NC InCK NC INTEGRATED CARE FOR KIDS

Adolescent and Young Adult (AYA) Health Guide

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Contents

1.0 Purpose of the Guide

Approximately 25% of NC InCK members in Service Integration Levels (SIL) 2 and 3 are 13-17 years old, and 20% are 18-20 years old. That means ***approximately half of NC InCK members are adolescents and young adults (AYA)***! This guide is designed to support Family Navigators, Care Managers, and Care Coordinators in:

- Understanding the needs of AYA in the NC InCK model
- Effectively engaging AYA and their families
- Integrating the care and supports AYA need to thrive

2.0 Adolescent Health: A Brief Overview

Understanding key aspects of general adolescence can help Family Navigators assess and address the needs of youth and their families more effectively. We can help people better if we understand their lived experiences more fully.

2.1 The Importance of Adolescence

Adolescence is a critical time of physical, emotional, and social development. It is also a time of dynamic transitions in home life, school, vocational trajectories, and relationships. Most young people gradually transition from dependent childhood to independent adulthood. That independence includes their finances, their relationships, and how they care for themselves and engage in healthcare and other services. They establish beliefs, attitudes, and behaviors that impact their health and well-being for the rest of their lives. Adolescence is a time of risks but also of genuine opportunities to positively impact the lives of youth, not only for today but well into the future.

When AYA get appropriate supports, and those supports are coordinated in a way that aligns with their lives and priorities, their intrinsic potential can be fully realized and their health and well-being optimized.

2.2 Adolescent Development

2.2.1 Physical Development

This stage includes height and weight changes and other physical changes of puberty (i.e., the "Tanner stages" of puberty). Puberty can be a source of pride or embarrassment as youth ask key questions about themselves that impact self-esteem, relationships, and overall well-being:

- Am I normal?
- Am I healthy?
- Am I likable?

2.2.2 Emotional Development

Mood and feelings

Youth may display intense emotions and their moods may seem unpredictable. This is due, in part, to the fact that their brains are still developing and they are learning how to control and express emotions.

Parent-child dynamics

Youth may want to spend less time with family and more time with peers, which can sometimes lead to strain or even conflict with parents/guardians.

Emotional regulation and coping

In early adolescence, youth may display limited capacity to regulate emotions, whereas in later adolescence there is typically a shift towards using effective coping strategies when stressed or upset.

2.2.3 Social Development

Identity

Youth are continually refining their sense of self, asking, "Who am I?" and "Who do I want to be?" Some adolescents adopt the values and roles parents expect of them, while others develop identities that align closer with peers.

Peer and romantic relationships

As adolescents spend more time with peers, their interactions are typically less supervised, which could have both positive and negative consequences. Negative peer pressure could lead to involvement in risky activities whereas positive peer relationships can be a source of support and companionship. Romantic peer relationships typically emerge during adolescence, often formed in the context of peer groups.

Media

All adolescents at this point are "digital natives," meaning they have grown up with technology and social media as core influences. These methods of communicating and accessing information have profound impacts. On average, 11-18 year olds spend over 11 hours per day exposed to electronic media. The positive and negative impacts of these exposures are still not fully understood.

2.2.4 Cognitive Development

Progression

Over time, teens begin to think more abstractly and coordination increases between emotion, attention, and behavior. Importantly, physical and cognitive develop are not always synced. The limbic system, which drives emotionality and impulse, is dominant in mid-adolescence, whereas the prefrontal cortex, which drives decision-making and future-thinking, doesn't fully mature until the early-to-mid-20s.

Implications for caregiver/authority figures

Questioning authority is a normal part of cognitive development for AYA. This is necessary for them to gain understanding about how and why things work.

Risk-taking

Every time an individual does something with an uncertain outcome or risk, dopamine is released. Adolescents are particularly sensitive to rewards from surprises or new experiences. While many risks have potential negative consequences, risk taking is an essential and often positive part of adolescence. Youth need to try and see how the world works in order to mature, develop decision-making skills, and eventually become independent and effective adults.

Healthy risks

There are many "risks" that are positive and healthy. Trying new foods and activities. Asking someone out on a date. Trying out for a team. Risk taking is not a problem. Risk taking without oversight and support of caring adults and the absence of healthy options for sensation seeking and risk taking are problems. Creating safe boundaries provides youth opportunities for experimentation, exploration and learning without risk of undue harm.

2.3 Social Context

2.3.1 Peers

Homophily

Adolescents in a group tend to be similar to one another due to homophily (adolescents who are similar to one another choose to spend time together) and peer influence (adolescents shape each other's behavior and attitudes).

Crowds and crowd-hopping

Groups of youth with shared characteristics can provide safe venues where youth can explore their identities, feel accepted, and develop a sense of belonging. Some AYA are associated with multiple crowds, while others are not stably-linked to any and "crowd-hop" among several.

Identity development

How an individual self-identifies and defines themselves often forms the basis of self-esteem and belonging. In adolescence, self-identity changes in response to peers, family, and different social environments. Social identity is constructed by others and may differ from self-identity.

2.3.2 Family/household

Composition/dynamics

Recently there have been increases in unmarried or single parents, divorce, cohabitation, same-sex parenting, multi-partnered fertility, and co-residence with grandparents. Although the nature of relationships has changed, the importance of family connections and secure emotional bases remain critical.

