



State Strategies for Leveraging Specialty Care Services

May 12th, 2022

Housekeeping:

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Opening Remarks



**Office of
Disability Employment
Policy
Assistant Secretary
Taryn Williams**

Setting the Stage



Office of Disability Employment Policy

Rhonda Basha

Program Highlight:



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*Putting Research
into Practice:*
Advancing the
Education and
Employment of
Youth with
Serious Mental
illnesses

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- Center for Psychiatric Rehabilitation
- Boston University
- May 11, 2022

Coordinated Specialty Care (CSC) Programs for First Episode Psychosis (FEP)

- As defined by Heinssen, Azrin, & Goldstein (2014) in NIMH white paper (also called “early intervention for psychosis”: EIP)
- Team-based approach to treating FEP
- Broadly implemented in Australia, Europe, Canada, and now the U.S.
 - Supported by supplemental federal funding to State Mental Health Block grants in U.S.
 - Administered by SAMHSA
- Examples of U.S. programs: NAVIGATE, OnTrack, STEP, EASA
- Focus on youth or young adults (16-30 years) with non-organic, non-affective psychotic disorders, usually ill < 5 years
- Recovery oriented, collaborative treatment planning
- Core services provided:
 - Case management
 - Individualized pharmacological management
 - Psychotherapy
 - Family psychoeducation
 - *Supported employment and education*

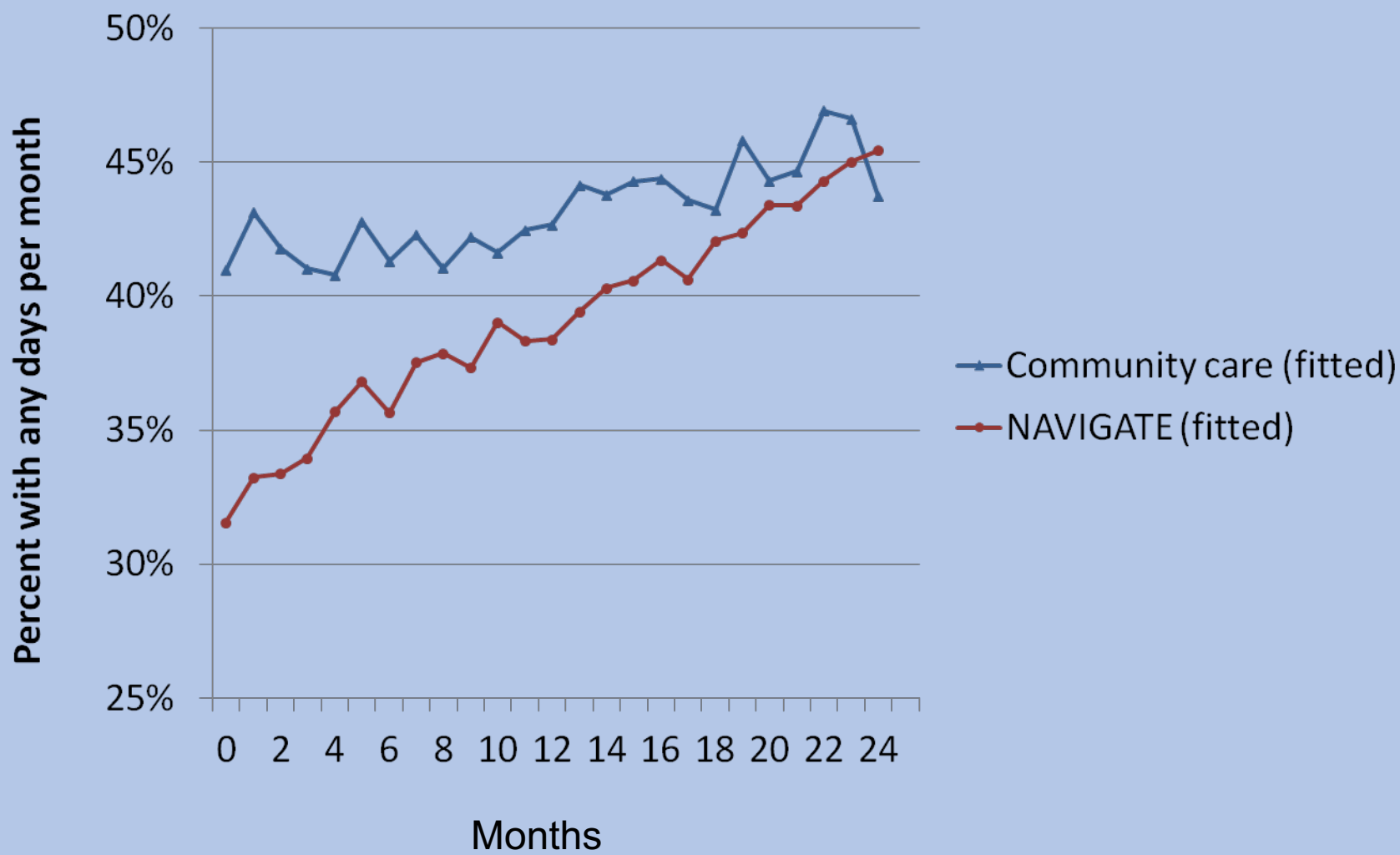
Principles of Supported Employment and Education (SEE)

