Supporting Youth Vocational Goals with Mental Health and Vocational Rehabilitation Collaboration: Implications for the Present

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Presenters

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Acknowledgements

The Learning & Working RRTC is a national effort that aims to improve the supports for youth and young adults, ages 14-30, with serious mental health conditions to successfully complete their schooling and training and move into rewarding work lives. Visit us at: **http://www.umassmed.edu/TransitionsACR**

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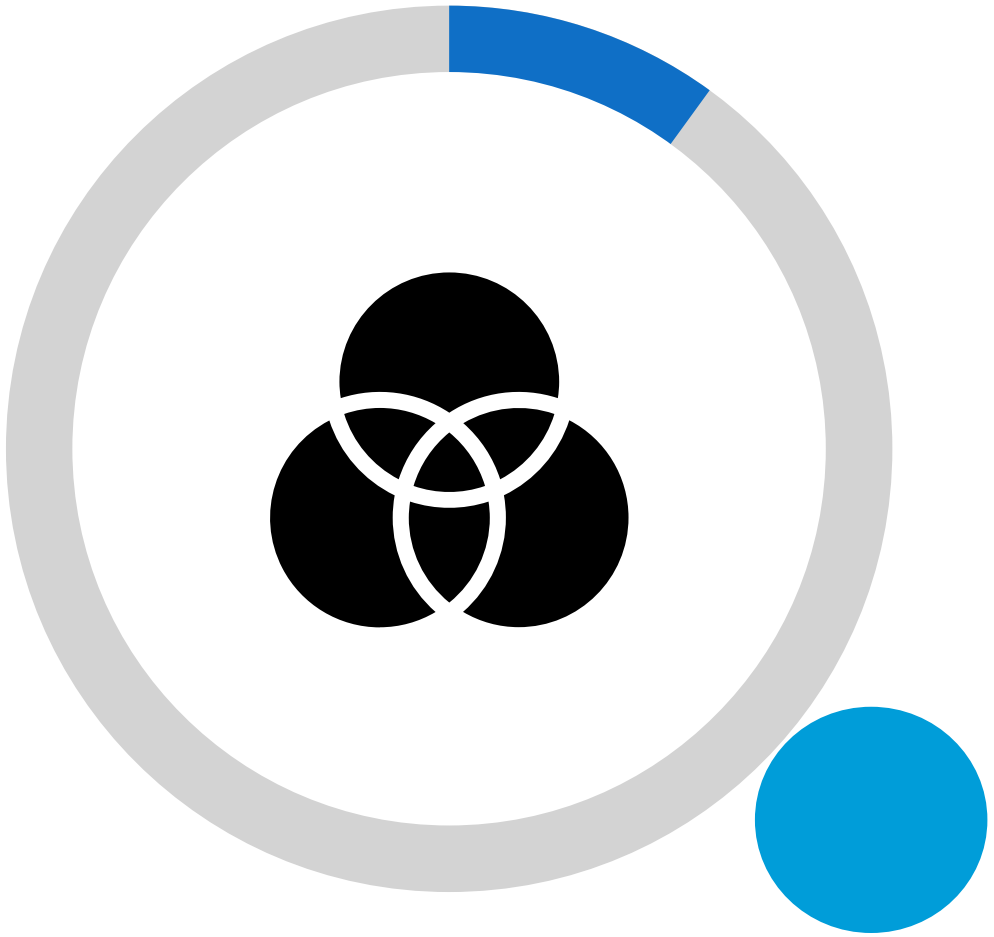
UMASS

Purpose

- **State Mental Health (MH) Authorities**
  - Provide mental health and related services
  - Individuals with the most serious mental health conditions
- **State Vocational Rehabilitation (VR) services**
  - Provide vocational supports for training, education, and working
  - Individuals with disabilities
- Less than 10% of students with serious mental health conditions served in special education
- Little is known about collaboration between State MH Authorities & VR regarding transition-age youth

Identify factors the facilitate/impede MH-VR collaboration to address today's demands



Workforce Innovation & Opportunity Act P. L. 113-128

Passed in 2014, final rules for implementation 2016

Designed to provide high quality, continuous, & seamlessly delivered services for youth (14-24 year-olds)

Vocational Rehabilitation (VR) system is responsible for individuals with disabilities

Specific VR requirements for “youth” and “students” with disabilities

Workforce Innovation & Opportunity Act cont'd

- **Youth with a disability**
  - 14-24 year-old with a disability for purposes of section 504 of the Rehabilitation Act of 1973 (see https://www.eeoc.gov/statutes/ada-amendments-act-2008)

- **Student with a disability**
  - enrolled in secondary or postsecondary education
  - meets age requirement for the provision of transition services in the state (typically ages 16-21)
  - is an individual with a disability for purposes of section 504 of the Rehabilitation Act of 1973
  - **OR** receives special education and related services under the Individuals with Disabilities Education Act (IDEA)

Workforce Innovation & Opportunity Act
P. L. 113-128

VR Services for Youth with Disabilities

- 50% of VR's supported employment program allotment goes to provision of supported employment services to youth with the most significant disabilities

VR Services for Students with Disabilities

VR system will provide Pre-Employment Transition Services, minimally includes;

- Job exploration counseling
- Work-based learning experiences,
- Counseling on opportunities for enrollment in comprehensive transition services or post-secondary education programs
- Workplace readiness training to develop social skills and independent living
- Instruction in self-advocacy, may include peer mentoring

Why Focus on Collaboration?

Benefits of Collaboration

For the individual - increases service utilization (Rosenheck et al., 1998; Rothbard et al., 2004)

For the organization -

- Builds organizational capacity (Gray, 1989; Huxsom, 1996)
- Leverages existing resources
- Acquire pool of new resources & skills (Pool, 1991; Williamson, 1999; Zaheer et al., 2000)
- Necessary for solving complex problems (Weiss et al., 2002; Trickett et al., 2011)

Three Methods to Examine VR-MH Collaboration

- Qualitative study of Stakeholder perspectives
- Web Survey – measure collaboration level and possible associated factors in local VR and MH programs
- Secondary Analysis – examine characteristics of youth accessing state VR services

Communities

- **Now Is The Time –Healthy Transitions (NITT-HT) SAMHSA grant recipients –** to improve services for transition-age youth with or at risk of a serious mental health condition
- **Multiple sites in 17 states and D.C.**
- **Funded 2014-2019**