Parenting style

Adolescents may become more demanding or argumentative and contest parental influence. Caregivers may find the need to adjust their parenting style during this period, which typically falls into four categories:

- **Authoritarian:** strong rules and need for obedience; may use punishment instead of discipline
- **Authoritative:** explains rules; enforces rules and consequences, but takes child's feelings into consideration
- **Permissive:** sets rules but rarely enforces them; very few consequences; thinks child will learn more with less parental interference
- **Uninvolved:** little knowledge of what their child is doing; few rules; child receives less nurturing, guidance, and attention

2.3.3 Media

Over the past few decades, legacy media such as books, magazines, and newspapers have been replaced by digital media. Teens in the 2010s spent more time online and less time with older media (reading or watching TV). Social media plays a major role in today's adolescent culture. 95% of teens have access to a smartphone, and 46% report being online almost constantly. Social media use is beneficial in that it provides entertainment, an outlet for self-expression, opportunities to build social networks and exposure to current events. However, it can negatively impact key areas of youth development and health, including body image, mood, anxiety, sleep, and academic performance. It can also lead to negative or even dangerous social exposures including predatory behaviors, negative peer pressure, and cyberbullying.

This Family Media Plan tool can help families to set up appropriate safeguards and boundaries around media use.

2.3.4 Culture/Heritage

Lifestyle/role within family

The lifestyle of an adolescent in any given culture is shaped by the responsibilities they are expected to assume. The extent to which an adolescent is expected to share family responsibilities, for example, is one key determining factor of adolescent behavior. Adolescents in certain cultures are expected to contribute significantly to household chores and responsibilities, while others are given more freedom or come from families with more privilege where responsibilities are fewer.

Belief system

Adolescents begin to develop unique belief systems through their interactions with peers, family, and cultural environments. The range of attitudes that a culture embraces on a particular topic affects the perceptions, beliefs, and behaviors of its adolescents and can have both positive and negative impacts on their development.

Social/popular culture

Popular culture can provide benchmarks which inform adolescent self-assessment. The influence of popular culture can shape the way they think, act, and feel. This influence could result in adolescents taking on characteristics of various celebrities or stimuli they see in popular culture, expressed through music, media, and other means.

2.4 Positive Youth Development and Strength-based Approaches

Positive youth development (PYD) is a framework that emphasizes that all youth have intrinsic strengths and potential and that the key goal of caring adults and community programs is to unleash that potential through supports that cultivate positive development. In general, such programs offer trusting youth-adult relationships, give youth opportunities to lead and shape their experiences, and have skill-building and learning components for youth.

PYD involves "5 Cs":

- Competence
- Confidence
- Caring
- Connection
- Character

In turn, these 5 Cs lead to prosocial behaviors and decreases in negative risk behaviors.

Most community-based youth programming (e.g., Big Brothers and Big Sisters) is rooted in a PYD approach. A key goal in working with youth is to identify and name their intrinsic strengths and the extrinsic assets and resources in their lives and then develop plans to leverage them to improve health and well-being.

A key resource on PYD can be found at this link.

2.5 General Adolescent Health Resources

- Adolescent Health Initiative
  - www.umhs-adolescenthealth.org
- Society for Adolescent Health and Medicine
  - www.adolescenthealth.org/Home.aspx
- American Academy of Pediatrics Adolescent Health Resources
  - www.aap.org/en/patient-care/adolescent-sexual-health/resources-for-adolescents/
  - www.aap.org/en/news-room/campaigns-and-toolkits/adolescent-health-care/
- Healthy Children.org
  - www.healthychildren.org/english/ages-stages/teen/Pages/default.aspx
- Center for Young Women's Health
  - www.youngwomenshealth.org
- Young Men's Health
  - www.youngmenshealthsite.org

2.6 Tips for Family Navigators on Adolescence

Spend time getting to know the young person and their family before addressing their challenges and needs. In adolescence, context is crucial so that the help you provide is appropriate and well-received. Placing their needs within a developmental context may help you understand the "why" of what is going on so that you can better pinpoint the "what" and "how" of addressing their needs.

Always start with their strengths and what is going right for them before exploring and addressing what might be going wrong in the moment. Young people need something firm to stand on (their strengths) in order to be open to engaging around their challenges.

3.0 Physical and Mental Health

The most common and most impactful health issues among adolescents and young adults fall into a few specific categories. Having a foundational understanding of these areas can help Family Navigators address the needs of youth more effectively.

3.1 Mental Health

Depression and other mood disorders

Depression is common among adolescents and typically presents with low mood, low motivation, decreased enjoyment/pleasure and/or irritability. It can impact sleep, appetite, concentration, energy, and general functioning. It is sometimes associated with self-harming behaviors and suicidality. Recommended treatment includes psychotherapy and/or medication treatment. Adolescents 12 and older are typically screened for depression in primary care settings, but many depressed youth are

undiagnosed. Many youth who are diagnosed do not get adequate treatment. Some of this is related to the limited availability of needed supports. Connecting youth and families to treatment can have enormous positive impacts.

Anxiety disorders

Anxiety disorders are among the most common mental health problems among children and youth. They can involve generalized anxiety, anxiety related to specific triggers or situations, panic attacks, and a range of other manifestations. Treatment includes specific psychotherapies and medication treatments.

Substance use disorders

There are numerous different substances of concern that have harmful effects and addictive properties. Commonly there is a focus on nicotine products (combustible cigarettes, vapes, cigars, etc.), alcohol, and cannabis. The younger someone is when they are exposed to an addictive chemical substance, the more likely they are to develop addiction/dependence. Family history is also a critical factor in determining the likelihood of addiction. Treatment for substance use disorders is highly variable and can range from outpatient therapy approaches, to residential programs, to medical detoxification units.

ADHD and other learning difficulties

ADHD and learning difficulties can begin in early childhood and impact not only classroom behaviors and achievement but activities, relationships, and other aspects of life. Proactive identification and management through behavioral strategies and medication treatments is important. Children and youth often need school-based accommodations and supports, often formalized through an Individualized Education Program (IEP). ADHD is also associated with increased health risk behaviors and unintentional injuries in adolescence.

Self-harm and suicidality

Self-harm and suicidality are commonly associated with depression but can manifest in the context of other mental health problems as well. Non-suicidal self-injury may entail cutting, burning, scratching, or other behaviors. Suicidality is often characterized as either passive (without specific plan or intent) or active. Active suicidality requires immediate intervention, often in a crisis or inpatient setting.

