# VOCATIONAL REHABILITATION LEADERS' PERCEPTIONS OF COLLABORATION WITH CHILD AND ADULT MENTAL HEALTH *FOR SUCCESSFUL EMPLOYMENT OUTCOMES IN TRANSITION-AGE YOUTH*

Maryann Davis
Anwyn Gatesy-Davis

Learning & Working RRTC,
Transitions ACR,
Department of Psychiatry,
UMass Medical School Affiliation(s)

March, 2018

*The Transitions to Adulthood Center for Research*

# Acknowledgements

The mission of the Transitions to Adulthood Center for Research is to promote the full participation in socially valued roles of transition-age youth and young adults (ages 14-30) with serious mental health conditions. We use the tools of research and knowledge translation in partnership with this at risk population to achieve this mission. Visit us at:
**http://www.umassmed.edu/TransitionsACR**

*The Transitions to Adulthood Center for Research*

# Collaborators & Thanks

- **Nancy Koroloff**,  Pathways RRTC, Portland State University
- **Joseph Marrone**, Institute for Community Inclusion, UMass Boston
- **Martha Castro, Raphael Mizrahi**, Learning & Working RRTC, UMass Medical School

Special thanks to

- **John Connelly**, JD,  Director of Research & Grants, Council of State Administrators of Vocational Rehabilitation
- **Gwen White**, Healthy Transitions Team Lead, Now is the Time Technical Assistance Center
- **VR agency leaders** – who took time to participate in these interviews

*The Transitions to Adulthood Center for Research*

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

- Streamlines U.S. workforce-related programs, including programs for individuals with disabilities

- Passed in 2014, final rules for implementation 2016

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

  - beginning with career exploration and guidance
  - support for educational attainment
  - opportunities for skills training in in-demand industries/occupations
  - culminating with a good job along a career pathway

# Workforce Innovation & Opportunity Act cont'd

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

- Workforce system as a whole mandated to be accessible to people with disabilities

- "Youth with a disability" aged 14-24

- "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)
  - receives special education and related services under the Individuals with Disabilities Education Act (IDEA)
  - **OR** is an individual with a disability for purposes of section 504 of the Rehabilitation Act of 1973

# Workforce Innovation & Opportunity Act cont'd

- VR system will provide Pre-Employment Transition Services to students with disabilities, minimally includes;
  - Job exploration counseling
  - Work-based learning experiences,
    - in-school or after school opportunities
    - experience outside the traditional school setting (including internships)
  - 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
- For youth with disabilities
  - 50% of VR's supported employment program allotment for provision of Supported employment services to youth with the most significant disabilities

# Challenges for VR

- *Poor connections through special education*
  - *<10%* of students with SMHC are served in special education (Forness et al., 2012)
  - Many students with SMHC leave high school prior to graduation (Wagner et al., 2012)
  - 35% of special education students w "emotional disturbance" receive any VR after high school (Wagner et al., 2015)
- *Need connections to child and adult mental health systems*

# Three Key Systems

- State Vocational Rehabilitation Agencies and public Adult Mental Health systems fund/provide employment services for their clients

- Public Child Mental Health systems identifies and works with youth & young adults during critical ages for developing work habits and skills (i.e. ages 16-21).

Child
Mental Health

Vocational
Rehabilitation

Adult
Mental Health
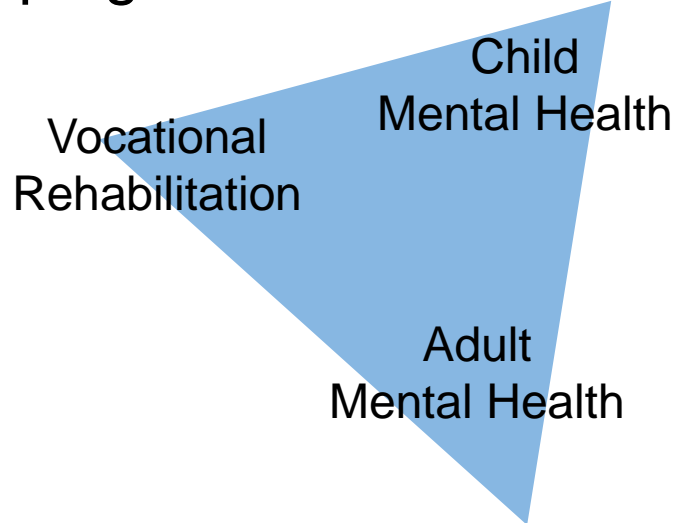
# Collaboration

- Involves
  - information exchange
  - activity modification
  - resource sharing
  - building mutual capacity
  - for reciprocal benefit & achieve shared goal/s
- Benefits of collaboration
  - For individuals - increases service utilization
  - For organizations
    - leverage existing resources to
      - address complex problems more effectively,[236,237]
      - acquire a new pool of resources, skills,[238-240] and knowledge.[241,242]