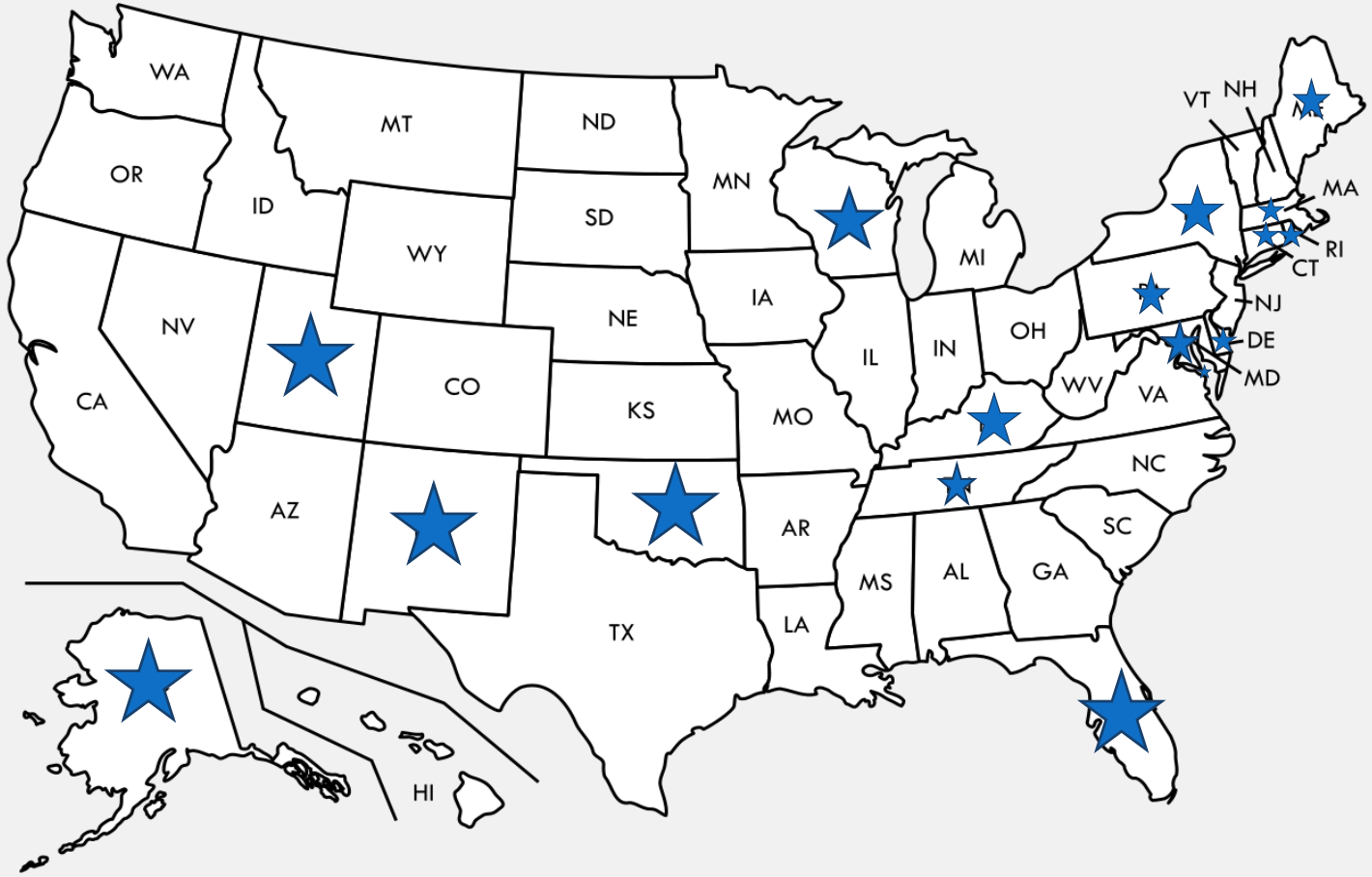
PERSPECTIVES OF MENTAL HEALTH AND VOCATIONAL REHABILITATION AGENCY LEADERSHIP ON COLLABORATION

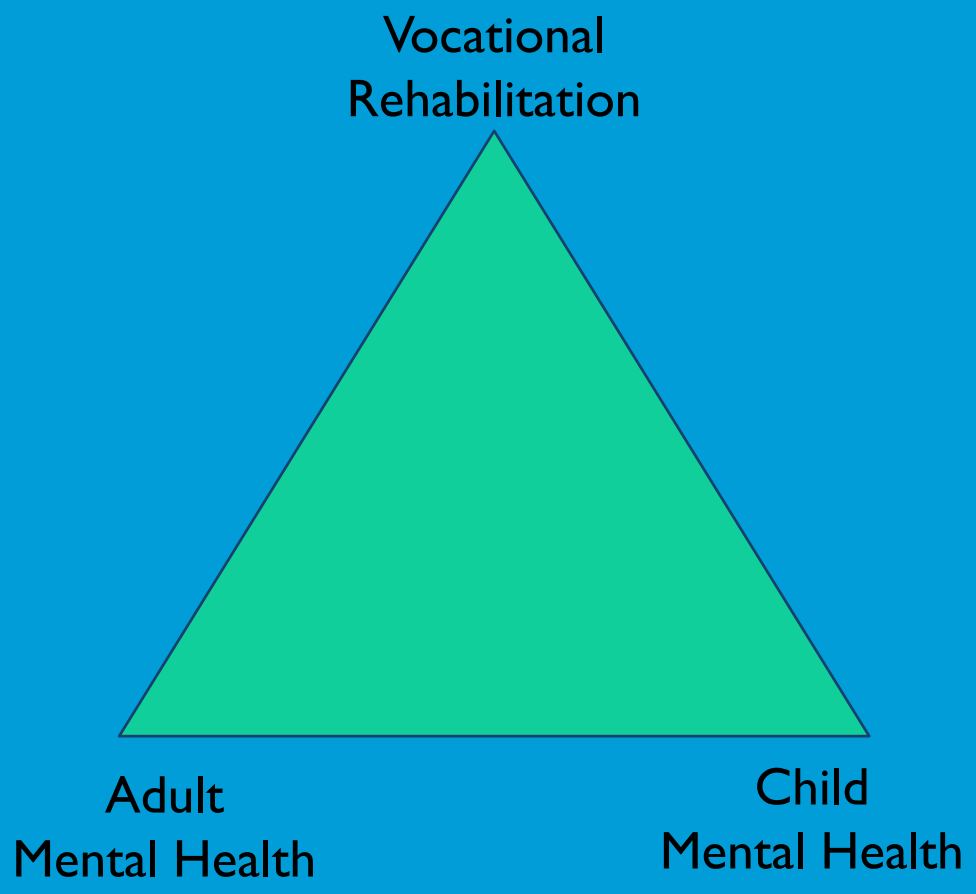
Anwyn Gatesy-Davis

Nancy Koroloff

PARTICIPANTS

- Local leaders of the VR system and MH system where NITT-HT grantees were located





RESEARCH QUESTIONS

Collaboration: *actively working together to achieve shared goals for the vocational outcomes of 16-26 year olds with "psychiatric disabilities"*

1. Is collaboration happening across the triangle?
2. What facilitates collaboration?
3. What are the challenges to collaboration?