3.1.1 Mental Health Key Resources

- www.nami.org/Your-Journey/Kids-Teens-and-Young-Adults
- www.nimh.nih.gov/health/topics/child-and-adolescent-mental-health
- www.ncpal.org

3.2 Sexual and Reproductive Health

Positive sexuality

Sexual health has often been framed purely from a risk-focused perspective (i.e., sexually transmitted infections or unplanned pregnancy). However, sexual development is an essential part of healthy growth and development. It is important for youth to learn about sexuality within a positive framework that

emphasizes healthy development, the cultivation of healthy, rewarding, and safe relationships, and a clear understanding of how to pursue healthy and safe sexual experiences in a manner in keeping with their values and goals. Education and conversation that is purely risk-based leads to misinformation, stigma, and shame that then leads to worse experiences and poorer outcomes.

Sexual orientation/gender identity

Sexual orientation is related to the attraction towards other people of a particular presenting gender. Orientation does not always align precisely with sexual behaviors. Gender identity is related to an individual's sense of self as aligning with a traditional gender or something in between. Gender identity and sexual orientation are different.

Pregnancy intention, planning, and contraception

Some adolescents may intend to become pregnant sometime during their teen years. This is often influenced by cultural norms, familial examples, and peer influences. Whatever their intentions, it is important that youth are well-informed about the implications of pregnancy and how they can more reliably plan and control pregnancy-related outcomes, including contraception to prevent pregnancy indefinitely. All young people who are capable of getting pregnant should be offered effective contraception.

Sexually transmitted infections (STIs)

STIs are exceedingly common among AYA. Many youth do not seek or receive services due to stigma and shame. Many youth who get treated are re-infected due to partners who do not seek care. Regular screening is critical to prevent and proactively treat infections. Untreated infections can have negative consequences including chronic pain, infertility, and future pregnancy complications.

Intimate partner violence and safety

Partner violence is a common and critical issue among youth. Many youth do not know how to seek help to ensure safety or care in the wake of a traumatic experience.

3.2.1 Sexual and Reproductive Health Key Resources

- Contraceptive access in North Carolina: www.upstream.org/partnerships/north-carolina/
- Parent-Teen communication around sensitive topics: www.parentandteen.com
- Family planning resource for teens: www.bedsider.org
- Healthy partner relationships:
    - www.loveisrespect.org
    - www.futureswithoutviolence.org
    - www.youth.gov/youth-topics/teen-dating-violence/characteristics

3.3 Chronic Conditions

Treatment adherence and self-management

Many youth with chronic health problems have regular responsibilities in disease management, including taking medicines, abiding by certain lifestyle guidelines, and attending appointments. During adolescence there is typically a gradual transfer of responsibility from caring adults to youth. Many youth struggle despite best efforts, leading to avoidable negative health impacts and poorer outcomes. Supporting adherence requires years-long education, training, and support until youth become fully independent and consistent in managing their health needs.

Self-advocacy

Self advocacy is the practice of speaking up for oneself in the face of health problems or needs. Very often a young person may run into an unexpected problem or barrier. Being able to devise a solution and engage others to resolve the problem is a key skill that requires knowledge, maturity, and confidence.

Transition to adult care

Youth with chronic health needs will need to navigate transitions from pediatric to adult care settings. This is often complex and challenging and many young adults fall out of care.

The National Transition Resource Center is a helpful resource for this transition.

3.4 Neurodiversity

"Intellectual/Developmental Disabilities (IDDs) are differences that are usually present at birth and that uniquely affect the trajectory of the individual's physical, intellectual, and/or emotional development. Many of these conditions affect multiple body parts or systems. Intellectual disability starts any time before a child turns 18 and is characterized by differences with both intellectual functioning or intelligence, which include the ability to learn, reason, problem solve, and other skills; and adaptive behavior, which includes everyday social and life skills."
(www.nichd.nih.gov/health/topics/idds/conditioninfo)

3.4.1 Neurodiversity Key Resources

- Duke Psychiatry IDD Toolkit
- Vanderbilt Kennedy Center IDD Healthcare E-toolkit
- Exceptional Children's Assistance Center
- NC DHHS Disability Services
- Complex Mental Health/IDD Resources

3.5 Injury Prevention

Violence prevention

The top three causes of mortality among AYA are unintentional injury, violence/homicide, and suicide. Violence prevention through community-based supports, youth-focused interventions, proactive management of mental health problems, the cultivation of safe environments, and the elimination of weapons and other lethal means is a critical aspect of promoting AYA health.

PYD approaches help mitigate violence. Linking youth with caring, trusted adults and youth development programs in the community can also insulate young people from the impacts of community violence.

Motor vehicle collisions and other unintentional injury

Motor vehicle collisions are the most common cause of unintentional injury deaths among AYA. In addition, unintentional overdoses of illicit substances or diverted and misused prescription medications are also key causes of unintentional death. Other important causes include falls and drowning.

3.6 Tips for Family Navigators on AYA Health Needs

Although AYA experience a wide variety of health problems and other challenges, the categories in this section represent the majority of issues that will need to be addressed. Structuring health needs assessments around these domains can ensure key issues are identified.

Community-based resources exist for all of these domains. Most organizations, however, focus on one specific area, which is why a Family Navigator's work in integrating various supports is so critical. All of these health issues can be best addressed in partnership with a primary care provider and the broader medical home team. Supporting youth in engaging actively in primary care services is the essential foundation for addressing their health needs fully.

4.0 Educational and Vocational Supports

Ensuring that young people have appropriate supports throughout their education and vocational preparation is critical to achieving optimal outcomes. Family Navigators play a critical role in ensuring proactive and coordinated services in these areas.

