Transition Planning Intervention for Youth with Serious Emotional Disturbance

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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

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)
- High rates of anti-social behavior including incarceration, arrests, behavior problems in school
  (Chen, C.-C., Symanski, J. M., & Reynolds, A. J., 2011; Cullinan & Sabornie, 2004; Nelson, Benner, Lane, & Smith, 2004; ten, 2006; Sabornie, Cullinan, Osborne, & Brock, 2005)
- High rates of trauma
  (Kilpatrick, Ruggiero, Azarmo, Saunders, Resnick, & Best, 2003; De Bellis, 2003; Zimerver, Ruggiero, Hanson, Smith, Saunders, & Kilpatrick, 2009)
- Poor access to or utilization of mental health services
  (Gopal, et al., 2010; Katzauka, Zhang, & Wells, 2000; McKay, et al., 2005; Walker & Gowan, 2010)
- Lack community and social supports
  (Cullinan, & Sabornie, 2004; Lane, Carter, Pierson, & Glaeser, 2006)

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.
  (NHSPFS 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)

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

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 (Bulls & Cheney, 1999; Cheney, Malloy & Hagner, 1998; Malloy, Cheney, & Cormier, 1998)
• Developed a non-profit community based agency; provided RENEW to youth in New Hampshire: 1996-2007
• 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

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

A Values-based Intervention

• Self-Determination
• Unconditional Care
• Strengths-Based Supports
• Braided Resources
• Natural Supports
**RENEW Goals**

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

**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

**RENEW Phases**

1. **Phase 1:** You identified and agree to participate
2. **Phase 2:** You matched with facilitator; Futures Plan MAPPING completed
3. **Phase 3:** Team formed; Plan developed; Implementation and Monitoring of Plan
4. **Phase 4:** Transition

**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
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

RENEW Education Outcomes: 1st Cohort

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

Study: 2002-2005

- 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

Study Participants

<table>
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<th>All</th>
<th>Completed Futures Plan</th>
<th>Completed 3 Waves of CAFAS Data</th>
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<td><strong>n %</strong></td>
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<td>91  100</td>
<td>46  50</td>
<td>20  22</td>
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<td>22  48</td>
<td>10  50</td>
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<tr>
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<td>56  62</td>
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<td>2  4</td>
<td>2  10</td>
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<td>2  4</td>
<td>2  10</td>
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<tr>
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<td>2  4</td>
<td>2  10</td>
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<td>Age at start (in years)</td>
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<td>SD</td>
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<td>14.7</td>
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<tr>
<td>Maximum</td>
<td>21.2</td>
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PBIS RENEW STUDY

CAFAS Data (2002-2005)

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<tr>
<th></th>
<th>Wave 1 Mean (SD)</th>
<th>Wave 2 Mean (SD)</th>
<th>Wave3 Mean (SD)</th>
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<tr>
<td>School/Work</td>
<td>27.5 (5.50)</td>
<td>22.5 (8.51)</td>
<td>14.0 (11.88)</td>
<td>12.06   **</td>
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<tr>
<td>Home</td>
<td>11.5 (10.89)</td>
<td>7.0 (8.8)</td>
<td>4.5 (8.1)</td>
<td>0.94    *</td>
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</table>
| Community                | 5.0 (6.88)       | 3.0 (5.77)       | 3.0 (5.77)      | 0.30    *
| Behavior toward others   | 7.5 (5.58)       | 7.0 (5.71)       | 7.0 (5.71)      | 0.11    *
| Moods/Emotions           | 16.0 (10.46)     | 11.0 (9.71)      | 11.0 (9.71)     | 0.40    ** |
| Self-harmful Behavior    | 8.5 (10.89)      | 6.0 (9.31)       | 6.0 (9.31)      | 0.97    ** |
| Substance Use            | 13.5 (12.26)     | 11.0 (12.52)     | 11.0 (12.52)    | 0.23    ** |
| Thinking                 | 5.0 (2.34)       | 6.0 (9.01)       | 6.0 (9.01)      | 0.00    ** |
| 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)

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

- **Fixed Effects**
  - Initial status, \(\pi_0i\)
    - Intercept: 90.85 ***
    - Variance: 7.28
    - z: 12.47
  - Rate of change, \(\pi_1i\)
    - Intercept: -4.00 ***
    - Variance: 0.80
    - z: -4.99

- **Variance Components**
  - Level 1: Within-person, \(\varepsilon\)
    - Variance: 395.23 ***
    - SE: 103.59
    - z: 3.82
  - Level 2: Initial status, \(\zeta_0i\)
    - Variance: 769.74 *
    - SE: 340.27
    - z: 2.26
  - Rate of change, \(\zeta_1i\)
    - Variance: 3.96
    - SE: 3.20
    - z: 1.24
  - Covariance between \(\zeta_0i\) and \(\zeta_1i\): -23.51
    - SE: 28.52
    - z: -0.82

RENEW Data: 3rd Cohort

PBIS School-based RENEW Services (2008-09)

- Credits Earned (n=12)
- Discipline Incidents (n=12)

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,

Target Population

- **Transition-age youth (15 through 21)**
- **Youth who meet the state definition for SED**
  - Youths 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 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
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%)

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 & Blase, 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!

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