- SEE services are available to all people in CSC program
 - SEE Specialist meets with all clients early in program to explore possible work/school goals
 - Continues working with clients interested in work or school
 - Re-engages client later in program if interest develops over time
- People's individual goals and preferences regarding their careers are honored and supported
- SEE employment services assist people with obtaining meaningful competitive employment
- SEE helps people to obtain accurate information regarding decisions about disability benefits and work incentive programs
- SEE services work together with all other CSC interventions to be as helpful as possible for people
- SEE services begin working with people when they express interest in work or educational goals
- SEE employment services help people search for and obtain employment quickly without requiring prevocational assessments (usually within 6 weeks)
- SEE services provide follow-along supports for people after they have obtained a meaningful job, started an educational program, or both

Key Tenets of SEE: The job or school match is critical!

1. Discover why the client wants to work and/or go to school
2. Identify the client's strengths and build on them
3. Find the right placement for the client
4. Don't expect the client to change a lot for the job or school
5. Provide ongoing support; anticipate problems succeeding at work or school

Research from the RAISE-ETP Study of NAVIGATE program vs. Community Care (N=404): Percent With Any Work or School Days per Month (Group by Time interaction: $p=0.044$)



The Center for Psychiatric Rehabilitation College Mental Health Education Services



- Designed to respond rapidly to first experiences and first episodes of serious mental illness that disrupt higher education or vocational education.
- Aim is to help young adults with serious mental illness finish higher education/vocational training to shift trajectory away from underemployment, unemployment and disability.
- Programs message recovery, hope, resiliency and wellness
- Intervene using education as a framework and focus on academic, social and wellness skill and support development.

NITEO-a semester long program for college students with serious mental illnesses



- 15 hrs a week program over 3 days for 1 semester on campus at BU. Age relevant, socially relevant, environmentally relevant.
- Each student assigned a coach for a weekly meeting to set rehab goal, plan, execute on skills, supports and tasks. Mobile, flexible and as needed.
- “Courses” include:
 - Academic seminars that aim to improve executive functioning skills.
 - Wellness & Resiliency seminar-to develop skills for living well with a SMI
 - Collegiate Photovoice to develop resistance to internalized stigma
 - Writing Seminars
 - Mindfulness and stress resilience skills
 - Career Seminar: setting a goal and planning for high impact practices for employment-internships, related employment, certificates, etc.

Other Educational Interventions

- LEAD-a wellness and academic resiliency class; meets weekly and is very skills based. Students are often referred after First hospitalizations from campuses-both virtual and in person. Available in Spanish. Helps students return and stay in school.
- HEALTHY RELATIONSHIPS-course to help young adults with SMI to develop the skills to build adult social and intimate relationships.
- Flourishing Families-course and parent coaching developed to support parents of college aged students with FEP or initial episodes of mental illnesses to assist them to support their young adult in school and employment paths.
- Leave of Absence Manual-developed to help young adults with SMI who take a leave of absence from higher education navigate their time away so as to return with success and achieve this credential, which is seen as a critical pathway to employment.



- **NO ORDINARY DOOR**

- This might look like an ordinary door, but it is the door to the B.U. Recovery Center. The Center helped open and maintain my road to recovery. The many skills I have learned and been coached on at the Recovery Center are computer knowledge, communication skills, nutrition, and most importantly self-respect and confidence. The center deals with the whole person not just the mental illness. The support I receive here has been a critical aspect in my recovery process. I am leading my life because I walked through this door.