4.1 Educational Resources

GED resources

- Durham Technical Community College
- Alamance Community College
- Vance-Granville Community College

Adult High School

- Durham Technical Community College
- Vance-Granville Community College

Literacy programs

- Youth Achievement Program
- Durham Literacy Center (18+)
- Alamance Community College
- Orange County Literacy Council

Educational resources for youth long-term suspended

- Chapel Hill-Carrboro City Schools and the Orange County Schools Boomerang Program help students who are struggling to find their way to school engagement and success. If interested, email info@boomerangyouth.org.
- Durham Public Schools
    - Alternative/Non-Traditional Durham Performance Learning Center

- New Directions Center ensures that students continue with their instructional program, receive social-emotional support, and strengthen skill-building strategies while in a small classroom setting. If interested, email ericka.boone@dpsnc.net.
- Rebound NC provides a positive and supportive environment for adolescents while they are out of school due to short-term suspension. If interested, email info@reboundnc.org.

After-school programs

- YMCA
- Local Parks & Recs
  - My Durham for Teens (free drop in for ages 13-18)
- Boys & Girls Clubs

College readiness

- Scholars to College
- Vance-Granville Community College
- Alamance Community College
- Gateway to College (ages 16-24)

Scholarships

- General
  - www.scholarshipowl.com
  - www.myscholly.com/search
- Youth in Foster Care
  - www.collegescholarships.org/scholarships/foster.htm
  - www.greatvaluecolleges.net/scholarships/youth-adopted-foster-care/
  - www.ifosterlearn.ispring.com/app/preview/bd5b9ea6-32c2-11ec-8da5-7a77bc1083df
  - www.ifosterlearn.ispring.com/app/preview/1832c34c-e35c-11eb-b385-8aedd14096fc
- First Generation Students
  - www.scholarships.com/financial-aid/college-scholarships/scholarships-by-type/first-in-family-scholarships/
  - www.salliemae.com/college-planning/college-scholarships/types-of-scholarships/minority-scholarships/hispanic-scholarships/
  - www.imfirst.org

Completing the FAFSA

- www.studentaid.gov/apply-for-aid/fafsa/filling-out
- www.thebalance.com/how-to-fill-out-fafsa-5187980

4.2 Vocational Resources and Opportunities

Employment and life skills programs and supports

- NC Works
- Step Up Durham

Vocational Rehabilitation

- www.ncdhhs.gov/divisions/vocational-rehabilitation-services

Job Corps

- www.jobcorps.gov

Tarheel ChalleNGe Academy

- www.nc-tcachallenge.org (A quasi-military style program for teens 16-18 years of age sponsored by the North Carolina National Guard as part of the National Guard Youth Challenge Program. The program provides qualified North Carolina dropouts, potential dropouts, and expellees an opportunity to learn in a safe, structured environment. There are no associated tuition fees for attending the Challenge program.)

4.3 Tips for Family Navigators on Educational and Vocational Supports for AYA

Moving forward in their educational and vocational trajectories is not only critical for a young person's future, but also provides a foundation for their day-to-day lives. Youth who have such structures and are progressing over time often make more positive decisions and experience better health outcomes as well.

As a Family Navigator, helping youth address needs in these areas can be among the most impactful things you can do. Doing so will require close collaboration with schools, workplaces, and community resources.

5.0 Special Populations

Understanding the unique experiences and needs of specific sub-populations of youth is critical because many young people face especially complex challenges that require tailored supports.

5.1 LGBTQIA+ Youth

5.1.1 LGBTQIA+ Terminology

- **Gender** is used to denote a publicly (and usually legally recognized) lived role as a boy or girl, man or woman.
- **Gender identity** is a category of social identity that refers to an individual's identification as male, female, or category other than male or female, such as non-binary.
- **Gender dysphoria** refers to the distress that may accompany incongruence between one's experienced or expressed gender and one's assigned gender.

- **Pronouns and terminology**: Gender-fluid or non-binary people may identify as agender, bigender, pangender, androgynous, neutrois, and/or demigender, but there are hundreds of words that people can use to describe their gender. Some gender-fluid people use they/them pronouns or neopronouns like xe/xem/xyr.
- **Sexual orientation** is an inherent, enduring emotional, romantic, or sexual attraction to other people and is separate from gender identity. There are several different terms to describe sexual orientations including heterosexual, homosexual, gay, lesbian, bisexual, pansexual, asexual, and queer.

5.1.2 Health and Other Disparities for LGBTQIA+ Youth

Gender dysphoria and gender diverse expressions are associated with high levels of stigmatization, discrimination, and victimization, leading to negative self-concept, mental health problems, school dropout, and economic marginalization. Key challenges impact this population disproportionately, including sexually transmitted infections and substance use, compound access challenges due to the sensitive nature of these concerns, associated stigma and shame, and concerns about confidentiality.

Non-heterosexual individuals experience higher levels of discrimination, stigma, and stress and are at higher risk of poor health outcomes and negative health behaviors. Non-heterosexual youth have increased rates of mental health disorders and may be disproportionately impacted by sexually transmitted infections and substance use disorders.

5.1.3 Access to Care and Supports for LGBTQIA+ Youth

Gender affirming health services and access to providers who are knowledgeable about LGBTQIA+ healthcare is crucial for this population since medical care can be distressing for trans or gender expansive youth, especially if the provider is not trans-affirming and knowledgeable.

Connecting youth to providers who are who are knowledgeable about LGBTQIA+ healthcare is important for successful engagement. It is also important for adolescents to have access to LGBTQIA+ inclusive sexual health information.

