

Transition Planning for Youth with Serious Emotional Disturbance

Presentation for
Boston Medical Center
January 17, 2013
JoAnne Malloy Ph.D.
Institute on Disability at the University of New Hampshire



Transition Planning Intervention for Youth with Serious Emotional Disturbance

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Agenda

- Problem and Theory
- Model Elements
- Research
- Mental Health Center Capacity Building Project
 - Implementation
 - Outcomes
 - Financial Model

Poor Functioning for Youth with SED

- High rates of school dropout (with associated low income and employment)

(U.S. Department of Education, 2005; Wagner, 1991; Wehman, 1996; Wagner & Cameto, 2004; Wagner, Kutash, Duchnowski, & Epstein, 2005)

- High rates of anti-social behavior including incarceration, arrests, behavior problems in school

(Chen, C-C., Symons, F. J., & Reynolds, A. J., 2011; Cullinan & Sabornie, 2004; Nelson, Benner, Lane, & Smith, 2004; NH, 2008; Sabornie, Cullinan, Osborne, & Brock, 2005).

- High rates of trauma

(Kilpatrick, Ruggiero, Aciermo, Saunders, Resnick, & Best, 2003; De Bellis, 2005; Zinzow, Ruggiero, Hanson, Smith, Saunders, & Kilpatrick, 2009)

- Poor access to or utilization of mental health services (Gopalan, et al., 2010; Kataoka, Zhang, & Wells, 2002; McKay, et al., 2005; Walker & Gowan, 2010)

- Lack community and social supports

(Cullinan, & Sabornie, 2004; Lane, Carter, Pierson, & Glaeser, 2006)

Mental Health Needs of All Youth:

- One in 5 youth have a MH “condition”
- About 70% of those get no treatment
- School is “defacto” MH provider
- JJ system is next level of system default
- 1-2% identified by schools as EBD
- Those identified have poor outcomes
- Suicide is 4th leading cause of death among young adults

Poor System Response

- Needs of transition-age youth not being met by current service options

(NH Block Grant, 2010)

- Family dissatisfaction with transition services (NAMI-NH, 2007)

- Lack of access to or utilization of unwanted treatment options lead to short-term and long-term residential treatment with average costs per child (without room and board) of \$20,627 and \$17,225 respectively.

(NHCPPS Mental Health Services for NH's Children).

Significant Costs

“Mental, emotional, and behavioral issues among young people—including both diagnosable disorders and other problem behaviors, such as early drug or alcohol use, antisocial or aggressive behavior, and violence—have enormous personal, family, and societal costs. The annual quantifiable cost of such disorders among young people was estimated in 2007 to be \$247 billion”

(National Research Council and Institute of Medicine, 2009)

RENEW (Rehabilitation for Empowerment, Natural supports, Education and Work)

- Developed in 1996: 3-year RSA-funded employment model demonstration project for youth with “SED” in Manchester NH
 - Initial promising results (Bullis & Cheney, 1999; Cheney, Malloy & Hagner, 1998; Malloy, Cheney, & Cormier, 1998)
- Developed a non-profit community based agency: provided RENEW to youth in New Hampshire: 1998-2007
- Provided to youth in high schools as the tertiary level intervention in a 3-tiered PBIS model (2002- present) : NH and Illinois
- Provided to youth as part of SOC projects in North Carolina
- Provided by community mental health providers in New Hampshire (2008- present)
- Focus is on community-based, self-determined services and supports

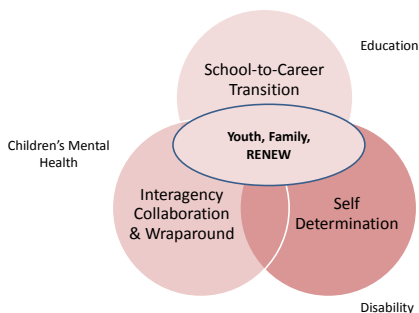
Needs of Youth with SED

- An intervention that assists the youth to complete high school and gain employment
- Learn self-determination skills for transition to adulthood
- Build a positive social support network
- Develop a personalized career and post-high school plan

Theoretical Underpinnings

- Social cognitive learning and behavioral theory:
 - Help the youth to restructure his or her self-view and build self-efficacy through a positive, future orientation and experiences
 - Teach self-determination skills through real-life contexts, including how to set goals, problem solve, gain self-knowledge, and overcome adversity
 - Build self-efficacy through real-life situations
 - Build motivation to engage by pursuing goals that are of value to the youth
- Contextual – working to engage the youth in his or her environment

RENEW: Conceptual Framework



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A Values-based Intervention

- Self-Determination
- Unconditional Care
- Strengths-Based Supports
- Braided Resources
- Natural Supports



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RENEW Goals

- High School Completion
- Employment
- Post-secondary Education
- Community Inclusion