METHODS

Semi-structured qualitative phone interviews

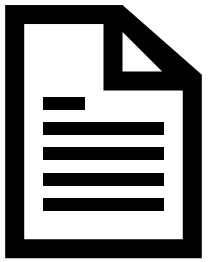
Transcribe interviews

Read transcripts

Build codebook

Apply codes

Identify big-picture themes



IS COLLABORATION HAPPENING?

"So here's part of the problem…there is no coordination between the [State Mental Health] and the VR agency as it relates to the transition youth." - VR

"But …when I talk to people about VR, most of our staff don't relate to that, because they're not really working with them." - AMH

"Yeah, I think what happens is they're in school. They're on an IEP. The schools will sometimes refer kids to …{VR} …The schools do those referrals." - CMH

WHAT WORKS:

- Structured opportunities to meet each other and get to know what services each provides, understand each others perspective.
- Opportunities to be trained together or cross train each other.
- Opportunities to work together on important tasks such as planning for WIOA or referrals.

WHAT WORKS: MEETINGS

"…knowing key people… that's where it's helped with our regional interagency councils,…Everybody there knows somebody to call. If they don't know the answer, they'll say 'You know, you really need to call downtown to so and so at Voc. Rehab." - CMH

"We have {VR} staff designated to work with our providers...They go on site with our providers to give them an understanding of who they are, what they are, what they do, what their strengths and weaknesses are. And then they meet regularly with our staff…to review where we are and we address issues proactively." - AMH

WHAT WORKS: CROSS TRAINING

"Yes, we're working with [VR] very aggressively to try to get a lot of our providers trained in employment services so they understand how to work with and intervene, and also understand what services are available to the individual, who is impaired." - AMH

WHAT WORKS: WORKING TOWARDS A SHARED GOAL

"We work with them [VR] around the type of technical assistance we need [from WIOA]. And we were able …to select our provider. So… we've been at the table … We are at the table helping to craft the initiative and to implement the initiative… We're equal partners." - AMH

CHALLENGE: DIFFERING PERSPECTIVES ON WORKING WITH YOUNG PEOPLE

You know we've always provided services to youth, but this is an emphasis on providing services to a much larger percentage of youth…And our counselors are sort of going,…help! …we thought we were serving adults. How do we engage the youth? …Can we get a Facebook page? Can we get a cell phone so we can text them?" - VR

"I've met personally with the local Workforce Investment Boards …and said, …We have kids that don't want to do this. …they politely say, well you know you're the mental health case manager, so that's really your job to do that end of it. And our job is to do the work end of it." - CMH

CHALLENGE: DIFFERENT PACE OF CASE FLOW

"We use motivational interviewing and once they're in the action stage phase, we have about a five-day window.. And[VR] is on a five month window timeframe." - AMH

"We do work with VR. But I find for this population, it's too full and too cumbersome. There are too many hoops to jump through. Too much paperwork and red tape." - CMH

TAKE AWAYS:

Children's mental health providers are generally uninformed about VR and WIOA and how these services could support youth & young adults.

Adult mental health providers are used to working with VR around older adults and don't consider the unique needs of young adults.

VR provides a general service to all individuals with disabilities and does not recognize special needs of young adults with mental health conditions or young adults who are not in high school.

Program-Level Collaboration Factors

Maryann Davis

Raphael Mizrahi

Emily Morrison

Malleable Correlates of Collaboration

BEING KNOWLEDGEABLE ABOUT EACH OTHER

IMPORTANT PROGRAM STAKEHOLDERS (E.G. SYSTEM LEADERS, FUNDERS) PROMOTING COLLABORATION

TRUSTING AND POSITIVE RELATIONSHIPS AMONG ORGANIZATIONAL LEADERS

ORGANIZATIONAL COMPLEMENTARITY (E.G. HAVING COMPLIMENTARY GOALS AND SERVICES, A SHARED VISION, LOW COMPETITION)

Participants

- Community consultants from NITT-HT lead programs in each community
  - 22 consultants identified 223 programs in 24 communities
- Programs represented Child MH, Adult MH, and VR
  - Discovered there was a TAY MH
- Within programs we identified a potential key informant (someone who knows the organization and their relationships with other organizations)
- Sent mail/email invitation, fact sheet, and link to web survey + many reminders
- $20 e-gift card
- Recruited from 198 programs - 51% response rate

Measures – Web Survey

Program information: characteristics, services provided, and individuals served

MEASURE OF COLLABORATION: *ADAPTED* Social network analysis (Morrissey et al., 1994)

Malleable Correlates of Collaboration

- Perceptions of key stakeholders'/system leaderships' goals and rewards for collaboration (3 items)
- Complementarity (7 items)
- Relationship quality among program leaders (2 items)
- Depth of knowledge about the other programs (4 items)

Respondent characteristics

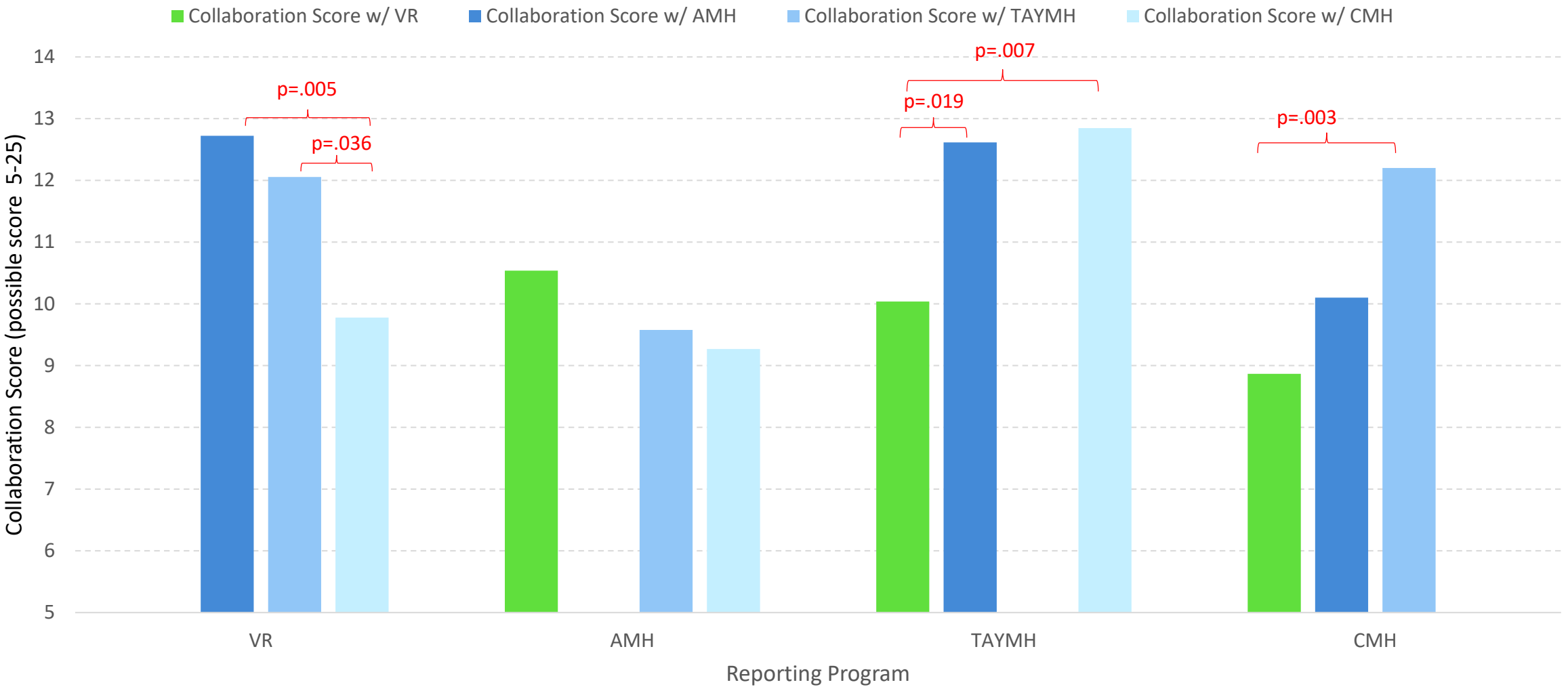
Respondent Characteristics (N=100)