5.1.4 LGBTQIA+ Youth Resources

- **Duke Child and Adolescent Gender Care Clinic**
- **UNC Pediatric and Adolescent Clinic for Gender Wellness (PAC-G)**
- **LGBT Center of Durham**
- **The Triangle Chapter of Parents and Friends of Lesbians and Gays (PFLAG)** has a mission to support families, allies, and LGBTQIA+ people and advocate for equality.
- **iNSIDEoUT** is a youth-founded, youth-led organization that provides leadership opportunities and a safe space for North Carolina's LGBTQIA+ youth, both in and out of schools.
- **QueerNC** aims to connect youth in rural and urban areas of NC by providing a safe space both online and in person for teens to talk about their ideas, find resources, and get help with problems that they're facing.

- **Safe Schools NC** is a statewide non-profit organization dedicated to creating a safe and positive learning environment for all students and educators in North Carolina with an emphasis on actual or perceived sexual orientation, gender identity, and gender expression.
- **The Trevor Project** is the leading national organization providing crisis intervention and suicide prevention services to LGBTQIA+ youth. You can also call 1-866-488-7386.
- **LGBT National Youth Talkline:** 1-800-246-PRIDE (800-246-7743)
- **It Gets Better Project** exists to uplift, empower, and connect LGBTQIA+ youth around the globe.
- **LGBTQIA+ Friendly Emergency Youth Housing**
    - Haven House Services
    - Raleigh-Wrenn House: 919-832-786

5.2 Foster Care System-Involved Youth

Across the five NC InCK counties, approximately 1,600 children and youth will spend time in a foster care placement each year. Changing foster care placements can be a particularly traumatic event for children and youth.

5.1.1 Health and Other Disparities for Foster Care System-Involved Youth

Youth in foster care can be at higher risk for physical and mental health problems. Youth and young adults who have experienced extended time in foster care are also at increased risk of negative consequences once they leave care. This includes dropping out of school, unplanned parenthood, high rates of untreated illness, homelessness, and mental health problems.

5.1.2 Youth Access to Care and Supports for Foster Care System-Involved

Youth in foster care should quickly be seen by a health care provider and other support services to assess for signs and symptoms of abuse and neglect, the presence of acute or chronic illness, signs of acute or severe mental health problems, to monitor adjustment to foster care, and ensure that the youth has all necessary medical equipment and medications. It is important to help connect older youth to independent living programs in order to help combat the increased risks faced by those aging out of the foster care system.

5.1.3 Foster Care System-Involved Youth Resources

- **NC InCK Foster Care Guide**
- **Foster Care 18 to 21 Program** is for youth who age out of foster care, meet the eligibility criteria, and live in an approved residence. The program includes case management from a DSS social worker and a monthly stipend.
- **Independent Living Services for Foster Children (NC LINKS)** provides services and resources to youth and young adults ages 13-17 currently or formerly in foster care, young adults who are aged 18-21 and are participating in the Foster Care 18 to 21 Program, and young adults who aged out of foster care at age 18 and are not participating in the Foster Care 18 to 21 Program.

- **The Education Training Voucher Program** provides grants of up to $5,000 a year toward the costs of attendance for college or vocational training for qualifying youth.
- **NC Reach** is a post-secondary educational program for students who were adopted from NC foster care on or after their 12th birthday, exited foster care to a permanent home through guardianship with the support of the Kinship Guardianship Assistance Program (KinGAP), or aged out of NC foster care.
- **LifeSet (Youth Villages)** provides individualized and intensive community-based services to youth aging out of the foster care system by helping youth build healthy relationships, obtain safe housing, education, and employment.

5.3 Justice System-Involved Youth

5.3.1 Racial and Ethnic Disparities

NC data for Juvenile Justice-involved youth found that African American justice-involved youth are more likely to receive an externalizing diagnosis (Oppositional Defiant, Conduct) while White youth are more likely to receive an internalizing diagnosis (Depression, Anxiety, Trauma). A review by the national Office of Juvenile Justice and Delinquency Prevention (OJJDP) noted that youth of color in the justice system receive fewer behavioral health services than White youth. Youth of color served in the mental health system are more likely to be referred to the justice system than White youth.

5.3.2 School to Prison Pipeline

The school to prison pipeline is a set of practices or policies that push children out of schools into the juvenile or criminal adult system. Underfunded schools, harsh discipline practices, school policing, and lack of appropriate alternative education options are the segments of the school-to-prison pipeline that can move vulnerable students towards the juvenile or adult criminal system. Minority students are also suspended at a higher rate than white students.

5.3.3 Access to Care and Supports for Justice System-Involved Youth

Often when justice-involved youth come into the system, they are overdue for regular medical, dental, vision, and well-check appointments. Many are also in need of behavioral and mental health services. It is important to assess the medical and mental health needs of justice-involved youth in order to connect them to appropriate treatment services.

5.3.4 Justice System-Involve Youth Resources

- County Specific Resources can be found at this link.

5.4 Pregnant and Parenting Teens

Youth who experience pregnancy during adolescence should receive prompt assessment and counseling around pregnancy options. They are entitled to confidential services but in general are encouraged to involve one or more caring adults to support them. Pregnant youth will need follow-up from care management or other supports given the complex and longitudinal nature of pregnancy experiences. If youth opt to continue the pregnancy and become parents, they will require substantial supports. Their needs may vary depending on existing family and non-family supports.

Youth-centered discussion of their expectations and needs as early in the pregnancy or parenting experience as possible is important. Their needs will include not only practical and material resources and supports but also developmentally-rooted education and skill-building as they assume a parenting role. The partner of the birth parent may be involved in different ways and to varying degrees. In general, this should be guided by the birth parent to ensure any such engagement is consistent with their well-being and desires.

5.4.1 Health and Other Disparities for Pregnant and Parenting Teens

Pregnant teens are more likely to have delayed or suboptimal prenatal care and suffer negative pregnancy outcomes. They are also more likely to experience other non-pregnancy-related health problems due to gaps in other care needs. As such, comprehensive, longitudinal support is necessary to not only optimize pregnancy outcomes but also ensure other needs are proactively addressed.

