



MO TAY-LER PROJECT REPORT

2019-2024

FUNDED PROJECT PARTNERS:



BACKGROUND



Early adulthood is marked as a time of journey towards independence – but the chasm between adolescence and adulthood supports make this transition even more challenging. For young people experiencing a behavioral health disorder, either for the first time or following episodes in childhood or adolescence, the switch from youth to adult behavioral health care systems can be difficult to navigate. Program eligibility often changes; insurance benefits shift; and silos between systems further contribute to young adults slipping through the cracks. Services in adult systems are often not tailored to young people’s needs to feel worthwhile for them to pursue.

In 2019, the Missouri Department of Mental Health (DMH) was awarded a Healthy Transitions (HT) grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). The purpose of the HT program was to improve access to treatment and support services for youth and young adults, ages 16-25, who have a serious emotional disturbance (SED) or a serious mental illness (SMI). The program was expected to improve emotional and behavioral health functioning so that this population could maximize their potential to assume adult roles and responsibilities allowing them to lead full and productive lives.

DMH led efforts for this HT grant, known as Missouri Transition Age Youth-Local Engagement and Recovery (MO TAY-LER), with three stated goals:

- ❖ Improve access to care for behavioral health (BH) services by enhancing outreach strategies, improving inter-agency communication, and improving service coordination.
- ❖ Create a more effective approach for service delivery by implementing specialized, developmentally- appropriate, and culturally-competent services to support transition from youth to adult services.
- ❖ Develop advocacy agendas and strategies that can be used by service sectors involved in transition age youth (TAY) services to secure funding and policies to meet this population’s service needs.

The groundwork for this initiative was laid years prior, following a successful 2014 HT grant to DMH and a 2014 project in which BHN conducted research to examine how youth and adult BH systems operated. Goals of the BHN project were to identify what barriers prevented youth from transitioning to adult services, and where there may be strategic “leverage points” to benefit the transition process. BHN’s final project report, “Bridging the Gap Between Youth and Adult Behavioral Healthcare,” listed specific recommendations for Missouri’s Eastern Region to improve transition practices with the hope of becoming permanently embedded as a focus area for service organizations. Those recommendations became the north stars for MO TAY-LER.

From 2019 to 2024, DMH and BHN co-managed MO TAY-LER through local implementation and by providing the infrastructure for service providers and other partners to collaborate. Places for People, Barnes Jewish Christian Behavioral Health (BJC BH), and Compass Health Network provided clinical services in St. Louis city, St. Louis County, and St. Charles County, respectively. Behavioral Health Response (BHR) delivered training and education to the targeted communities. Missouri Institute of Mental Health (MIMH), with over 50 years of experience in policy and program design with government/human services sectors, served as project evaluator.

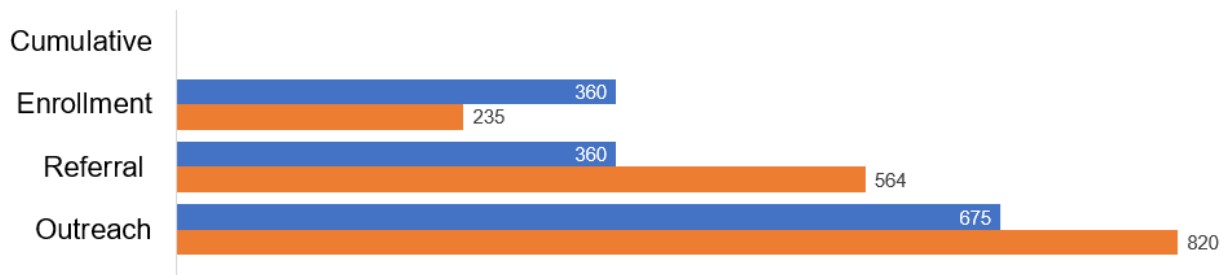
CLINICAL SERVICES, OUTREACH/ENGAGEMENT, & GROUP OPTIONS



MO TAY-LER planned to implement OnTrackNY’s (OTNY) Coordinated Specialty Care (CSC) model, an evidence-based team approach designed specifically to address First Episode Psychosis (FEP), which often emerges in early adulthood. Though the model was designed for FEP, most of the content is equally relevant for TAY experiencing any sort of behavioral health episode. With SAMHSA’s approval, we determined using core principles of CSC and offering trainings to a broader workforce would increase workforce capacity and have greater impact. MO TAY-LER service eligibility included: residence in one of the three target counties; diagnostic criteria for DMH’s Community Psychiatric Rehabilitation (CPR) program; and a recent major

life event such as a psychiatric hospitalization, contact with law enforcement, or episode of homelessness. Agencies prioritized peers and had a Certified Peer Specialist or Youth Peer Specialist on their teams.

Cumulative project data for the number of individuals MO TAY-LER enrolled in services, referred out to other services/supports, and outreached in the community are below:



Specialized outreach/engagement was a core component of MO TAY-LER, and staff used a variety of simple yet effective strategies to engage young people, including being flexible, person-centered, and authentic to build connection and trust; motivational interviewing; and using technology such as texting or telehealth to accommodate the young person’s preferences. Outreach, done well, took a lot of time — but paid off in the form of engagement and retention.