Respondent Characteristics			
Variable	*Value*	*Variable*	*Value*
Age (n=97) ($\bar{x}$±SD)	43.6±11.1	**Job Responsibilities**	%
Male (%)	23.0	Administration	75.0
Race (%, n=98)		Supervision of Frontline Staff	67.0
White	89.8	Direct Care	45.0
Black	6.1	Training	45.0
Asian	4.1	Fiscal Management	28.0
Hispanic (%, n=98)	11.2	Accounting	2.0
Years of Experience ($\bar{x}$±SD)	16.2±11.1	Other	9.0
Years in Current Position (n=99) ($\bar{x}$±SD)	6.0±7.3		

Program Characteristics (N=100)

Variable		*Variable*		*Variable*	
Program Type (%)		**Business Type**		**Funding Source**	%
Child MH	30	Private Non-Profit	73	Medicaid	56
Transition-Age Youth MH	26	Government Run	19	Mental Health System	54
Adult MH	26	Private for Profit	3	Private Insurance	31
Vocational Rehabilitation	18	Other	4	Private Foundation/charitable	26
Male Clients (n=94)(($\bar{x}$%±SD)	50.8±13.9	**Type of Service Provided**	%	Vocational Rehabilitation System	26
Serve Transgender clients (%)	49	Mental Health	77	Client Fees	22
Hispanic Clients (n=89) ($\bar{x}$%±SD)	15.4±20.1	Vocational Rehabilitation	45	Medicare	22
Client Race ($\bar{x}$%±SD)		Substance Abuse	41	Substance Abuse System	21
White (n=95)	56.9±29.5	Independent Living	29	Education System	10
Black (n=92)	25.8±26.4	Housing	28	Housing System	10
Native American (n=58)	2.8±8.7	Recreation	25	Other	22
Asian (n=72)	1.7±2.5	Education or Special Education	22	**Age of Program** (years; n=97) ($\bar{x}$±SD)	24.3±34.1
Other (n=50)	3.2±6.3	Medical Health	15		

VR-MH Collaboration Level by MH Program Type

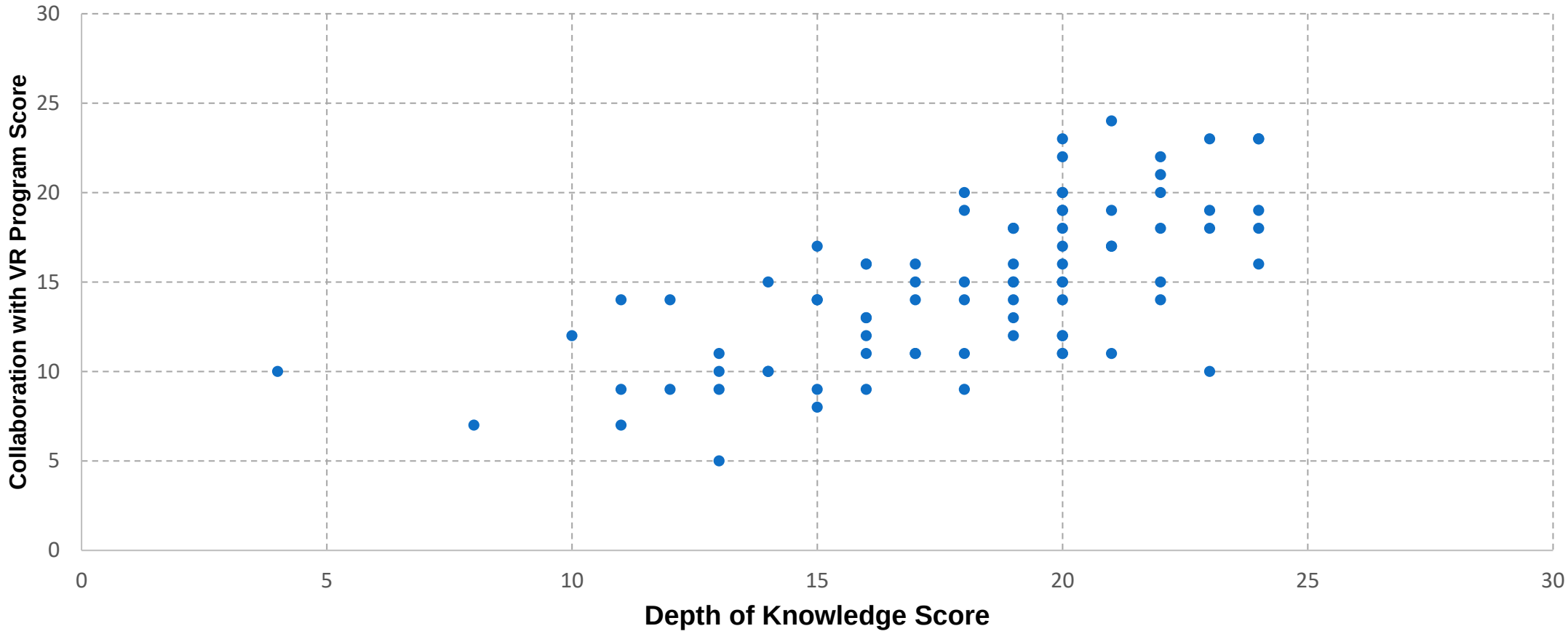


Malleable Factors Associated with Collaboration Level

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	717.879[a]	6	119.646	10.776	.000
Intercept	2.250	1	2.250	.203	.654
Perceptions of Collaboration Reward	29.497	1	29.497	2.657	.107
Complementarity	8.255	1	8.255	.744	.391
Leaders relationship quality	2.495	1	2.495	.225	.637
Depth of Knowledge	419.849	1	419.849	37.814	.000
MH Program Type (CMH, TAYMH, AMH)	15.416	2	7.708	.694	.503
Error	832.719	75	11.103		
Total	19435.000	82			
Corrected Total	1550.598	81			

