



Supporting the Higher Education Goals of Young Adults with Mental Illness: State of the Practice

Chair: Heather Ringeisen, RTI International

**Discussant: Marsha Langer Ellison, University of
Massachusetts Medical School**

March 14, 2016



Symposium Overview

- Educational Needs and Mental Illness
- Description of Supported Education (SEd) Interventions
- Project Findings by Method
 - Literature Review
 - Environmental Scan
 - Site Visits
- Synthesis, Needs and Opportunities



Educational Needs of Individuals with Mental Illness

- More than 50% of students 14 years and older with a mental disorder drop out of high school (Armstrong, Dedrick, & Greenbaum, 2003), the highest drop-out rate for students of any disability group (US Department of Education, 2004).
- Students with psychiatric conditions have a post–high school employment rate of only 50% (National Longitudinal Transition Study (NLTS & NLTS2; Wagner & Newman, 2012).
- Students with mental health conditions who attend college experience longer delays in entering college (Newman et al., 2011) and continue to show high dropout rates (Salzer, Wick, & Rogers, 2008).
- Educational attainment is strongly linked with employment and wage earnings (U.S. Department of Labor, 2010) and predicts later employment among adults with mental illness (Burke-Miller et al., 2006; Elison, Russinova, Lyass, & Rogers, 2008; Rogers, Anthong, Lyass, & Penk, 2006).

Project Goals and Purpose

- Project funded by the Office of the Assistant Secretary for Planning and Evaluation (ASPE)
- Characterize the current state of knowledge about SEd as a way to assess the feasibility of conducting a demonstration project of SEd for individuals with serious mental illness.
- Compile evidence and identify gaps in the knowledge base about SEd.

Project Tasks & Methods

- **Literature Review**
- **Environmental Scan** (of researchers, program managers and other key informants)
- **Site Visits** to three programs implementing SEd service delivery models
- **Final Report** and synthesis of findings



Supported Education (SEd)

- Supported education (SEd) interventions help individuals with serious mental illness achieve their educational goals.
- SEd services include supports to help individuals with mental illness take advantage of skill, career, educational and inter-personal development opportunities within postsecondary educational environments.
- SEd helps individuals with serious mental illness to successfully
 - (1) set and achieve an educational goal (e.g., training certificate or degree),
 - (2) improve educational competencies (literacy, study skills, time management),
 - (3) navigate the educational environment (e.g., applications, financial assistance), and
 - (4) improve educational attainment.
- A common element for SEd interventions is the presence of an individual whose job is to focus on educational goals, course enrollment, and troubleshoot problems.

Supported Education (SEd): Core Features

- Specialized staff with time allocated explicitly to SEd programs
- Service coordination with professionals outside of the SEd program
- Coordination with postsecondary education institutions to facilitate course access or within-course assistance
- Specialized career counseling, including vocational planning
- Skill building to facilitate integration into the academic environment, including stress and time management and academic or study skills training
- Financial assistance
- On-campus information about student rights and resources
- Access to tutoring, library assistance, and other educational support
- Mentoring and support, individual or group support, or peer support
- General support (off-campus support preferred) for the barriers and life stressors that can lead to educational attrition



U.S. Department of Health and Human Services
Assistant Secretary for Planning and Evaluation
Office of Disability, Aging and Long-Term Care Policy

**FEASIBILITY STUDY FOR
DEMONSTRATION OF SUPPORTED
EDUCATION TO PROMOTE
EDUCATIONAL ATTAINMENT AND
EMPLOYMENT AMONG INDIVIDUALS
WITH SERIOUS MENTAL ILLNESS:**

FINAL REPORT

September 2015

***Available on
ASPE Website:
Supported
Education
Final Report***

**[https://aspe.hhs.gov/
sites/default/files/pdf
/183661/smiSEd.pdf](https://aspe.hhs.gov/sites/default/files/pdf/183661/smiSEd.pdf)**

State of the Empirical Literature around Supported Education Interventions for Young Adults with Mental Illness

**Heather Ringeisen, Ph.D.,
RTI International**

March 14, 2016

Literature Review: Methods

- The objective of this literature review was to complement and expand on prior reviews of the literature published around supported education (SEd) interventions.
 - Two systematic reviews of SEd approaches were recently published (Leonard & Bruer, 2007; Rogers, Kash-MacDonald, Bruker, and Maru, 2010) and several other articles summarize the state of SEd program implementation and research (e.g., Chandler, 2008; Ellison et al., 2013; Manthey et al., 2014; Mueser & Cook, 2012; Parrish, 2009; Unger, 2011).
- Search Engines: PubMed, the Web of Science, PsycINFO, and the Education Resources Information Center.
- Exclusionary criteria:
 - Exclusive focus on supported employment, occupational therapy or psycho-education program
 - Included only children, only a single case example or was only theoretical.