# GOAL

- Identify factors that will improve inter-organizational collaborations among the three systems and their programs that will improve the transition to employment in youth and young adults with SMHC

- Now Is The Time – Health Transitions Grantee Communities
  - Chosen because of a focused interest in this population
  - Likely contains variations in the relationships in the system triangle
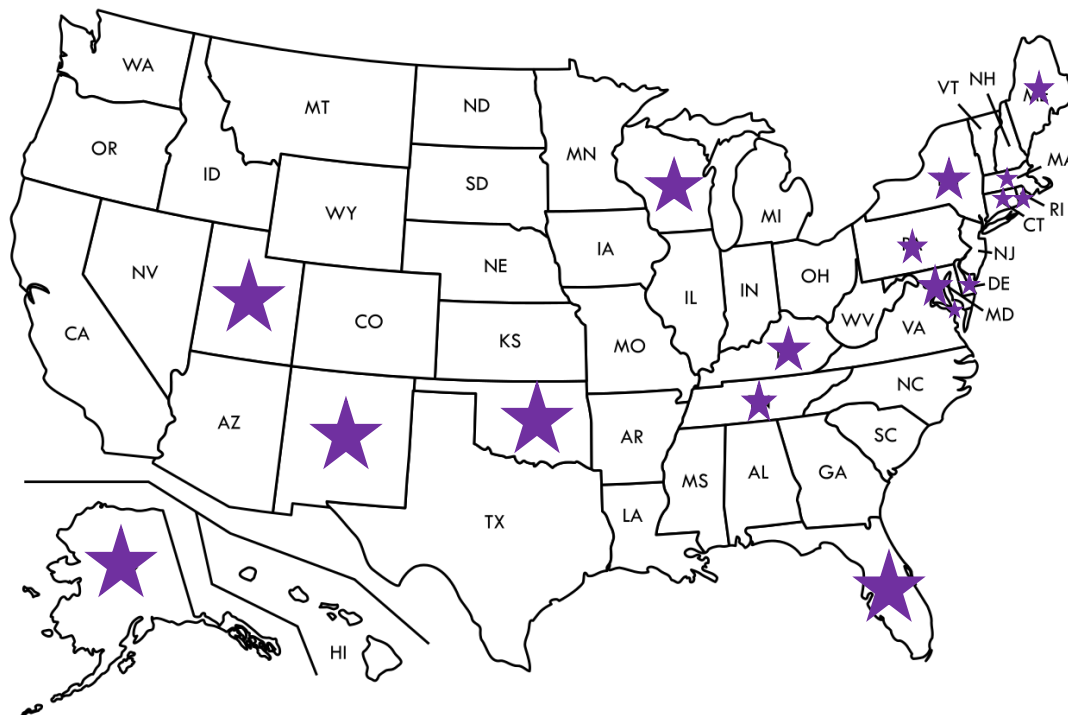
# METHODS

# Participants

- State leaders of the VR system where NITT-HT grantees were located

- Multiple sites in 17 states and D.C.

# Methods cont'd

1. Emailed and Postal mailed

   - Study description and invitation

   - Supportive letter from the Director of Research and Grants for the *Council of State Administrators of Vocational Rehabilitation (CSAVR)*

2. Follow-up to schedule interview from volunteers

# Methods cont'd

- one-hr interviews conducted by 1 of 2 interviewers via phone

  - Semi-structured qualitative interview

- Audio recorded then transcribed

# Methods cont'd

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

- Probes
  - Desired collaboration with child and adult MH
  - Actual collaboration with child/adult MH
  - Barriers to/Facilitators of collaboration with child/adult MH
  - Workforce Innovations Opportunity Act
  - NITT-HT planning and implementation involvement

# Discovering Codes

- Thematic analysis approach
- Codes identified after data collection completed
- 2 coders identified themes by hand in transcripts
- Dedoose  (**7.6.21)** software sorted & organized data
- Themes discussed and refined by research team
- Codes were adjusted to better reflect content
- Excerpts re-reviewed & two coders developed consensus

# RESULTS

# Participation

- **34 unique sites within NITT-HT**
- **14 interviews representing 15 sites**

# Theme 1: Differences between MH and VR systems

<u>Definition</u>: Excerpts that describe the context or unique characteristics of either the mental health system or vocational rehabilitation system.  Could include systems factors, administrative processes, policies or cultural aspects of VR and MH that are different from each other.