Model accounts for 42.0% of the variance in collaboration score

Correlation of Depth of Knowledge with Level of Collaboration



Conclusions

Collaboration between Child Mental Health and VR programs is less than collaboration between VR and either TAY or Adult MH programs

This may be due to lack of knowledge about each other

Increasing activities that enhance better knowledge of each other may increase collaboration capacities

Secondary Analysis of National VR Database

Maryann Davis
Susan Foley
Joe Marrone
Ngai Kwan
Nancy Koroloff

Rehabilitation Services Administration (RSA) – 911 Case Closure Database

All individuals served by State VR Agencies that exit in a given fiscal year

- Individual characteristics at time of application
- Disability information
- Services provided
- Employment outcomes for those who received services

Previous Findings

(Honeycutt, Martin & Wittenberg, 2017)

Youth 14-24 years old, applied to VR 2004-2007 and closed by 2013

Youth with MH disabilities

Lower likelihood of receiving services	**Of those receiving services - less likely to close with successful employment outcome than other disability groups**

Current Analysis

"Youth with disabilities" ages 14-24

FY 2015-2017, 50 States & D.C.

Examined similarities and differences between youth with mental health disabilities and youth with other disabilities

Characteristics

Disability Group Definitions

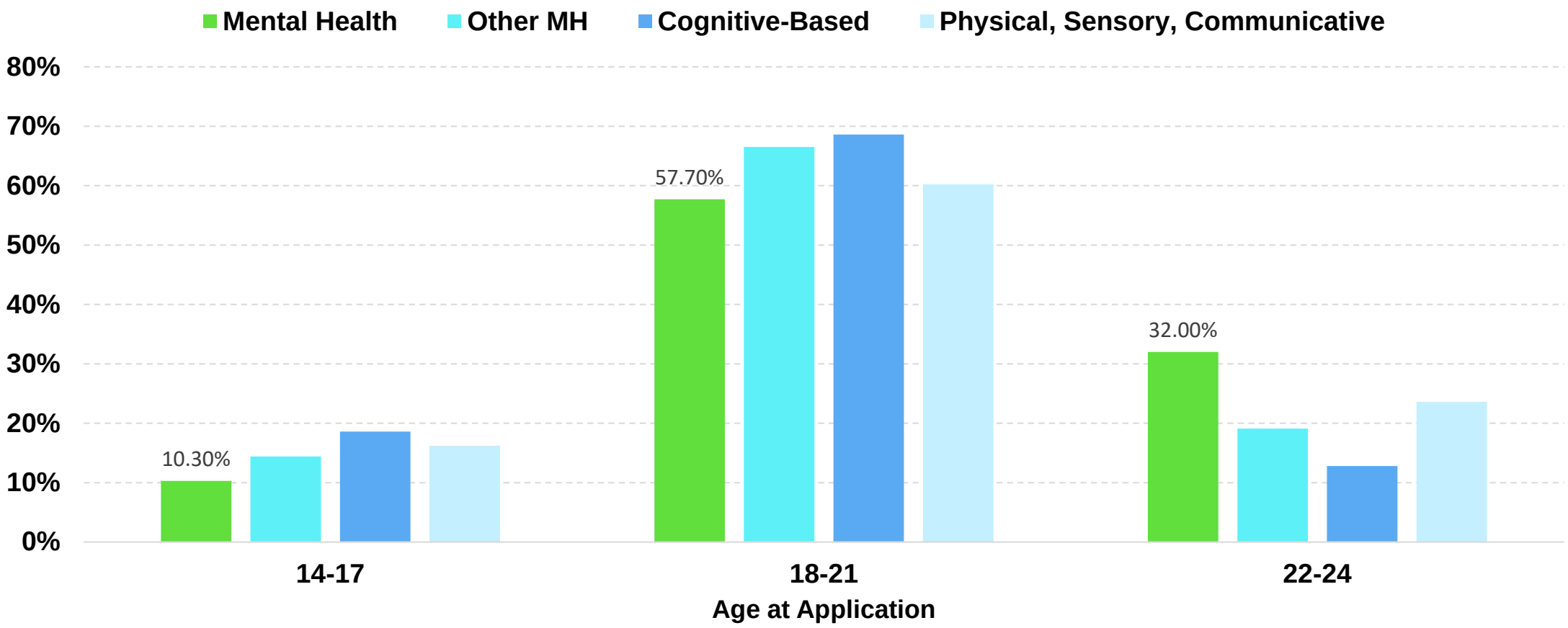
CATEGORY	Source of impairment	Type of impairment	Exclusion criteria
Primary Mental Health Impairment	Anxiety Disorders Depressive & other mood disorders Eating disorders Mental Illness (not listed elsewhere) Personality Disorders Schizophrenia & Other Psychotic Disorders		ADHD Autism Intellectual Disability Traumatic Brain Injury
Cognitive-based Impairment	Specific learning disability sources ADHD Autism Intellectual Disability Traumatic Brain Injury Developmental Disability; no source code listed Congenital Condition or Birth Injury		Anxiety Disorders Depressive & other mood disorders Eating disorders Mental Illness (not listed elsewhere) Personality Disorders Schizophrenia & Other Psychotic Disorders Cognitive impairments Psychosocial impairments Other Mental impairments
Physical, Sensory or Communicative Impairment		Blindness/ Other visual impairments Deafness, primary communication visual or auditory Hearing loss, primary communication visual or auditory Other hearing impairments (tinnitus, menieres, etc.) Deaf-blindness Communicative impairments (expressive/receptive) Mobility Orthopedic/Neurological impairments Manipulation/Dexterity Orthopedic/Neurological Impairments Other orthopedic impairments Respiratory impairments General physical debilitation Other physical impairments (not listed above)	
Other Mental Health Impairment		Cognitive impairments Psychosocial impairments Other Mental impairments	Fitting any other category
Substance Abuse or Dependence Impairment	Alcohol Abuse or Dependence Drug Abuse or Dependence (other than alcohol)	Cognitive impairments Psychosocial impairments Other Mental impairments	ADHD Autism Intellectual Disability Traumatic Brain Injury