5.4.2 Pregnant and Parenting Teens Resources

Resource	Description	Counties & Additional Information
Adolescent Parenting Programs	Supports pregnant or parenting teens in achieving life goals and establishing family plans.	Alamance Orange
WIC	Supplemental nutrition program for women, infants, and children up to age 5.	See the NC InCK Food Guide for more information.
Work First Program	Provides short-term cash assistance and supportive services to individuals to obtain and maintain employment.	(Through local DSS) Alamance Durham Granville Orange Vance
Childcare or Home Visiting Programs	Home visiting programs provide support to families from pregnancy through age 5.	See the NC InCK Early Childhood Guide for more information.
Parenting Programs	Programs including: -Incredible Years Parenting (Baby and Toddlers) -Triple P (Positive Parenting) -Welcome Baby	See the NC InCK Early Childhood Guide for more information.

5.5 Unhoused Youth

Youth homelessness can take the form of couch surfing or living in motels or campgrounds. Service providers should recognize that many unhoused youth may not consider themselves “homeless” because they may not perceive couch-surfing or anything other than sleeping on the streets as homelessness. A variety of social, economic, and health conditions can contribute to youth

homelessness, such as parental homelessness, running away from home, being abandoned by parents, abuse, or aging out of foster care or juvenile justice systems.

5.5.1 Health and Other Disparities for Unhoused Youth

Pathways into homelessness, and homelessness itself, are commonly understood to be traumatic experiences, requiring that engagement efforts, treatment, and service responses be trauma-informed. Young people experiencing homelessness are at significant risk of diseases, injuries, and developmental delays that can impair their functioning. Youth may have anxiety around accessing medical care, and missed appointments and gaps in care are common.

5.5.2 Challenges to Engagement for Unhoused Youth

Legal issues

In many states, parental permission is required for health care providers to treat unaccompanied youth, and youth may be unable or unwilling to secure permission. In many jurisdictions, a youth must have reached the age of 21 to sign a lease on a dwelling. Many communities criminalize youth for committing "status offenses", behaviors that are considered illegal only when committed by a minor such as truancy, breaking curfew, or running away. Lack of documentation and identification is another barrier faced by many individuals who are experiencing homelessness. Without a permanent address or a safe space to store belongings, documents often get lost, and people experiencing homelessness often don't have the money to replace them. We know this is a barrier to accessing supportive services, employment, education, and housing.

Substance use

Substance use can influence service utilization because the youth may perceive their using as precluding access to programs and services such as emergency or transitional housing, so they may not even attempt or consider accessing available services. Drug use can also impair judgment and decision-making, a critical consideration when youth have to make a decision about engaging with providers or accessing services.

Youth perception and knowledge of available resources

Youth may have anxiety around accessing services and may not know what resources are available to them. Case Managers or other support workers should focus on explaining benefits and assist with applying for disability, housing programs, food assistance, and other necessary programs.

Coordinated entry

The United States Department of Housing and Urban Development (HUD) requires that each Continuum of Care have a coordinated process for accessing homeless and housing services. These processes can be called by a variety of names, such as Coordinated Access, Coordinated Assessment, Coordinated Entry, or Coordinated Intake. For information on accessing emergency homeless services by county/community visit this link.

McKinney-Vento Homeless Assistance Act

This act expanded the definitions of homeless children and ensures transportation to and from school free of charge, and it allows them to attend their school of origin (the school they were last enrolled in) regardless of what district the family or youth resides. It also requires schools to register homeless children even if they lack required documentation. In order to enroll youth in this program, contact the local liaison within the youth's school district. An updated list can be found by clicking on this link and downloading the Liaison Contact List.

5.5.3 Housing and Independent Living Resources

- **LifeSet** provides support for youth 17-21 years old who are aging out of foster care or other care arrangements to successfully transition to independence.
    - Length: 6-12 months
    - Frequency: 1 hour per week
    - Counties: Durham
- **Independent Living Groups**
    - Delivered by Carolina Outreach for Durham AYA 15-22 years old
    - Classes are held in the Fall and Spring which cover resume building, interviewing skills, budgeting, completing apartment applications, learning about lease agreements, healthy communication skills, sex education, and consent.
    - Dinner is provided with each class, as well as bus passes, snacks, and gift card drawings.
- **LIFE Skills Foundation** is a transitional housing program delivered by Carolina Outreach geared towards youth 18 years old and older in Durham County. These youth have aged out of DSS foster care and are unhoused or at risk of being unhoused. Youth in the transitional housing program are either in an educational program or employed at least 30 hours per week.
    - Frequency: weekly meetings with staff to work on personal goals
- **Homeless Youth Handbook (North Carolina)**
- **Wrenn House** is the only homeless, runaway, and crisis intervention program and shelter for youth in the Triangle. Open 24 hours a day, 365 days a year, available to any youth ages 10-17.
- **Safe Place** is a national network that provides access to immediate help and safety for all young people in crisis. Safe Place offers help to youth ages 10-17 years old at no cost. Using a mobile device, text the word **"SAFE"** and **your location (address-city-state)** to **4HELP (44357).**
- **NC InCK Housing Guide**

5.5.4 Prepaid Health Plans Housing Specialists

- **AmeriHealth Caritas:** Katie McCallister
    - Phone: 984-245-3734
    - Email: kmccallister@amerihealthcaritasnc.com
- **Healthy Blue:** NCHealthyBlueHousingTeam@healthybluenc.com
- **United Healthcare:** Sharon Sneed
    - Email: Sharon_sneed@uhc.com
- **Wellcare:** Connie King-Jerome
    - Phone: 984-867-8687
    - Email: Connie.KingJerome@wellcare.com
- **Carolina Complete Health:**
    - Cierra Hamlet: Cierra.Hamlet@carolinacompletehealth.com
    - Darren Brown: Darren.Brown2@carolinacompletehealth.com

5.6 Tips for Family Navigators on Special Populations

Youth in these special populations often have very complex lived experiences and Family Navigators will benefit from more specialized knowledge and tools to address their needs. However, even with such knowledge and tools, impact can be limited without close partnership with other individuals and organizations across relevant sectors. If you are working with a youth in one or more of these key groups, a specialized and more intensive approach, in collaboration with an NC InCK Integration Consultant, may be needed. Although these situations are daunting, they are often also where even small interventions can make substantial differences for youth.