Literature Review: Articles

- After exclusionary criteria, relevant 75 articles were identified
- 31 articles that had been published on SEd since 2010
 - 16 of these were original research studies designed to examine the impact of an SEd intervention.
 - Most of these were pre/post designs
 - 5 published since 2010 used an experimental design (with a control group)

Literature Review: Articles

- Seven SEd interventions/programs were tested using an experimental or quasi-experimental design (including a comparison group):
 - Collins et al. (1998)
 - Hoffman and Mastrianni (1993)
 - Gutman, Kerner, et al (2009)
 - Kidd, Kaur et al (2014)
 - Baksheev, Allott, Jackson, McGorry, & Killackey (2012)
 - Nuechterlein et al (2008a; 2008b)—ongoing, outcomes not published
 - Smith-Osborne (2012a; 2012b)—ongoing, outcomes not yet published

Prior Systematic Review Conclusions

- SEd programs assist individuals with identifying educational goals, assessing needed resources, and coping with barriers to educational attainment.
- SEd programs help individuals progress toward educational goals and increase their self-esteem.
- But...
 - Most SEd studies do not include rigorous designs and include only minimal evaluation data.
 - Few well-controlled studies exist
 - The two oldest experimental studies (Collins et al., 1998; Hoffman & Mastrianni, 1993) did not find ample evidence of a positive behavioral impact and lacked key information on implementation.

Educational Enrollment and Attainment

- ***Strongest evidence***--Improved enrollment in postsecondary educational institutions and courses (Kidd et al., 2012; Manthey et al., 2014; Mowbray, 2000)
- ***Suggestive evidence***--Increases in educational attainment
 - 70% of IPS + SEd program's participants had completed their course of study or were continuing with their studies at an 18-month follow-up (Waghorn et al, 2010).
 - Significant increase in GPAs post-SEd intervention (Smith-Osborne, 2012)

- ***Suggestive evidence***—Increases in employment
 - Increases in participants working for pay or as volunteers from baseline to 18 months (18% to 64%), increases in hours of work per week, and increases in mean earnings per month (among working participants) (Hutchinson et al., 2007)

Employment and/or Education

- **Comparative evidence**—Increases in employment or educational enrollment compared to usual care
 - 63% of SEd participants (on-site classroom training, mentoring & support) at the 6-month follow-up were enrolled in educational program, had obtained employment, or had applied to a program, compared to 6% of those in control group (Gutman et al., 2009)
 - Integrated SEd/SE intervention approach led to greater employment and more class completion than usual care (Killackey et al, 2008).
 - Combined SEd and SE program participation led to higher work or school enrollment (83%) than those receiving usual care (41%) after 6 months of treatment. This pattern 18-months later (72% versus 42%) (Nuechterlein et al., 2008)

Integration of SEd and Supported Employment Models

- The integration of SEd and SE models is very common—specifically Individual Placement and Support (IPS)—often focused on young adults with psychotic or related conditions.
- Some RCTs of combined SE/SEd models are currently underway with comparative results forthcoming: Nuechterlein et al (2008) and Smith-Osborne (2012)
- These ongoing RCT study combined IPS/SEd approaches, but won't help understand SEd program impact alone.

Literature Review Conclusions

- SEd studies from 2010-2014 alone are almost double those published from 1989 to 2009.
- Similar to the findings from Rogers et al (2010), the most commonly reported outcome was educational engagement (not attainment) followed by employment.
- There is promising evidence in support of SEd programs, particularly in terms of impact on education enrollment and employment
 - However, the current state of research evidence is not sufficient to support SEd programs as an evidence-based practice.

Need for RCTs and Long Term Follow-Ups

- No RCT with sufficient power to identify differences in SEd outcomes for youth and young adults has been conducted.
 - Current evidence is not sufficient to support SEd programs as an evidence-based practice.
- Few articles included follow-up data collection beyond an immediate post-program assessment.
 - Meanwhile, a typical postsecondary degree/certificate program takes 2–4 years to complete.