The Learning & Working Center

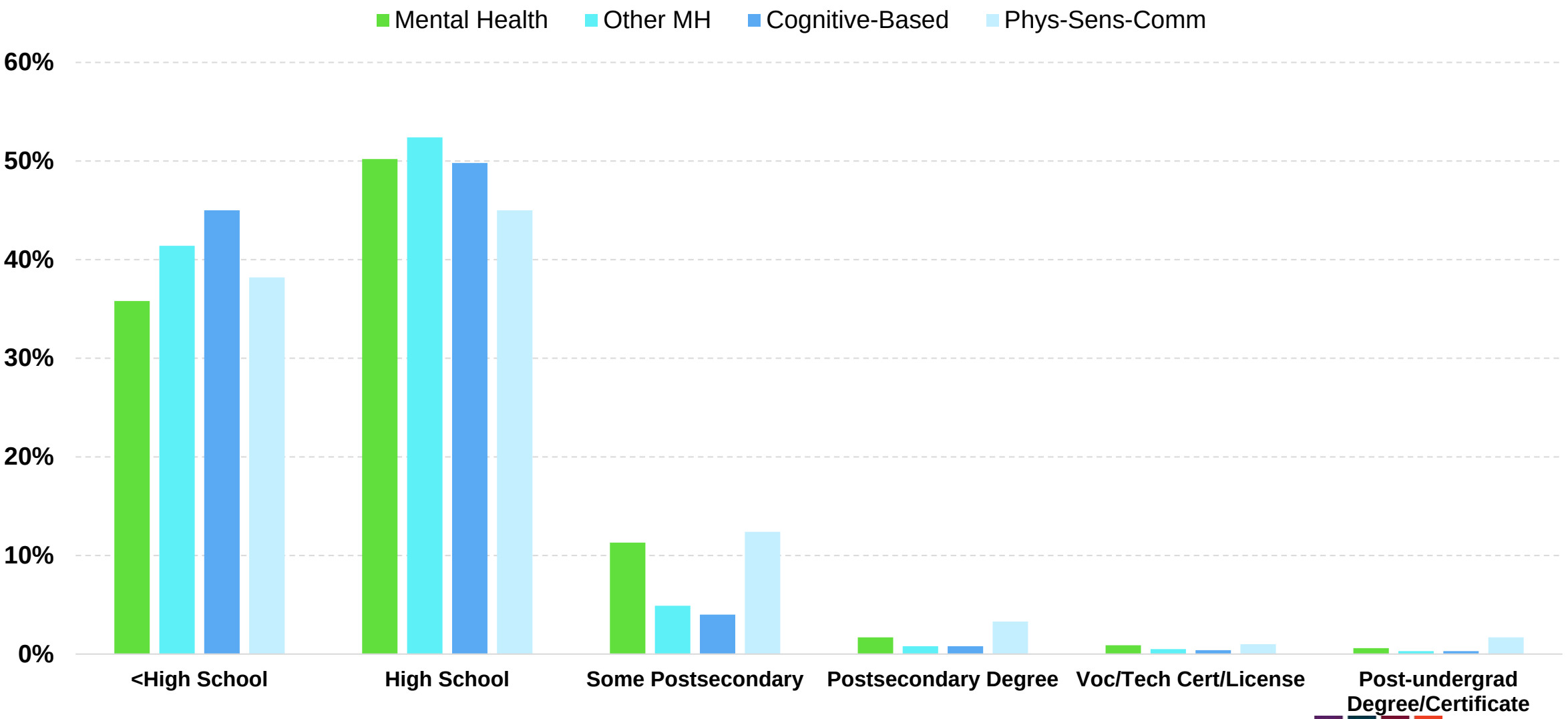
Client Demographics by Disability Group (N=485,159)

	Disability Group			
Variable	Mental Health	Other MH	Cognitive-Based	Physical, Sensory, Communicative
Sample	77,549	23,208	304,385	71,403
%	16.0%	4.8%	62.7%	14.7%
% Male	52.6%	58.1%	64.2%	52.6%
Race/Ethnicity				
White not Hispanic	63.6%	58.9%	59.0%	62.7%
Black not Hispanic	21.9%	22.8%	23.7%	19.6%
Native American not Hispanic	1.0%	1.3%	1.0%	1.0%
Asian not Hispanic	1.2%	1.7%	2.3%	2.3%
Native Hawaiian/Other Pacific islander not Hispanic	0.2%	0.2%	0.2%	0.2%
Hispanic	12.2%	15.1%	14.7%	14.2%