6.0 Others Resources and Supports

These resources are relevant to all adolescents and young adults regardless of health challenges or other circumstances.

6.1 Insurance Coverage

6.1.1 Medicaid Eligibility After Age 18

Youth may experience changes in their eligibility after they turn 18. There are several different types of Medicaid coverage with different eligibility requirements, so it's advised that, prior to their 18th birthday, the youth and their family contact the Medicaid case worker at their county DSS office to discuss continued eligibility. **Medicaid eligibility details can be found at this link.**

Here are a few tips:

- If the youth remains in their guardian's (or case head) home, they may continue to qualify as a dependent, and their guardian can continue to renew Medicaid benefits through age 20.
- If a youth is living independently, is single, and has no dependents, they may qualify for the Be Smart Program, which covers an annual exam and contraception.
- If the youth is single or married and has a dependent, they may qualify for Family and Dependent Children Medicaid if they meet income criteria.
- If a youth receives SSI income, they automatically qualify for continued Medicaid coverage regardless of age.
- If a youth enters the Foster Care 18 to 21 Program, they will maintain their Medicaid eligibility. If they do not, they are still eligible for Medicaid through age 26 in the Medicaid Former Foster Care eligibility category.
- **If a member is approaching age 18, assist the family and NC InCK member in reaching out to their DSS Medicaid caseworker to assess options for continued Medicaid coverage.**

6.1.2 Resources for Young Adults Who Lose Medicaid Eligibility

As a Family Navigator, you may learn that youth engaged in NC InCK will lose their Medicaid coverage due to age or other circumstances, and they will need linkages to medical services. Federally Qualified Health Centers (FQHC) are a great resource for lower cost primary and preventive care services. FQHCs are community-based health care providers that receive funds from the Health Resources & Services Administration (HRSA) Health Center Program to provide primary care services in underserved areas. The center must provide care on a sliding fee scale based on ability to pay.

The NC Med Assist Program's Free Pharmacy Program provides free prescription medications to North Carolina residents who are uninsured and fall at or below 300% of the Federal Poverty Level. This may be an option if there is a lapse in medical coverage.

6.2 Healthcare Transition

All young people eventually transition from pediatric to adult-centered healthcare. This includes both primary and specialty care services. In general, youth prepare for this transition by accruing knowledge about their health needs, developing practical skills (speaking with providers, refilling prescriptions, making appointments, doing self-care behaviors) and learning to advocate for themselves (asking for and getting supports that they need over time).

6.2.1 Common Healthcare Transition Barriers

Many times it is challenging for youth to find providers who are able to see them and are experienced in caring for their needs, particularly if they have complex, chronic conditions. Many parents and guardians are hesitant to pursue transition because they are more comfortable with pediatric providers and/or have developed a trust of the pediatric care team. It is important to engage not only the youth but also other family members over time around the topic of transition and preparing for transfer to adult care. Generally, transition should be discussed starting at ages 12-14 years. It should be discussed at least annually to ensure youth are gradually becoming prepared for transition. In general, transition and

transfer to adult care happens sometime between the ages of 18-23 years. This is often customized to the needs of the youth and should be decided collaboratively with everyone involved.

6.2.3 Key Resources for Healthcare Transitions

- The National Transition Resource Center
- Speaking Up has step-by-step video clips of youth themselves talking about self-advocacy. This resources includes a map to help youth identify self-advocacy groups in their state.
- Self-Management Worksheet meant to help transition-age youth with disabilities and their families plan for youth to assume greater or full responsibility for their adult health care.

6.3 Decision Making and Consent

Youth can independently seek, consent for, and receive care before the age of 18 related to a set of confidential/sensitive needs including sexual/reproductive health needs (contraception, STIs, initial pregnancy management) as well as mental/behavioral health needs (general mental health, substance use). It is not clear what the youngest age is, but it is generally accepted to be 13-14 years of age, with some discretion allowed for the provider. If a youth consents to care, they then control the information that results from that care and also assume the financial obligations related to that care. Aside from sensitive concerns, in general, health care decision-making is left to the parent/guardian with varying involvement of the youth. There are some additional circumstances in which a youth may attain decision-making rights prior to the age of 18. This typically involves formal emancipation proceedings through which a youth is deemed by a court to be legally independent.

Unless a young person has established neurodevelopmental or other disability and is objectively unable to understand and make healthcare decisions, anyone 18 years old and older assumes full rights and responsibilities for healthcare decisions. When a young person 18 years old or older is unable to make healthcare decisions, there is a range of supported decision-making arrangements possible to ensure youth retain as much autonomy as is feasible and safe while also ensure appropriate decisions are made on their behalf when necessary.

See the Duke Psychiatry IDD Toolkit at this link for more information.

See Disability Rights NC's alternatives to guardianship at this link for more information.

6.4 Tips for Family Navigators on Medicaid Coverage

All AYA at some point must reckon with insurance issues – having the support of a Family Navigator can make a tremendous difference for a young person with little to no experience navigating complex systems.

All youth, regardless of their health circumstances, transition from child- to adult-centered systems. Having the support of Family Navigators while in transition can ensure they do not fall out of care and are able to continuously access the care that they need.

Decision making dynamics can be complex for AYA – directly discussing these issues can ensure that parents and youth have appropriate seats at the table as issues are addressed over time.