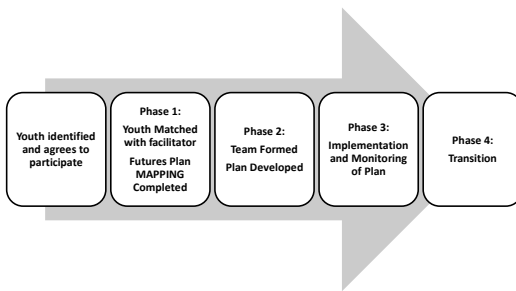
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Strategies

- Personal Futures Planning
- Individualized Team Development and Wraparound
- Braided (individualized) Resource Development
- Flexible, or Alternative Education Programming
- Individualized School-to-Career Planning
- Naturally Supported Employment
- Mentoring
- Sustainable Community Connections

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RENEW Phases



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Person-centered Planning Models

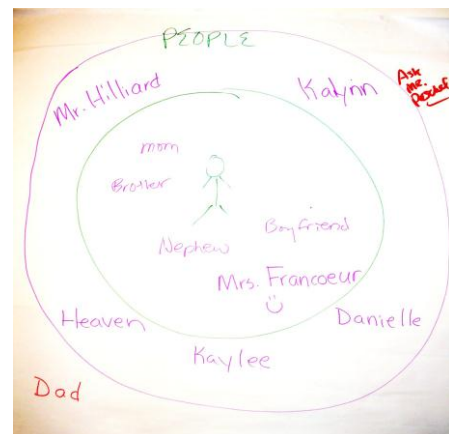
- Personal Futures Planning (Beth Mount)
- MAPS [McGill Action Planning (Vandercook, York & Forrest)]
- Methods, Models and Tools, (Cotton, 2003)
- Essential Lifestyle Planning (Michael Smull)
- Group Action Planning, known as GAP (Turnbull & Turnbull); and
- PATH [Planning Alternative Tomorrows with Hope (Pearpoint, O'Brien, & Forest)]

Personal Futures Planning

- History-Where I have been.
- Who I am now, strengths, weaknesses.
- The people in my life
- My goals and dreams
- My fears, what could get in my way
- Short-term goals (3-6 months)
- Next Steps: Who does what
- Schedule follow up



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RENEW Employment Outcomes: 1st Project
 (Cheney, Malloy & Hagner, 1998; Malloy, Cheney, & Cormier, 1998)

- 89% obtained one or more jobs
- 75% were employed 3 months after project's end
- Average wage; \$6.74/hr. (1999)
- Average hours per week: 27.8
- Average job duration: 14 weeks
- Average No. of jobs: 3

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RENEW Education Outcomes: 1st Cohort

- 66% finished high school
- Another 21% were in secondary education at project's end
- 31% entered post-secondary education

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Study: 2002-2005

(Malloy, J.M, Sundar, V., Hagner, D., Pierias, L. & Viet, T. (2010

- Data collected for a subset (n=20) of student participants in school implementing PBIS
- Child and Adolescent Functional Assessment Scale (CAFAS; Hodges, 2000)- 6 month intervals:
 - Baseline at enrollment
 - 6 months after initiating RENEW
 - 12 months after initiating RENEW
- Project research Assistant trained in CAFAS collected the data

RENEW Data:

- Data collected for a subset (n=20) of PBIS participants using the Child and Adolescent Functional Assessment Scale (CAFAS; Hodges, 2000; Hodges & Wong, 1996)
 - Instrument used primarily to assess behavioral health impairment in 8 domains:
 - Home
 - School
 - Community
 - Moods and Emotions
 - Behavior Towards Others
 - Self-harm
 - Substance Use
 - Thinking

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Study Participants

	All		Completed Futures Plan		Completed 3 Waves of CAFAS Data	
	n	%	n	%	n	%
N	91	100	46	50	20	22
Gender						
Female	35	38	22	48	10	50
Male	56	62	24	52	10	50
Race/Ethnicity						
African-American	7	8	2	4	2	10
Latino	7	8	2	4	2	10
Other	1	1	0	0	0	0
White	74	81	42	91	16	80
Missing	2	2	0	0	0	0

	All		Completed Futures Plan		Completed 3 Waves of CAFAS Data	
	n	%	n	%	n	%
Primary Language						
English	86	95	45	98	19	95
Other	1	1	0	0	0	0
Spanish	3	3	1	2	1	5
Missing	1	1	0	0	0	0
Dropout status at start						
Yes	7	8	2	4	2	10
No	84	92	44	96	18	90
Age at start (in years)						
Mean	16.8		16.6		17.0	
SD	1.2		1.2		1.5	
Minimum	14.7		14.9		15.3	
Maximum	21.2		21.2		21.6	