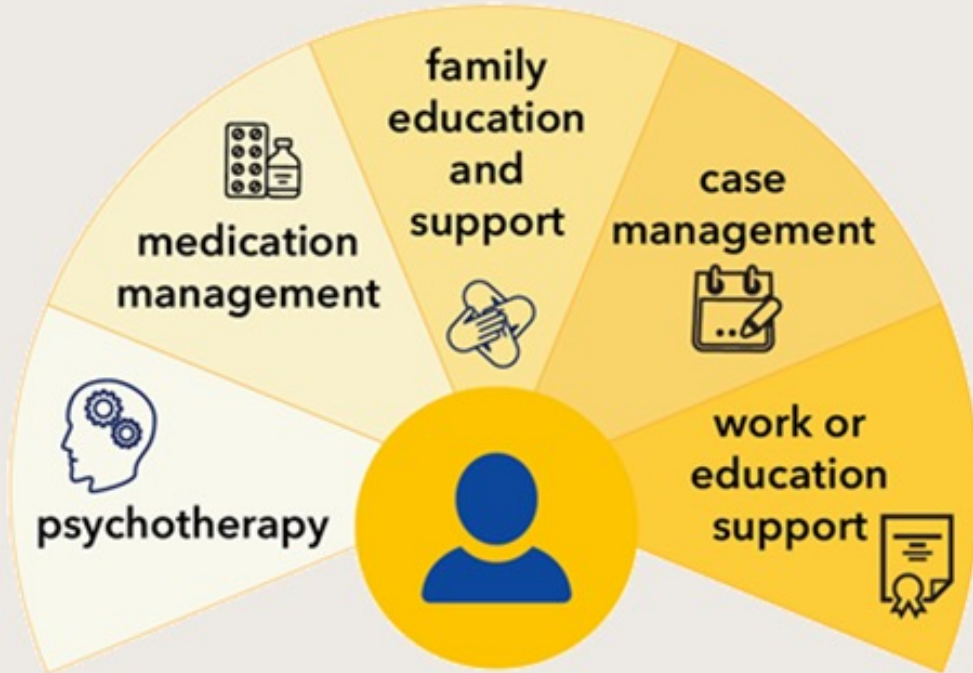
Funding Mental Health Service Delivery for Youth with First Episode of Psychosis:

Using Resources Available Through the
Workforce Development System and
American Rescue Plan

Funding Mental Health Service Delivery for Youth with First Episode of Psychosis

- Prior to the pandemic, each year an estimated 115,000 individuals experience their first episode of psychosis (FEP)
- With a peak onset of FEP occurring between 15-25 years of age, psychotic conditions such as schizophrenia can derail a young person's social, academic and vocational development and begin a path of compounding disability.
- Untreated psychosis costs our economy an estimated \$155.7 billion a year in direct healthcare costs, unemployment compensation and lost productivity for caregivers.

Coordinated Specialty Care



Research demonstrates that FEP CSC programs are cost effective and feasible in U.S. community mental health settings.

Coordinated Specialty Care

uses shared decision making with a team of specialists who work with the patient to create a personal treatment plan depending on the individual's needs and preferences.

Community Mental Health Services Block Grant (MHBG) Program and Substance Abuse Prevention and Treatment Block Grant Program (SABG)

- The **MHBG** program enables states and territories to provide comprehensive community mental health services and address needs and gaps in existing treatment services for those with severe mental health conditions.
- The **SABG** program allows states and territories to plan, implement and evaluate activities to prevent, treat and help people recover from co-occurring substance use disorder.

Transforming Lives through Supported Employment Program

- This program helps state and community efforts to refine, implement and sustain evidence-based supported employment programs and practices (e.g., supported education) for transition-aged youth/young adults with serious emotional disturbance, and adults with serious mental illness or co-occurring mental and substance use disorders.

Medicaid

- States can develop comprehensive plans for serving individuals with FEP by using a variety of Medicaid 1905(a) State Plan options including targeted case management services, preventative services, rehabilitative services, Medicaid managed care, home and community-based services, and Section 1115 of the Social Security Act.

American Rescue Plan (ARP)

- The ARP allocates approximately \$4 billion in mental health and substance abuse funding.
- The Centers for Medicare & Medicaid Services stated that states could use these additional funds to, “assist eligible individuals in receiving mental health services, substance use treatment and recovery services, and necessary rehabilitative services to regain skills lost during the pandemic.”

Elementary and Secondary School Emergency Relief (ESSER) Fund

- **ESSER** funding can be used for numerous CSC services, such as implementing transition programs and coordination of services with agencies involved in supporting the transition of children with disabilities
- Governor's Emergency Education Relief Fund (**GEER**)-**ESSER** funds can also support CSC programming because they can be used for:
 - college or career counseling,
 - assistance with college applications,
 - entry into job training programs,
 - mental health services, and
 - financial literacy

Funding Mechanisms with a Focus on Supported Employment and Education (SEE)

- A key component for CSC, SEE can be divided into three phases:
 - 1) Assessment (Education and Career Inventory)
 - 2) Job search or enrollment in school
 - 3) Follow- along supports
- The following resources can assist with SEE funding:
 - Workforce Innovation and Opportunity Act
 - Pre-Employment Transition Services
 - Ticket to Work

Additional Resources:

- [Trauma-Informed Policy for Youth: Structuring Policies and Programs to Support the Future of Work](#)
- [Addressing the Mental Health Needs of Workers Throughout and Beyond the COVID-19 Pandemic](#)
- [Mental Health Topic Page of COVID-19 Scan](#)
- Braided Funding Brief
- Improving Mental Health Service Delivery for Youth and Young Adults with Disabilities with Marginalized Racial Identities

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CAPE - Youth

CENTER FOR ADVANCING POLICY
ON EMPLOYMENT FOR YOUTH