# Examples

"Our programs and policies don't always mesh well. We have—I don't want to say that confidentiality is a barrier because it's needed. And you know especially with mental health disabilities, but at the same time it also--different systems collect different information."

"They allow you to be using illegal substances as long as it doesn't affect your performance in a daily setting. So that's been a big problem.. Because we get these referrals, but we can't take them, because that's one of our policies is that you have to be abstinent."

"'Actually, we haven't utilized the stuff that's being put out by them, I'm aware of their program. But I haven't really done a lot of that. I mean like I say we don't get a huge amount of people with serious mental health issues. Most of our people are you know dyslexia, ADHD, and other specific learning disabilities

# Theme 2: Mechanisms for sharing information

Definition: Excerpts that describe ways that VR and MH come in contact with each other to discuss issues other than referrals.  Includes mention of any activity that would build relationships between two systems such as membership on same committee.

# Theme 2 Examples

Positive: "Because I think that was a really good success of the committee.  We plan—we review a lot of data.  So we do a data sharing.  [MH] gives [VR] their data, and we correlate it with ours.  And we come up with a big report to present to the commissioners….  And then we have a subgroup that plans training.  So we do some job training with our mental health liaisons."

Negative: "'We've got to get together on all that.  I mean the thing is everybody's running different systems and none of them talking.  You know that's going to be a challenge here."

Negative "You know I'll find out "Oh, we have this great program here," but we're not connecting the dots as a system."

# Theme 3: Mechanisms to send/receive referrals

Definition: Excerpts that describe the process of or problems with sending VR clients to MH or receiving MH clients within VR.  Contains both positive and negative examples of referral process.

# Theme 3 Examples

"So I think that was a really big accomplishment for us. To be able to come up with a language that we were both comfortable with. And gave a little bit of guidance towards--in terms of referring people, you know. And to get a rid of the myth that people have to be absolutely ready for employment."

"…At this point we've asked you know them (CMH) to sort of look at referring—You know, consult the adult system if they want to refer some kids. Because the adult system obviously knows how to refer to VR."

# Theme 4: Shared programming, staff, or resources

<u>Definition</u>: Excerpts that describe services or activities for which planning and implementation are done together. Responsibility may not be shared equally.  Includes activities such as joint training events, shared staff, co-location of services. Usually no money changes hands.

# Theme 4 Examples

"…one of our local not-for-profit… operates a clubhouse…. And they do have a work experience program in there.. So [VR] does fund the work experience component of that clubhouse.  So attendance at the clubhouse is funded by [the local MH authority]. And then [VR] collaborates with them when a person is able to or ready to do this work experience.  We would fund that."

"[MH] and [VR] and Developmental Services have all kicked in additional money to have more benefit specialists available.  And we're making a real effort to get that information out to transition youth."

# Theme 5: Shared Policy Making

Defintion: Excerpts that describe interactions between MH and VR related to clarifying or fixing policy issues or a policy gap.  Also includes documentation of policy issues that affect both MH and VR but haven't been addressed yet.

# Theme 5 Examples

'That we, as a state, created an Employment First Coalition…And two years ago, we were successful in passing Employment First legislation, which, in a nutshell, basically says regarding services for people with disabilities, whether we're talking about adults or children, they will be presumed to be capable of working and support of their vocational goals will be a priority for them…. there are a number of different stakeholders at the table.   And so certainly the Department of Education, Office of Child and Family Services, Substance Abuse and Mental Health Services, Department of Labor.

# Summary:

- **Many differences challenge collaboration**; how confidentiality is handled, how substances use is handled, different populations served, different emphasis on working, VR has no child/adult split
- **Having mechanisms to share info helps** (not having hinders)
- **Sharing referrals helps** (not sharing is limiting)
- **Sharing programming, staff, or resources helps** (limits capacities otherwise)
- **Sharing policymaking helps** (without it there is misalignment)

# Thank You!

Contact us at maryann.davis@umassmed.edu

**STAY INFORMED!**

Sign up for our e-mail newsletter for our products and announcements!

Text **TRANSITIONSACR** to **22828**

Visit us at
**umassmed.edu/TransitionsACR**