**PBIS RENEW STUDY
CAFAS Data (2002-2005)**

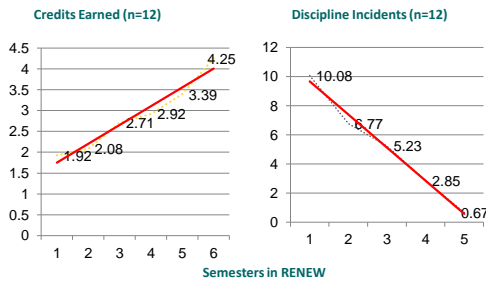
N=20	Wave 1 Mean (SD)	Wave2 Mean (SD)	Wave3 Mean (SD)	F value
School/Work	27.5 (5.50)	22.5 (8.51)	14.0 (11.88)	12.06 **
Home	11.5 (10.89)	7.0 (8.01)	4.5 (6.9)	5.64 *
Community	5.0 (6.88)	7.0 (8.01)	3.0 (6.57)	2.32
Behavior toward others	7.5 (5.50)	7.0 (5.71)	7.0 (5.71)	.11
Moods/Emotions	16.0 (10.46)	14.5 (9.99)	10.0 (9.73)	8.45**
Self-harmful Behavior	8.5 (10.89)	6.5 (9.33)	2.0 (5.2)	3.91*
Substance Use	13.5 (12.26)	14.5 (13.95)	11.0 (12.52)	1.23
Thinking	.50 (2.24)	0 (0)	0 (0)	1.00
CAFAS total score	90.0 (6.77)	79.0 (8.88)	51.5 (6.70)	14.84**

Repeated Measures ANOVA for CAFAS Scores of Participants Who Completed Futures Plans and had Three Waves of Data
* p-value <.05
** p-value <.01

Multilevel Model for Change in Total CAFAS Scores (n = 20)

		Estimate	ASE	z
Fixed Effects				
Initial status, τ_{00}	Intercept	90.85***	7.28	12.47
Rate of change, τ_{10}	Intercept	-4.00***	0.80	-4.99
Variance Components				
Level 1	Within-person, σ_{ϵ_i}	395.22***	103.59	3.82
Level 2	Initial status, ζ_{00}	769.74*	340.27	2.26
	Rate of change, ζ_{10}	3.96	3.20	1.24
	Covariance between ζ_{00} and ζ_{10}	-23.51	28.52	-0.82

**RENEW Data: 3rd Cohort
PBIS School-based RENEW Services (2008-09)**



RENEW Capacity Building Projects

- RENEW I: October 2008-October 2010
- Mental Health Centers: Manchester, Nashua, Laconia, Concord
 - Staff Trained: 14
 - Youth Served: 50
- RENEW II: Manchester, Derry, Laconia, Concord, Portsmouth, Dover
 - Staff Trained: 34
 - Youth Served: 68
- Fidelity of Implementation Reached: 82% 2012,

**RENEW Capacity Building Projects
October 2008- Present**

Funded by The Endowment for Health
The Institute on Disability at UNH:

- Provides training and coaching to staff members in 6 children’s community mental health centers to provide the RENEW model.
- Medicaid-billable (FSS, TCM, Therapeutic Services).
- Leadership Team: BBH, NAMI-NH, Federation of Families, DOE, Vocational Rehabilitation, CMHC Children’s Directors

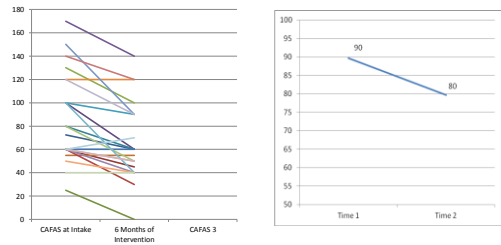
Target Population

- Transition-age youth (15 through 21)
- Youth who meet the state definition for SED
 - Youth who have functional difficulties;
 - At home: Homeless, transient housing, conflicts with caregivers, in out-of home placement
 - In School: Multiple behavior problems, multiple suspensions, chronic truancy, failing classes, off-track for graduation, dropout
 - In the Community: Multiple arrests, incarcerated, substance abuse

RENEW II Youth Outcomes

- 30 Youth obtained jobs (44%)
- 69% of youth in jj met their probation goals
- 9 youth were hospitalized or placed (13%)

RENEW I & II CAFAS Scores (2008-present, n=23)



Using Implementation Research*

- Carefully selecting the school or agency for implementation and staff to be trained
- Carefully crafted training
- Adequate resources for coaching
- Strong system to evaluate staff implementation
- Strong data system for decision support (are the right youth getting the right services at the right time?)
- Administrative support
- Systems support (community involvement)

*(Fixsen & Blasé, 2009)

Fidelity of Implementation

- RENEW Integrity Tool:
 - Domains:
 - School Readiness and Systems
 - Eligibility and Screening
 - Orientation
 - Meeting Organization
 - Youth Empowerment
 - Process Integrity
 - Perception of Success

RENEW Student Progress Tracker

- Data points:
 - Attendance
 - Behavior & Discipline
 - Grades: Pass/Fail
 - Credits Earned
 - Employment
 - Activities
 - Individual Milestones

RENEW III October 2012-September 2013

- Shifts responsibility for coaching support to CMHCs for sustainability
- Refine training and data collection tools
- Develop web-based training and coaching supports
- Develop streamlined data collection systems
- Scale up implementation

Thank You!

JoAnne M. Malloy, Ph.D.	Jonathon Drake, MSW
Project Director	RENEW Project
Institute on Disability, UCED	Coordinator
University of New Hampshire	Jonathon.drake@unh.edu
JoAnne.Malloy@unh.edu	