



How We Move Forward: A Sustainable Model of Telehealth Practice for Transition Age Youth with I/DD

Meredith Rimmer, Ph.D.^{1,2}; Michelle Catanzarite, MD¹; Angela Pierucci, MA^{1,2}

Achievable Health Center¹; Chicago School Of Professional Psychology, Los Angeles²



Abstract

Transition Age Youth (TAY) are young people, ages 16 to 24, who are at high risk of not successfully transitioning into independent adulthood due to the complexity of their needs, the challenges they face, and the lack of a support system to assist them. This includes the millions of young people who show vulnerabilities in the areas of cognitive, educational, employment/vocational, social, mental, physical and life skill deficits as they enter into adulthood. TAY are vulnerable to poor life outcomes, including under- or unemployment, homelessness, incarceration, young parenthood, social isolation and poor physical and mental health. However, guidance for using telehealth with TAY is very limited (Hermesen-Kritz, 2020). Even though TAY is a tech savvy generation, there are significant barriers to successful technology integration for this transition process (Wagner, D., et al, 2015). Studies show that almost half of TAY “fell through the care gap” between child and adult systems, and those who successfully transitioned received care that was poorly planned, executed, and experienced (Levy B., Song J., Luong, D., et al, 2020). It is our opinion that the majority of those barriers could be addressed by targeted use of technology.

Introduction

The Achievable Health Center located in Southern California, is a Federally Qualified Health Center (FQHC) that opened in 2013. Our vision focuses on changing the face of healthcare for people with intellectual and developmental disabilities (I/DD). Our mission is to provide high quality, integrated health care to individuals with intellectual and developmental disabilities, their families, and other medically vulnerable populations. We serve an ethnically and racially diverse population to include: 19% of children identify as African-American, 47% as Latino/a, 85% of children who live in homes with income under 200% of the federal poverty level and over 86% are covered by Medi-Cal. Additionally, 25% of our pediatric patients have a diagnosis of I/DD and 56% of TAY have a diagnosis of I/DD (Chart 1). This population is at high-risk for mental health issues, have challenging behaviors, experience multiple traumas, and often have trouble empowering themselves to have access to healthcare and coordinated care plans. Given these demographics, we have focused on providing a continuity of care for TAY through a virtual pilot program called TAY University.



Contact

Meredith Rimmer, Ph.D., Licensed Psychologist/Clinical Supervisor
Michelle Catanzarite, MD, Chief Medical Officer
Email: mrimmer@achievable.org; mcatanzarite@achievable.org
Website: www.achievable.org
Phone: 424-266-7474

Methods

Inclusion Criteria: TAY Youth chronological or developmental ages 16-25, Established Achievable patients, Mild to moderate I/DD; No substance abuse; Moderate scores on screens: PHQ-9, GAD 7, and ACES
Exclusion Criteria: Severe scores on PHQ-9, GAD 7, substance abuse problems referred out
Onboarding for facilitators: trained interdisciplinary team members on TAY curriculum. Team members include: Social Worker, Behavioral Health Case Manager, Outreach Enrollment Specialist, and Psychology Trainees
Modality: Telehealth platform (Zoom); individual and group support sessions
Duration: 1 hour session for 6 weeks with graduation day
Incentive: gift cards for participation

Pilot Program Overview

The TAY University curriculum is as follows:

- **Session 1: Develop a care Plan:** Informed Consent, Develop individual care plan, "What Do I Need" worksheet, Build a care team
- **Session 2: Navigating Medical Insurance Plans:** Pre-Tests, Education on medical insurance/health plan options
- **Session 3: Preventative Health Care Strategies:** Education regular medical care & good health practices; Identify barriers and challenges to care
- **Session 4: Positive mental health strategies:** Education on wellness and stress management (MBSR)
- **Session 5: Building your care team:** Develop individual care plan, "Where Do I Need to Go", Resilience, Assertive Communication, Unhelpful Thinking Styles
- **Session 6: Completion of individual medical care plan:** Post-tests, QoLI, Program Evaluation, Review & Relapse Prevention: Identify obstacles & resources

Goals of the Program:

1. **Improving integration into the adult community by educating TAY about their healthcare**
 - How to access adequate medical care and mental health services
 - Providing a person-centered approach
 - Using a strength-based BioPsychoSocial Model
 - Identifying an integrative care team and developing a coordinated care plan
2. **Developing empowerment, advocacy, and independence**
 - Identifying individual risk factors across contexts (e.g., home, school, work)
 - Teaching empirically-validated interventions to elicit behavioral change (MI, CBT, MBSR, and behavioral)
 - Teaching self-care and coping strategies
 - Psychoeducation on signs and symptoms of stress, depression, and anxiety
 - Identifying personal barriers/obstacles for treatment
3. **Program Evaluation**
 - Collection of data
 - Assess improvements in TAY quality of life (use of pre-post tests, QOLI, & satisfaction survey)
 - Assess access to resources and integrative care



Percent of Patients with I/DD by Age

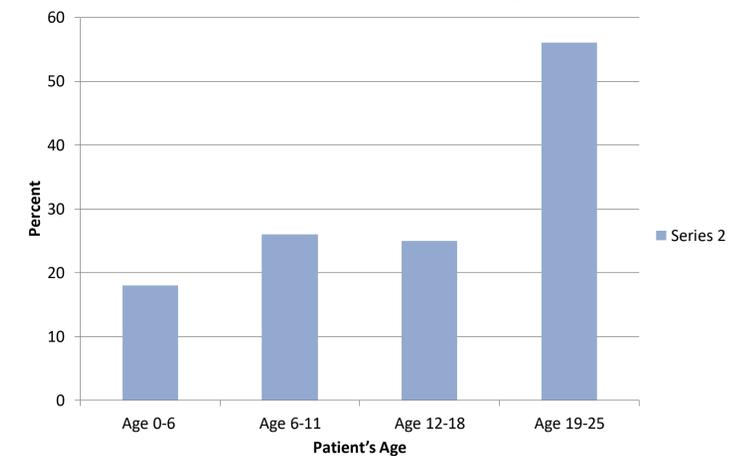


Chart 1. Percentage of Patients with I/DD by Age

Discussion

Conclusion

We have developed a replicable virtual model of care for Transition Age Youth (TAY). This model promotes purposeful planned transition of care as youths with I/DD become more independent as adults. It addresses the importance of the interdependence between health and wellness and whole-person care (i.e., addressing needs for education and integration of medical, psychological, educational, occupational needs) from a person-centered approach.

Challenges and Caveats

Complexity of cases for TAY with I/DD, mental illness, multiple traumas, and history of poor experiences with medical procedures and doctors' appointments; "zoom fatigue"; access to technology; and difficulties with recruitment & attrition rates. Recruitment for this population was primarily through social media outlets.

Future directions

This program should address long-term follow up, peer support and mentoring from graduates, making non-traditional services more available, and intra-agency gaps and interagency collaboration.

References

- Chappell A.L. (2000) Emergence of participatory methodology in learning disability research: understanding the context. *British Journal of Learning Disabilities* 28 (1), 38–43.
- Davis, M. (2021). Biopsychosocial Development in Transition-Age Youth: Implications for Treatment [Slides]. Umassmed.Edu. <https://www.umassmed.edu/globalassets/transitionsrto/publications/biopsychosocial-development-in-transition-age-youth.pdf>
- Jahoda, A., Kroese, S. B., & Pert, C. (2017). *Cognitive Behaviour Therapy for People with Intellectual Disabilities: Thinking creatively* (1st ed. 2017 ed.). Palgrave Macmillan.
- Hermesen-Kritz, M. (2020). *Telehealth for Transition Age Youth and Young Adults: Privacy, Emotional Safety and Welfare During Covid-19 and Beyond*. Portland, OR: Research and Training Center for Pathways to Positive Futures, Portland State University.
- Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 593. <https://doi.org/10.1001/archpsyc.62>
- LA County Department of Mental Health. (2021). What Do I Need Worksheet. My Health LA. <https://dhs.lacounty.gov/my-health-la/mentalhealth/#1603845960103-53ab9583-e346>
- Levy B., Song J., Luong D, et al. (2020). Transitional Care Interventions for Youth With Disabilities: A Systematic Review. *Pediatrics*. 2020; 146(5):e20200187
- Munir K. M. (2016). The co-occurrence of mental disorders in children and adolescents with intellectual disability/intellectual developmental disorder. *Current opinion in psychiatry*, 29(2), 95–102. <https://doi.org/10.1097/YCO.0000000000000236>
- <https://Developingchild.harvard.edu/media-coverage/take-the-ace-quiz-and-learn-what-it-does-and-doesnt-mean/>
- Wagner, D., Guttman-Bauman, D. (2015). The process of transition from pediatric to adult diabetes care: recommendations for US healthcare systems. *Diabetes Management*, 5(5), 379-391.