7.0 Practical Tips for Partnering with and Supporting Youth

A key to success in supporting AYA is not only having relevant knowledge and tools/resources but knowing how to engage them effectively and partner with them over time.

7.1 Confidentiality

This is a critical component of caring for youth that is developmentally appropriate and recognizes the growing autonomy of young people. The confidentiality of health information is linked to informed consent to care for sensitive concerns including sexual/reproductive health, mental health, and substance use problems. When a young person consents to care independently, then that information is controlled by the youth. Any confidential information can be disclosed to other people only with the consent of the youth OR if a healthcare professional deems disclosure necessary to ensure the safety of the youth or someone else. The most important limits to confidentiality are suicidality, homicidality, suspected or confirmed abuse or neglect, or other legally mandated disclosures (as in court proceedings). When confidentiality is not assured, youth will not communicate fully with providers or may not seek care at all, resulting in worsened health outcomes.

There are many potential gaps in confidentiality protections including how information is handled during and between appointments by healthcare professionals, how insurance companies handle claims, and how service entities communicate with youth and their families. It is important to always protect confidentiality and disclose sensitive information to others only as a last resort.

7.2 Engaging and Activating Youth

Adolescents are gradually accruing more independence and autonomy. Through adolescence they are increasingly thinking for themselves, forming attitudes and opinions, making decisions, and living through the consequences of those decisions. In order to support youth well, caring professionals need to engage them directly, hear their perspectives, understand their priorities, and partner with them in addressing needs. Young people do best when they participate directly in their own services and care. Speaking directly to youth and centering their perspectives and priorities can help to ensure that services rendered are truly needed and will be well received.

7.3 Partnering with Both Parents and Youth

While engaging and activating youth, it is also important to engage parents, guardians, or other caring adults in the youth's life. Particularly when facing complex problems, young people do better when they have one or more caring adults walking with them.

The shared management model is a healthcare framework for understanding how a young person and a parent/guardian might partner over time to address health needs. Younger adolescents will be entirely dependent on their parent for care needs. Over time, they will gain knowledge and skills and accrue more and more responsibility for their own care needs. Eventually, they will be fully independent, managing their needs consistently and trouble-shooting issues effectively when they arise. Simultaneously, parents will gradually recede until they serve solely as consultants on an as-needed basis.

When parents and youth disagree, it is important to support them in establishing "alignment." This does not mean that they need to fully agree on everything. Rather, they need to remember that they agree on the most fundamental goals at hand – that is, to ensure the safety and well-being of the youth. That's fundamentally everyone's goal, even if individuals pursue that same goal somewhat differently.

7.3 Tips for Family Navigators on Partnering with and Supporting Youth

Knowing how to engage a young person and navigate complex dynamics related to development and confidentiality is critical to optimally supporting youth. Respecting the confidentiality needs of youth will ensure that young people are open about their concerns and needs. The key to success is activating youth to be their own best advocates, while also partnering with caring adults to ensure the AYA's needs are met consistently.

8.0 Glossary of NC InCK Terms

- The **Family Navigator** is the primary contact who coordinates and integrates services for families in the NC InCK model. Family Navigators are existing staff based in organizations outside of NC InCK. They may be care coordinators or case managers based in a child's health plan or health care provider organization. Family Navigators may also be care coordinators from juvenile justice or child welfare. The Family Navigator works directly with the family to meet their health and well-being goals and coordinates with integrated care team members who are working alongside the child and family. Family Navigators serve as a consistent point of contact for a family over a one-year timeframe with contacts at least quarterly. The Family Navigator is responsible for convening and communicating with the NC InCK member's integrated care team and supporting the NC InCK member's health, educational, and social needs. The Family Navigator supports the completion of a Shared Action Plan and NC InCK consent for a subset of NC InCK members.
- An **Integrated care team** is cross-sector team of professional and natural supports that collaborate to support NC InCK members and their families as they strive to meet their health and well-being goals. For NC InCK members in SIL 2 and 3, the Family Navigator is responsible for working with the family to identify and convene an integrated care team and then support the integrated care team by providing ongoing assistance to the NC InCK member and their family.
- **Integration Consultants** are a team of ~15 NC InCK staff who support members of a child's team to meet the child's health, education and social service needs. Integration Consultants support Family Navigators as they work to meet these needs for children and families across sectors. They can support the completion of Shared Action Plans for children and families. The NC InCK Integration Consultants are based in child welfare, Headstart, health departments, health plans, Duke, UNC, juvenile justice, and schools nursing. Integration Consultants will focus their efforts on building capacity and support, particularly for children who could benefit from additional cross-sector integration support. Capacity building includes one-on-one consultation, group trainings, and convenings and creating written guides for Family Navigators.

- **NC InCK Integrated Care Platform** is the standardized, internet-accessible care management tool that NC InCK staff and authorized personnel will use to create, store, view, update, and share NC InCK member information, including but not limited to basic NC InCK member data and the SAP.
- **NC InCK Member** are children and youth in the NC InCK model.
- **Service Integration Level (SIL):** All NC InCK-attributed children will be stratified into Service Integration Level (SIL) 1, 2, or 3 based on the potential benefits they may receive from improved integration of services and their risk for out of home placement. NC InCK members in SIL 2 and 3 will be assigned to Family Navigators and will receive a set of NC InCK-specific interventions based on their SIL.
- **Shared Action Plan (SAP)** is a living document created in collaboration between the family, Family Navigator, and the child's integrated care team to encourage coordination and communication among all integrated care team members. The SAP is different from other care plans because it is family-centered, shareable, and brief. Key components of the plan include family preferences and strengths, a list of integrated care team members, and child and family personal, educational, and social circumstances. The plan also includes the family's personal and clinical goals, assignment of responsibilities, agreed-upon strategies, and an anticipated timeline for the family's goals based on their needs and resources. All children in SIL 3 and a portion of children in SIL 2 will be offered the opportunity to create a SAP.