Research, Practice, and Policy Discussions on Supported Education for Young Adults: An Environmental Scan

Amy Ryder-Burge, M.S., RTI International

March 14, 2016

Environmental Scan: Methods

- Conducted with SEd researchers, program managers, and other stakeholders involved in funding or supporting the implementation of SEd programs in communities across the country.
- The individuals selected for participation in these discussions were chosen to represent various perspectives across the SEd research and practice community.
- Fourteen unstructured discussions were conducted by telephone and took place between January and February 2015.

Environmental Scan Participants: Researchers

- Researchers who had recently published studies focused on SEd with diverse research areas.
- SEd researchers noted during the literature review were also contacted via email to inquire about unpublished reports, manuscripts in press, or other ongoing SEd efforts.

Researcher Affiliation

Rehabilitation Through Education

Dartmouth Psychiatric Research Center

Boston University, Center for Psychiatric Rehabilitation

Department of Psychiatric Rehabilitation; School of Health Related Professions, Rutgers, The State University of New Jersey

Environmental Scan Participants: Program Managers

| Program Name | Location | Setting |
|---|------------------------|--------------------------------|
| Saint Clare's Behavioral Health Services, Labor Education and Research Now (LEARN) | Denville, NJ | Community mental health center |
| Veterans Integration To Academic Leadership (VITAL), Edith Nourse Rogers Memorial Veterans Hospital | Bedford, MA | College campus |
| Early Assessment and Support Alliance (EASA) | Multiple locations, OR | Community mental health center |
| University of California, Los Angeles Aftercare Research Program | Los Angeles, CA | College campus |
| OnTrackNY | Multiple locations, NY | Community mental health center |
| Quinsigamond Community College | Worcester, MA | Community college |
| EASA, Transition Age Youth Programs, LifeWorks Northwest | Northwest OR | Community mental health center |

Environmental Scan Participants: Stakeholders

- Represented agencies funding research on SEd or from organizations involved in financing or serving individuals with serious mental illness.
- Discussions covered potential collaboration in managing SEd programs, policies relevant to SEd programs, and funding for SEd research and programming.

Stakeholder Affiliation

Delaware State Division of Vocational Rehabilitation

Division of Services and Intervention Research, National Institute of Mental Health

National Institute on Disability and Rehabilitation Research, U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

Environmental Scan: Key Findings on SEd



Model Development

Development of a model of service to support the educational goals of individuals living with mental health conditions.

Research & Evaluation

Setting the stage for future evaluation efforts

Funding

In the absence of a core funding strategy, SEd programs rely on different funding vehicles that varied in terms of their stability and ultimate sustainability.

Model Development: Program Variability

- Great variability exists across programs and services that provide education supports to individuals with mental health conditions.
 - Service setting - specialty mental health settings (e.g., hospitals, clubhouses, community mental health centers) to primary and postsecondary education settings and to state VR agencies.
 - Specific target population (e.g., veterans, first-episode psychosis, transition-age youth)
 - Shifting financial and staffing resources
 - SEd efforts being modified as needed to address real-time needs of individuals working toward educational goals.

Model Development: Service Array

- Specific SEd services include
 - academic readiness skills,
 - proactive educational supports while enrolled in classes, and
 - financial aid assistance,
 - all while working with the individual on their mental health needs.
- Service needs beyond school or mental health needs and working on other needs such as
 - substance abuse,
 - homelessness, or
 - building social supports outside of the program.

It is in addressing the comprehensive needs of the young adults that partnerships with other organizations can grow.

Model Development: Core Components and Goals

- Similar goals for participants across program settings.
 - Having an identified educational goal (preferably student led)
 - Individuals enrolling in relevant classes
 - Accruing course credits
 - Attaining certificates or degrees
- Similar distal outcomes
 - Better employment opportunities
 - Higher income
 - Lessened dependence on disability benefits
- Suggests a common conceptual framework that unifies programs and initiatives that support the educational goals of individuals with serious mental health conditions.