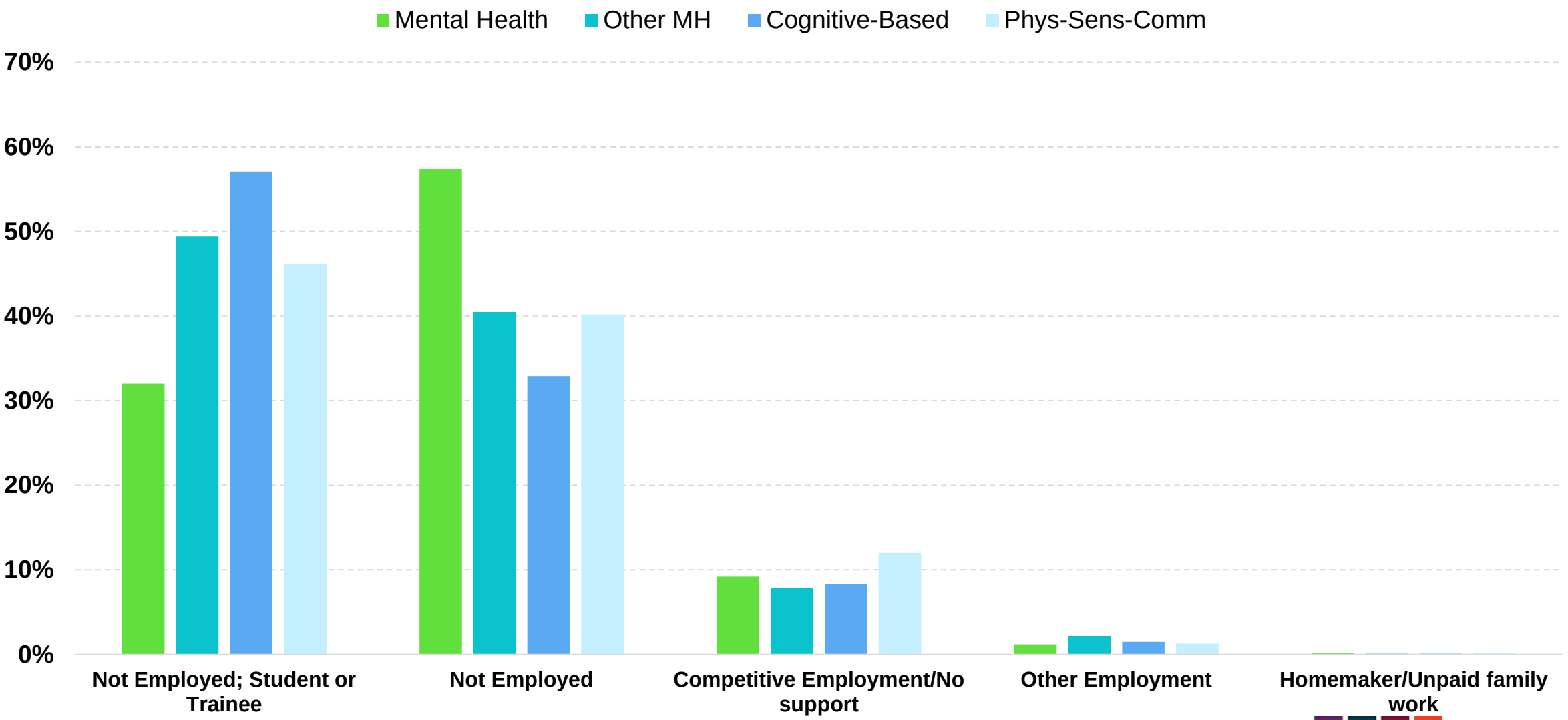
Age at Application by Disability Type



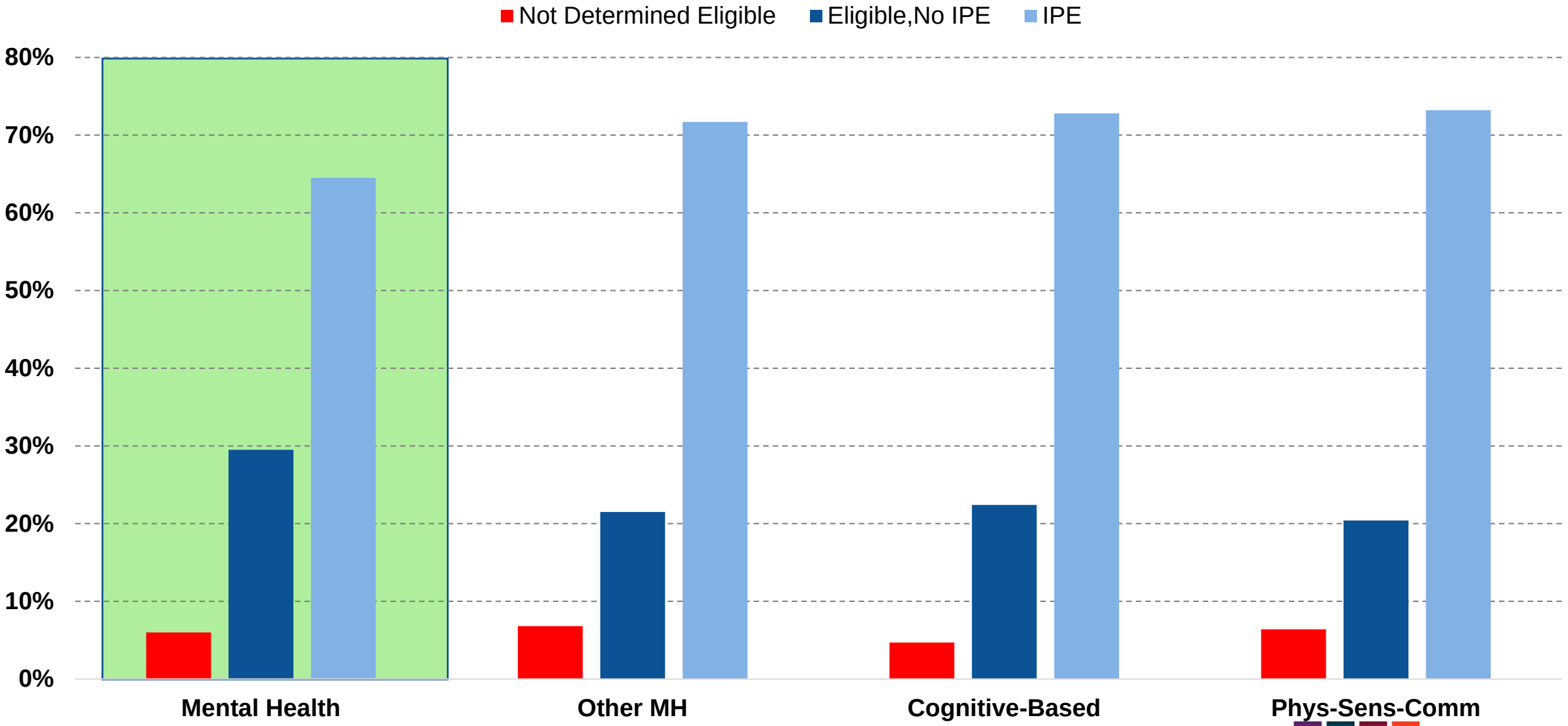
Educational Attainment at Application



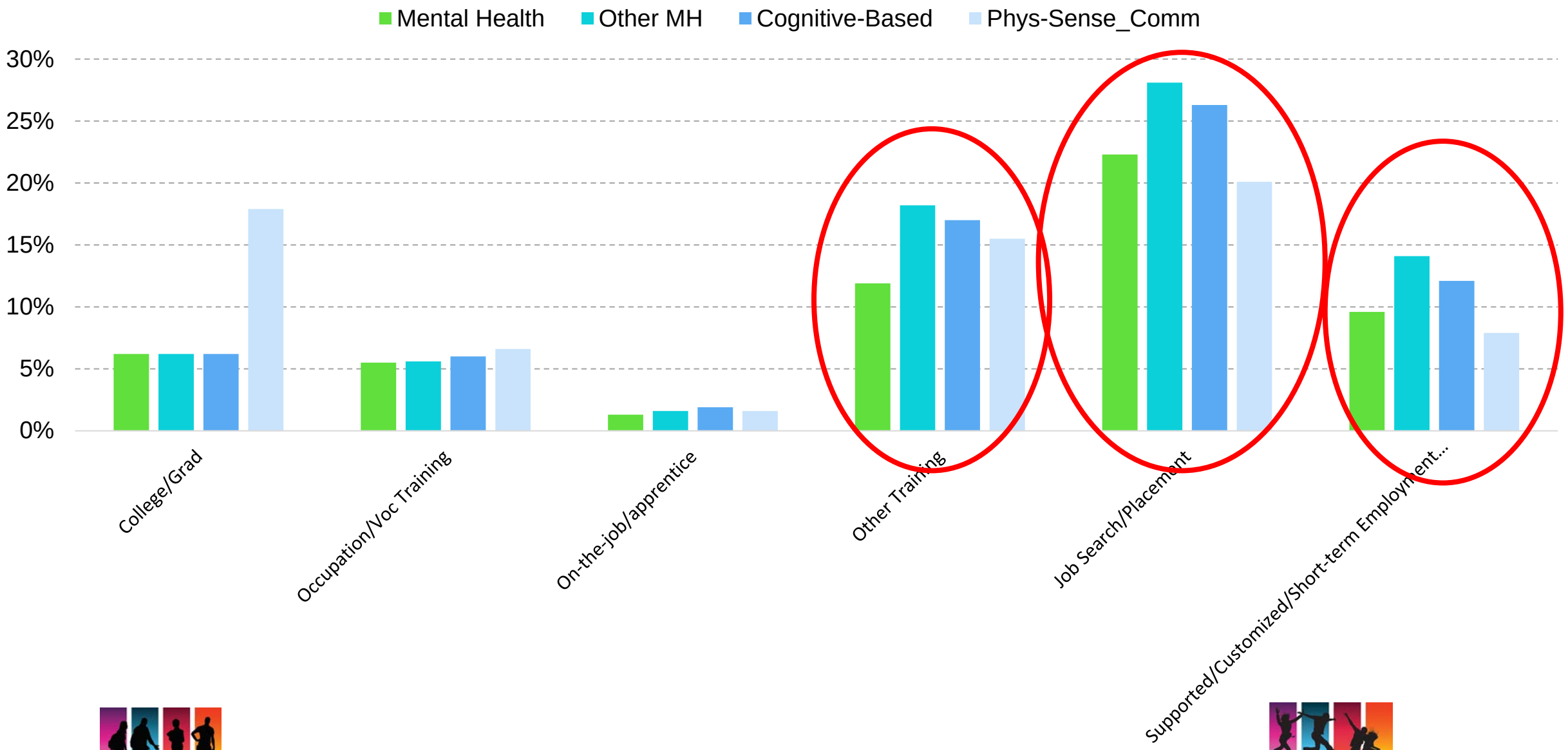
Employment Status at Application



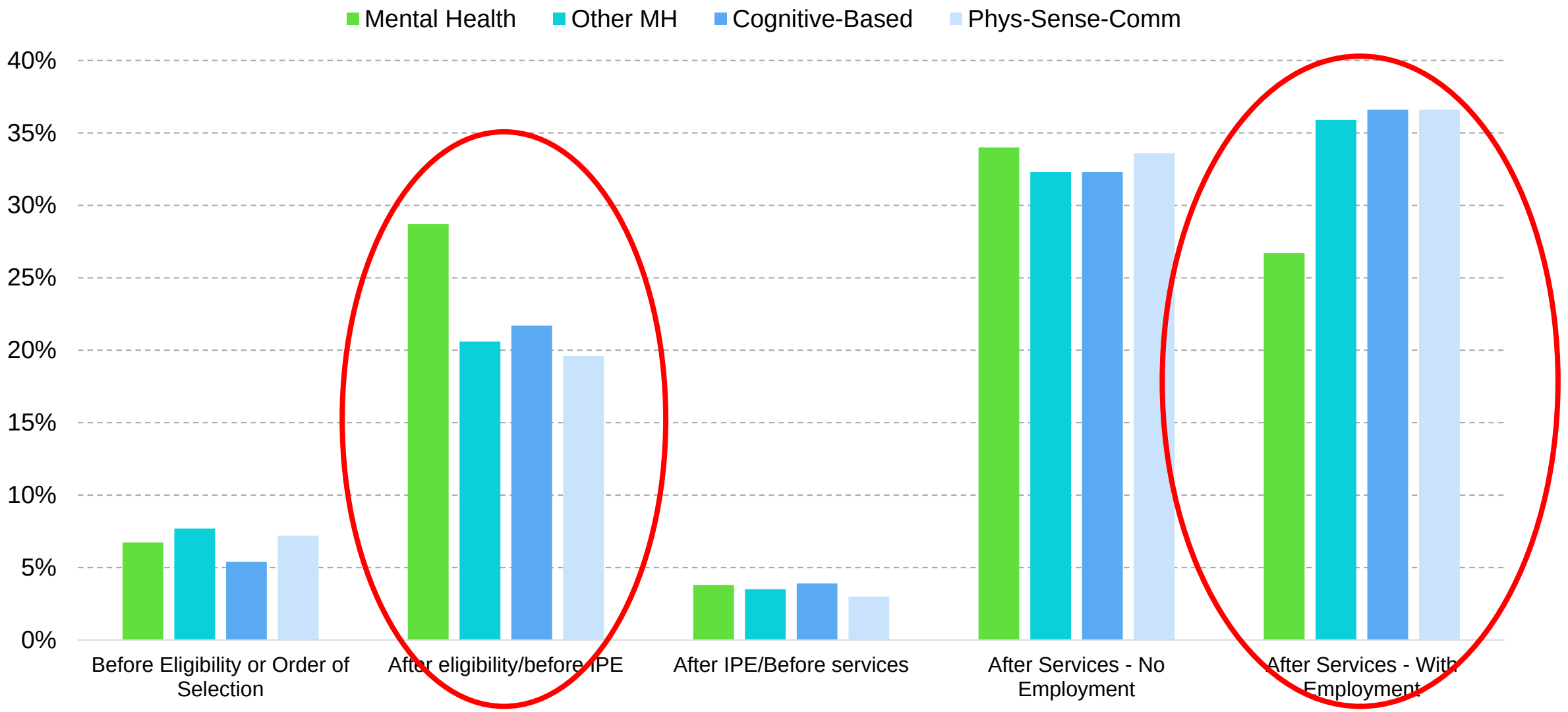
Access to VR Services



Services Received



Outcome at Closure



Synthesis Across Three Studies

Take Home Points

- Child Mental Health and VR Services
  - Don’t collaborate much
  - Don’t know each other well
  - Assume schools will connect youth with MH disabilities to VR
- Adult MH and VR Service
  - Have history of collaboration
  - But not regarding the youngest adults
- Activities that grow knowledge about each other facilitates these collaborations
- Collaboration is stronger where depth of knowledge is greater

Take Home Points

Youth with Mental Health vs. Other Disabilities

- Disproportionately apply for VR services after age 21
- More likely to not be employed AND not be in school/training at application
- Less likely to have an IPE, perhaps due to leaving prematurely
- Fewer receive services
- Fewer have an employment outcome at closure

- Earlier referral could open doors for Pre-employment transition services
- Collaboration with MH services may facilitate more successful VR engagement and employment outcomes

Questions for Audience

1. Do you have experience building stronger ties between mental health and VR services to increase youth vocational outcomes?
   - What has worked?
   - What has been hard?
2. How does today's economic/social distancing/racial injustice climate help or hurt these efforts?