

Promise for the Future: How Federal Programs Can Improve Career Outcomes For Youth & Young Adults With Serious Mental Health Conditions

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The Learning & Working During the Transition to Adulthood
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Report Overview

- Federal education, vocational and basic support for 16-30 year-olds w/ serious MH conditions (SMHCs)
- Service gaps and structural problems
- Recommendations for state, local and federal policy change
- For policymakers, those assisting w/transition and advocates

Back Drop

- 6.7 million 16 to 24 year-olds not in school or working. Youth/young adult employment at low point. Only slight creep upward recently
- Students w/ with SMHCs—more likely to drop out of high school & forego higher ed than peers
- Long-term consequences: poverty, chronic unemployment, risk of justice involvement

Back Drop 2

- Gains made in 15 years b/t NLTS & NLTS-2 —e.g., greater percentage of those with EDs finish high school and enroll in higher education
- But...employment rates down over 15 years for all—not just those w/ disabilities. Low rates among low-income and even lower still for low-income youth with disabilities.

Yes, We Can... Do Better

- Even with problems in economy, high poverty, and environmental stressors, we know what helps.
- More impact from transition services when school climate is favorable to better outcomes—e.g., PBIS
- More impact when infrastructure in place for interagency collaboration such as systems of care

Areas of Federal Assistance

Funds to individual, state or local govt., or non-profits to assist with:

- ◆ Secondary School
- ◆ Higher Education ◆ Employment
- ◆ Medicaid ◆ Vocational training
- ◆ Mental Health ◆ Health Care
- ◆ Child Welfare ◆ Juvenile Justice
- ◆ Other Basic Needs (e.g., income support)

It's Complicated

- Multiple systems involved
- Disruptions caused by eligibility criteria—e.g., age, income, in-school or out-of-school
- Imbalance of resources – actual impact
- Population targeted
- Entitlements vs. available slots

Major Differences in Financing

- Entitlements vs. other types of federal aid
- Individuals control resources (SSI)
- Funds pay for a benefit (Medicaid)
- States control decisions on resources (formula/block grants)
- Funds flow to local provider agencies that then control (discretionary grants)

Major Systemic Issues

- Absence of an overarching framework for disparate programs
- Adult & child systems not developmentally and culturally relevant
- Diffuse accountability
- Crisis-driven pathway to services — too little for prevention & early intervention

Prioritize the Foundation

- High school completion—problem-solving with youth
- Comprehensive transition planning to address needs in all domains—not just education and employment
- Case managers to facilitate access to programs, monitor plan implementation and engage multi-agency teams in problem-solving and plan modifications.

System Change

- State mental health authority should lead teams for those with /SMHCs
- Adult MH system must partner with the children's system on transition and to tailor specific services
- All systems must work to offer programming that is developmentally and culturally appropriate for young people

System Change

- All systems have role beyond delivery of their services. Have role in interagency efforts to ensure component parts are synergistic and meet comprehensive needs.
- Collaborative approach develops more competent systems—interagency learning
- Unified vision/message for policymakers

State Education Policies

- Establish state-wide School-wide, Positive Behavioral Interventions and Supports (PBIS).
- Use IDEA transition data to inform changes to policy and programming.
- Increase collaboration between Ed, MH and VR to design and implement transition initiative.
- Develop strategies to help youth w/ SMHCs get engaged in planning for their future.
- Lead interagency effort to identify youth with SMHCs who need transition services but are not in special education.

State Mental Health System

- In adult MH, create a system starting at age 16 & linked to the child system; age-appropriate & welcoming; planned w/ young people, schools & other partners.
- Fund local MH to have specialized case managers to assist w/ transition.
- Contracts with local agencies should have specs for youth and young adults & requirements for EBPs.

State Medicaid

- Cover specialized youth/young adult ACT, Supported Employment, Supported Education, Family Psychoeducation, and WRAP training. Best covered under Section 1915(i) state plan option.
- Coverage of peer-provided services.
- Expand Medicaid coverage to individuals with incomes at or below 133 percent FPL
- Have 1 set of benefits for Medicaid – don't complicate by adopting benchmark coverage

Higher Education

- Collaborate with MH on Supported Ed
- 5-yr Voc Ed plan should address service needs of students w/ SMHCs
- Expand work-study & include supported employment option
- Disability resource centers, college counseling and MH collaborate to foster school completion.
- Supplement federal funding to community colleges to assure affordability.

Employment & Training Policies

- Training for specialized case workers to facilitate access to VR services & linkages between local VR and MH agencies.
- As allowable, make program eligibility rules uniform (age/income)
- Workforce Investment Boards (WIBs) should engage young service users & MH in program design and quality

Employment and Training

- Co-locate MH staff in One-Stop Ctrs.
- Train Center staff on MH First Aid, and in assessing & referring to MH
- WIBs should prioritize those with SMHCs; use Youth Formula Grants for supported employment; seek other federal funds—e.g., Disability Employment Initiative, Workforce Innovation Fund, YouthBuild

Opportunities and Threats

- Opportunity: Heightened Congressional interest in transition, school mental health and positive youth development
- Threat: MH problems trivialized by public and person blamed for laziness; or other times, disorders viewed as immutable and dangerous
- Poor transition outcomes used as an excuse to cut programs. Unsubstantiated assertion that assistance causes welfare dependency is gaining.

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