Research and Evaluation

- No singular standard exists for measuring SEd participant outcomes. Unspecified goals of SEd create a challenge in developing standardized measurement protocols.
- Principal outcome measures of academic achievement are often collected but need to be tracked long term.
- It is well understood that clients may move in and out of services and that educational achievements alone can take years to develop.
- A true measure of the outcome of these SEd services needs to include the time it takes to complete all significant educational milestones.

Funding

- **Sources of SEd funding:**
 - **Research dollars**
 - **SAMHSA's Community Mental Health Services Block Grants**
 - **Vocational Rehabilitation**
 - **College or University support**
 - **Veterans Health Administration**
 - **Medicaid**

Funding: Vocational Rehabilitation (VR) Support

- VR state agencies seen as important SEd partners--high federal match rate, potential ability to fund tuition and books, and new Workforce Innovation and Opportunity Act (WIOA) legislation.
- However, VR funding is not intended to provide the longer-term educational services and supports needed by individuals with psychiatric disabilities to truly succeed in attaining an educational goal.
- VR can fund education activities only when these activities are explicitly directed at facilitating employment.
- VR funding for SEd services would have to be supplemented by other funding sources that would fulfill the ongoing needs for skill training and support.

Funding: Medicaid

- Programs bill Medicaid for services whenever possible.
- Many respondents noted that SEd does not have a Medicaid billing code comparable to SE.
 - Programs with joint SE/SEd services described billing specialists' time under the SE billing code.



Funding: Braided Funding

- Braided funding from a variety of sources (municipal, federal, state, collegiate, and/or private corporations) will likely be the main funding strategy for SEd.
- Environmental scan respondents hypothesized about this possibility.
 - For example, public special education services fund education supports for individuals with disabilities up to 21 years of age but end thereafter.
 - Could VR dollars cover where education dollars leave off (e.g., to cover tuition and books)?
- Funding from campus disability services offices (for those enrolled in postsecondary education) or Medicaid may be better suited to complement the limitations of VR or special education services.
- Complementary funding strategies are needed to fill in funding gaps.

INNOVATIVE EFFORTS TO SUPPORT YOUNG ADULTS TO MEET THEIR EDUCATION GOALS: A SITE VISIT STUDY

Kathleen Biebel, PhD

Shums Alikhan, BA

March 14, 2016



Site visits to innovative education initiatives

- Goal – to understand how education supports are operationalized through the eyes and experiences of those who:
 - **deliver** these supports
 - **receive** these supports
- Target 3 education support initiatives across the US for individuals with SMHC



Methods

- Identification of sites
 - 10 – literature review – named programs still operating
 - 13 – key stakeholders in environmental scan
 - 2 – supported education research and training experts
- Innovation
 - 15 sites identified by key stakeholders and experts
- Selection criteria
 - 1 site targeting individuals with first episode of psychosis
 - 1 site in a community mental health setting
 - 1 site in a postsecondary education setting
 - Geographic diversity



Methods

- Each site visit - 2 days in April and May 2015.
- Worked with site visit leaders to identify key stakeholders to provide info on: program/initiative overview, history, services offered, participation engagement, staffing, financing, evaluation efforts, service context, and successes and challenges
- Data collected through one on one meetings and group discussions
- All sites included 1-2 group discussions with individuals with mental health concerns receiving education support services



What were the innovative efforts?

- Early Assessment and Support Alliance. EASA is a statewide effort in Oregon to address the needs of young adults, which includes educational needs. EASA focuses on individuals experiencing a **first episode** of schizophrenia-related conditions.
- Learning Enhancement and Resource Network. LEARN is a standalone supported education program in a New Jersey **community-based mental health center**, within a larger health care system. LEARN supports individuals of any age with mental health concerns.
- The University of Minnesota. The U of M has a **campus-wide initiative** to support the mental health needs of all students. Their Provost Committee on Student Mental Health has prioritized mental health and wellness campus-wide, created a culture of attention and resources to support student mental health.



