceration, particularly for minorities.¹⁹ The four-year high school graduation rate in Georgia during the 2011-12 school year was 70% compared to the national average of 80%.²⁰ For economically disadvantaged students, the four-year high school graduation rate was 61% compared to the national average of 72%.²⁰

Youth in the foster care system face substantial barriers to educational attainment; only 25% of former foster care TAYYA have a diploma or GED by age 23 or 24, compared with 93% of their peers in the general population.²¹

Parental and youth involvement in transition planning is a strong predictor of post-secondary success for youth with disabilities.²² Permanent connections with an adult, especially for youth aging out of foster care, can provide TAYYA with assistance if they are having an emergency, need emotional support, and with guidance on issues such as education and employment.²³

Employment & Career Training

TAYYA are at an important developmental period for obtaining job and community service experiences. These experiences help them gain work skills and values, inform their career decision-making, and shape plans for the future.

- In 2013, 19% of young adults aged 20-24 in the U.S. were neither enrolled in school nor working, and in 2012, labor force participation for young adults aged 18-24 across the U.S. was 65%.²⁴
- For youth with disabilities, work-related experiences during high school make up one of the most consistent predictors of post-school employment outcomes, and studies suggest broadening the depth of vocational and career training programs to be more inclusive of students with disabilities.²⁵
- Research stresses the importance of starting transition planning and services early in high school for youth with disabilities, while services are free and accessible.²⁶

Life Skills

As they transition out of adolescence, youth begin to assume greater responsibilities, including those related to their physical and mental health care. The development of life skills further reinforces independence for TAYYA. Life skills necessary for TAYYA to succeed include financial literacy, household management, and personal hygiene. Life skills are especially important for youth in the foster care system, as they may have lived in group homes where household responsibilities varied significantly from what they will experience on their own. Efforts aimed at helping TAYYA should build life skills through challenging and engaging delivery methods.



Some suggestions for designing and implementing life skills training for TAYYA include:

- involving youth in designing and policies and programs;
- tailoring programs for vulnerable youth;
- engaging youth and community leaders in identifying local issues; and
- using the media and online networking to reach out to vulnerable youth.²⁷

This booklet is designed to help those providing health, educational, social, and other services to Georgia TAYYA and their families better understand the characteristics and needs of this population, in order to provide the best, most appropriate services and supports for this group.

Social Media

Social media plays an important role in the lives of adolescents and young adults and provides many outlets for social connection, learning, and creativity. Social media activities allow for self-directed learning and independence, in addition to increased technical skills.



- Research has shown that 95% of teens either have a computer or computer access, and 81% of these teens utilize social media²⁸.
- Most commonly, teens use social media to extend existing friendships, engage in self-directed learning, and post photos on networking sites.
- Interestingly, since 2006, there has been a noted shift for TAYYA to favor “micro blogging” – the process of posting short updates to sites such as Twitter and Facebook – rather than longer blog posts.²⁸

In addition to using social media sites for connecting and sharing with their peers, teens have also reported using the Internet and social media to gain knowledge of health-related information. Eighty-four percent of young adults use the Internet to search for health-related knowledge, including information about fitness and mental health issues.²⁹

Given the accessibility and utilization of social media sites by TAYYA, providers should consider these avenues when marketing to or communicating with this population. Additionally, the technological savviness of TAYYA may contribute to the attractiveness of newer service provision avenues such as telehealth or chat services, which have been increasingly utilized due to accessibility and affordability.

Home Life & Relationships

In addition to familial relationships, TAYYA are exploring and entering into romantic relationships and, for some, marriage. Over the past few decades, an increasing number of young adults have been cohabitating with romantic partners in their early twenties and waiting until later for marriage.³⁰

- TAYYA may have an increased risk of experiencing violence and trauma in relationships, which may later lead to an increased risk for depression, anxiety, eating disorders and suicide.
- Nearly 1 in 3 college women report being in an abusive dating relationship.³¹
- The proliferation of social media sites has provided a new avenue for dating abuse, and more than one in four middle and high school students report being the victim of cyber dating abuse.³²

In particular, Lesbian, Gay, Bisexual, Transgendered, and Questioning (LGBTQ) youth are at an increased risk of violence and dating violence, and face challenges related to the social stigma of their sexual orientation. A disproportionate number of LGBTQ youth experience homelessness each year and are at an increased risk of being driven out of their home by parents.³³ The Society for Adolescent Health and Medicine (2013) encourages providers to help positively influence policy related to LGBTQ adolescents in schools, the foster care system, the juvenile justice system, and within the family structure in order to provide more supports for these youth.³⁴

Learning how to have healthy romantic partnerships is an important milestone for TAYYA, particularly as they are experiencing increased independence and shifting family roles. Providers should be willing to engage in discussions with TAYYA surrounding these issues and provide additional support for the development of healthy relationships and communication behaviors.

Talking with TAYYA

Parents and teachers are often the first line of support for teens.³⁵ It is normal for youth and young adults to exhibit a number of underdeveloped communication behaviors, such as arguing for the sake of arguing, jumping to conclusions, acting self-centered, and finding fault in the adult's position. Youth are still learning how to communicate, how to acknowledge the perspectives of others, and how to develop and hone their reasoning skills.

Effective communication skills for engaging adolescents can include asking non-threatening and open-ended questions and avoiding "why" questions that may provoke defensiveness. The American Psychological Association suggests that when starting the conversation, it is helpful if adults create a safe environment, provide affirmation and support, act genuine and not be afraid to say, "I don't know".³⁵ There is also some documented success of utilizing Motivational Interviewing with adolescents in efforts to change health-related behaviors.³⁶

Find Out More

For additional resources, visit the following websites:

<https://www.healthcare.gov/>

(Access to the healthcare exchange and information about online enrollment).

<https://gvra.georgia.gov/>

(Information for employment services and supports for individuals with disabilities).

<http://gyoi.org/index.html>

(Information on the Georgia Youth Opportunities Initiative, to improve outcomes for youth aging out of foster care).

<http://www.familiesfirst.org/coaches/>

(Information about the COACHES program, to provide healthcare, education, employment, and life skills enhancement for youth in the foster care system).

<http://www.tapartnership.org/COP/transitionAgedYouth/default.php>

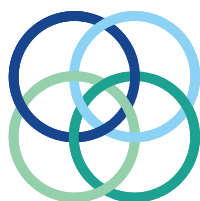
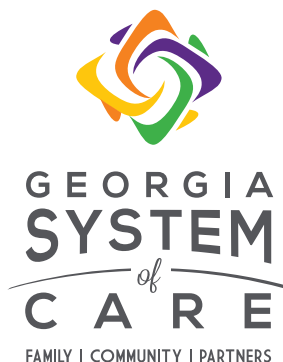
(Archival page from the Technical Assistance Partnership for Child and Family Mental Health with information on Transition-Aged Youth).

<http://youth.gov/>

(Information on a number of youth-related topics, including: dating violence, pregnancy prevention, mental health, employment, and school climate).

For more information about the Georgia Interagency Directors Team (IDT), and the reference list for this booklet, please visit:

gacoeonline.gsu.edu/idt/



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