This age group relies heavily on peers for social connectedness, but systems and agencies are not usually set up to offer group services for TAY. As part of the journey to better accommodate young people’s preferences, the clinical partners launched the [WoW Talk \(Words of Wisdom\) Cafe](#), a structured networking group for emerging adults. The WoW Talk Cafes integrate “YouthThrive Protective and Promotive Factors” into structured small group conversations that build peer community and resilience. The cafés were offered as a chance to strengthen young people’s connection to their peers and reduce isolation made worse by the pandemic. Providers also piloted holding social events as a low-barrier way to bring individuals together with peers. The main goal of the events was to provide opportunities for fun

and to make connections with peers, but they also provided a safe place to practice skills that addressed their mental health symptoms.

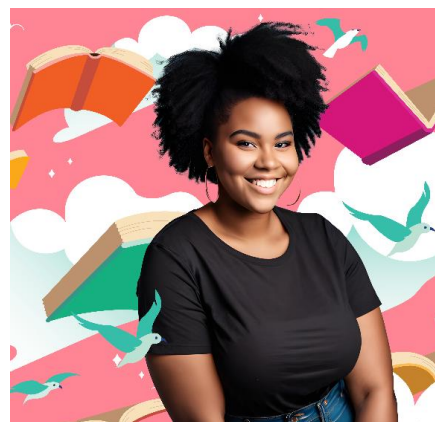


TRAININGS FOR PROFESSIONALS & COMMUNITY

MO TAY-LER coordinated and hosted 20+ trainings for 457 behavioral health professionals on TAY-related focus areas. Participants represented 26 organizations, including local, regional, and statewide agencies. OnTrackNY delivered trainings on prescribing for first episode psychosis, shared decision-making, family work, and employment/education. Through state and national experts, a series of trainings centered on trauma-informed care for young people with co-occurring behavioral health conditions and intellectual/developmental disabilities. MO TAY-LER also offered two Transition to Independence (TIP) trainings, an evidence-supported model that helps engage young people in their own future planning. Additional trainings were offered on compassion fatigue, healthy and unhealthy relationships, and Didi Hirsch’s Survivors of Suicide Attempt training.

MATERIALS CREATED

BHN led efforts to create a portfolio of materials for TAY, their caregivers, and the professionals who support them. When providers reported that young people struggled with life skills, we sought out resources to offer them. When we discovered that most of those resources were outdated, BHN hired young adults as consultants to provide input into priority areas. The life skills work, driven by two cohorts of young adult consultants and supported by Health Literacy Media, yielded eight videos and nine infographics. The [life skills materials](#) won a prestigious National Health Information Award, which honors high-quality consumer health information.



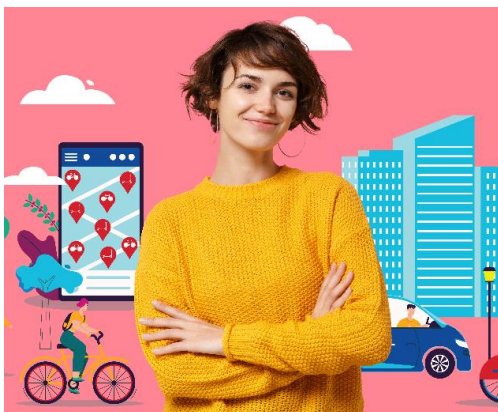
We also created a [Playbook for Professionals](#) that incorporated best practices and lessons learned on a variety of topics when working with TAY. Local expertise was sought and incorporated into each chapter, through 30 individual contributors and several committees. The playbook turned into a robust guide, with a significant number of external resources embedded in its 125 pages. Using collective lessons learned, we developed [Best Practice Core Elements](#) for Working with Emerging Adults and more detailed [Guiding Principles for Providers](#)

MO TAY-LER then built [LifeLaunch MO](#), a statewide resource hub website for TAY since no such website existed in Missouri. Youth voice drove all aspects of Life Launch’s development. MO TAY-LER staff presented to diverse groups across Missouri, including Systems of Care, faith-based networks,

youth-led groups, vocational rehabilitation partners, and educators as well as tabled at two state conferences, each with 400+ attendees.

ELEVATING TRANSITION AGE YOUTH

As a result of MO TAY-LER, DMH the priority status of TAY needs government agencies. JJ Gosrau meetings comprised of leadership and service providers across the state supporting young people. That group creating a statewide multisector youth DMH staff person in another region [Checklist](#) to guide behavioral health formal transition planning and vetted before it was finalized.



took the lead on lifting amongst other state convened a series of from statewide agencies who are committed to laid key groundwork for council in the future. A developed a [Transitions](#) service providers in it through this group

Throughout the project, we learned that young people know what they need—and that we, as system partners, community providers, state leadership, need to be better at listening and taking action. Young people continuously reported wanting low-barrier ways to connect socially to other people their age and to supports. They also voiced enthusiasm for opportunities for one-on-one peer support, also through a low-barrier avenue. Current systems are not always set up to make quick connections prior to official enrollment practices such as intake and assessment. When invited to participate in systems work and/or to inform programming, TAY bring an expertise around their lived realities that is not easily accessed elsewhere, and the way they are rewarded must reflect that. As a result of the grant, BHN developed and adopted a policy for reimbursing people with lived experience, which served as an example across the state.

MO TAY-LER worked in tandem with DMH’s Early Psychosis Care (EPC) initiative to conduct interviews with young adults about their experiences transitioning to adulthood and living with mental health conditions. We were very intentional to ensure the process and product were trauma-informed, and the result was an impressive compilation of [video clips](#) that speak directly to the experience of TAY through the lens of their peers. Lessons learned through MO TAY-LER about safely garnering youth voice will continue to be put into practice through EPC and other youth-related DMH initiatives.