Summary of supported education dimensions across sites

| | EASA | LEARN | University of Minnesota |
|---------------------------------|--|--|---|
| Setting | Community mental health settings | Community mental health settings | 4-year university |
| Service Approach | Integrated with other young adult services | Standalone service | Integrated with other university services |
| Scope | Statewide | Multicounty | Campus-wide |
| Target Population | First-episode schizophrenia-related conditions | Individuals of any age receiving community mental health services | University students |
| Primary Staffing | Occupational therapists | Education coaches | Varies by academic organization |
| Primary Referral Sources | Hospital and outpatient mental health settings | Community mental health programs and campus counseling departments | Offices of disability, mental health services, and counseling |
| Financing | State mental health block grant and state general funds; some department of vocational rehabilitation and Medicaid funding | State contract for SEd services | Varies by academic organization; very limited targeted funds |

Early Assessment and Support Alliance

- History

- Began in 2001 in 5 counties in Oregon
- Prioritization of implementation of evidence-based practices

- Service Approach

- Transitional program providing supports for up to 2 years
- Integrated evidence-based practices (e.g., Cognitive Behavioral Therapy, Individual Placement and Support)

- Philosophy

- “Whatever it takes” approach
- Meeting young adults where they’re at



Early Assessment and Support Alliance

- **Staffing**

- Primarily occupational therapists, some peer support
- In Oregon, occupational therapists can bill third-party payers

- **Financing**

- Began with one time. local Medicaid funds for prevention activities.
- In 2015, 6 Million to deliver EASA. Mix of state general funds, Medicaid reimbursement, private insurance, vocational rehabilitation

- **Innovation**

- Project Access: Beyond 2 years, up to age 30, VR partnership
- Youth Hubs: Serve a range of serious mental health conditions



Early Assessment and Support Alliance

- Integration of Supported Employment and Supported Education
 - Individual Placement and Support (Supported Employment model)
 - Early EASA had integrated IPS and Supported Education, with combined SE/SEd Specialist
 - Billing Medicaid for SE tied to IPS fidelity – results in emphasis on SE
 - Unintended consequence – disincentive to provide SEd
 - New modifier for SE billing code for SEd. Doesn't change \$ available, but legitimizes provision of supported education supports



Learning Enhancement & Resource Network

- History

- Began in 2007 within behavioral health division of health care system
- LEARN is within Career Services (Supported Employment and SEd)
- Serving 10 colleges across 4 counties

- Service Approach

- Standardized approach and training, emphasis on skill development, education and use of tools for Education Coaches
- Quarterly roundtable training sessions for ongoing technical assistance

- Philosophy

- Rehab focus, with emphasis on learning skills that can be repurposed to new settings



Learning Enhancement & Resource Network

- **Staffing**

- Small team of education coaches and specialists
- Majority of time in community and on campuses; close relationships with college departments of counseling, disability and health

- **Financing**

- Contract for service with NJ Division of MH and Addiction
- No increase in funding since program began
- Some funding through vocational rehabilitation to cover tuition costs

- **Innovation**

- Training and skill development, for personnel and students, as foundation of support



University of Minnesota

- History

- Began in 2001, led by Disability Resource Center
- Young adults with mental health conditions single largest group served

- Service Approach

- 2005 Provost Committee on Student Mental Health
- Top-down leadership across all departments

- Philosophy

- Create a campus-wide culture of understanding and support around mental health



University of Minnesota

- Staffing

- Obvious partners of Departments of disability, counseling and health
- Ancillary partners, e.g., residential, campus police, learning abroad programs, international student services

- Financing

- \$10,000 seed \$ for Provost Committee
- Almost no specifically dedicated \$ - shifting of personnel and existing \$

- Innovation

- Provost support, campus wide
- PAWS, Cirque de Stress



What do these sites share?

- Philosophy

- Recognition of academic success as critical to:
 - Development of human capital (vocational and career success)
 - Development of social capital (human development and milestones)

- Emphasis of leadership

- Initiation and support “from the top down”

- A functional approach

- On the ground, teaching skills to meet the demands of an environment, that can be used moving forward – dissecting the skills needed to achieve academic goals
- Addressing mental health specific to academic performance



How do these sites differ?

- Variation in service setting, structure & service delivery models
 - Integrated vs. stand alone vs. public health approaches
 - Sites developed services and approaches to match their settings and the needs of their participants
- No singular point of entry to services and supports
 - Mental health service door vs. student door
- Variation in culture of supports
 - Continuum of recovery from illness to community bridging to being fully in education setting
- Limited performance measurements and outcome data



Why this work is important....

- “You can really trust them and talk to them not just about educational or employment goals, but also about life and how things are going”
- “Programs like this make it possible to progress out of psychosis and be independent again.”
- “I felt (that the program) really was addressing more of what I needed help with at the moment, and this is different from what I got from the counseling center.”

