



Examining the Referral Process for an Occupational Therapy and Vocational Training Program for Youth with Mental Health Needs

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Background

- Youth with mental health issues often have challenges finding employment
- Supported employment interventions can greatly improve outcomes, including:
 - Finding a job
 - Working more hours
 - Keeping a job longer
 - Less reliance on public assistance
- Supported employment services are often underutilized
- Little is known about utilization and outcomes for youth with psychiatric needs outside of first-episode psychosis

Study Setting

- Family Mosaic Project (FMP)**, a wraparound community mental health clinic, serves a youth safety-net population in San Francisco usually after having tried lower levels of care
- Occupational Therapy (OT, ages 3-18):**
 - FMP partners with an OT organization to provide patients with OT and assessments of their interests and skills
- Vocational Training (VT, ages 14+):**
 - If patients are referred to the OT organization and eligible, they can receive VT including vocational assessments, guidance through the job process, and supervision at their job site

Objectives

- Understand **access** to and **utilization** of OT/VT for youth in a wraparound mental health clinic
- Examine **who** gets referred, **how** and **why** they are referred
- Assess **barriers** to and **facilitators** of referral

Methods

Study Design:

- Mixed methods study
 - Chart review of patient demographic and clinical characteristics
 - Qualitative interviews to identify factors influencing referral to OT and system referral policies

Participants:

- Chart review:** 51 patients seen at FMP from 2017-2018
- Interviews:** stakeholders including 3 FMP care coordinators (points of contact for patients), 2 FMP supervisors, and 1 supervisor from OT

Measures/Data:

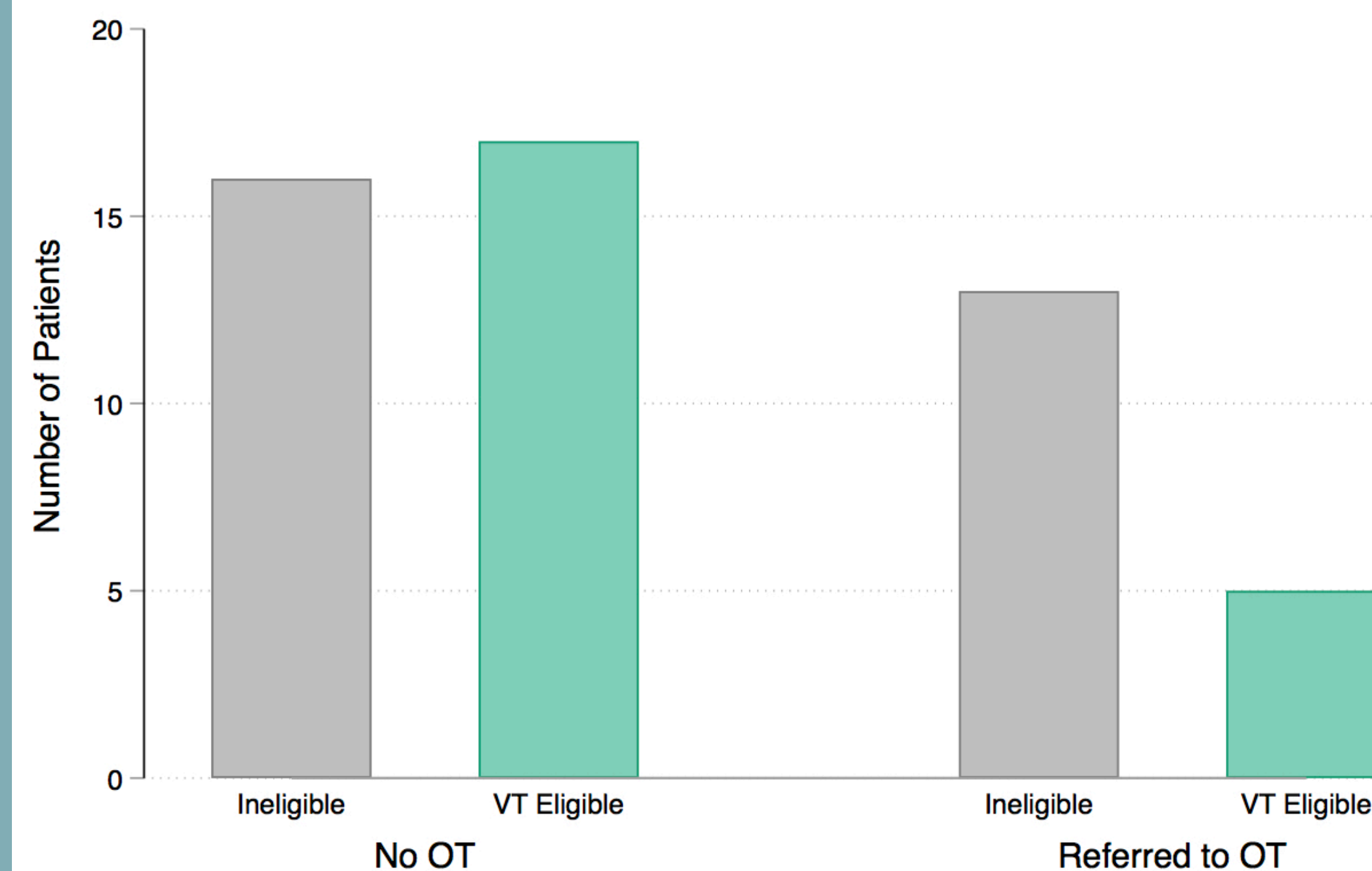
- Chart review:** demographics including age, gender, race/ethnicity and clinical characteristics from Child and Adolescent Needs and Strengths (CANS) assessments
- Interviews:** questions to inform understanding of the referral process, including factors influencing referral and system referral policies

Analysis:

- Chart review:** Descriptive statistics, chi-square and t-tests comparing engagement based on demographic and clinical factors
- Interviews:** Using basic thematic analysis, we will draw common themes from stakeholder interviews and triangulate these with quantitative data

Results

Figure 1. VT Eligibility by Referrals to OT Program



Note. Patients must be 14 years or older to be VT eligible.

- OT services:**
 - 16/18 referred received services
 - One provider was the source of 44% of referrals
- VT services:**
 - All patients** who were eligible and referred enrolled
 - 77% of age-eligible patients were not referred

Who's receiving OT/VT?

- Younger patients**
- Patients with ADHD**
- Patients with longer treatment duration**
 - Length of treatment was significantly associated with referral to OT ($p = .014$)

What's working well?

- OT addresses patients' need for guidance around logistics of finding/starting a job
- OT is responsive and communicative, making linkage easy
- Long history of cooperation with FMP as a valuable partner
- Frequent reports of good experiences for patients receiving OT/VT services

Discussion

- High rate of VT use suggests that **VT is acceptable and motivating to patients**
 - There remains a substantial portion of FMP patients who could benefit from this training
- Decreasing initial family overwhelm may increase referrals
- Next steps for **both programs**:
 - Continue to improve communication in effort to improve alignment of services
- Next steps for **mental health services**:
 - Standardize referral process to VT programs
 - Start a dialogue among care coordinators about OT utilization strategies to allow idea exchange that may benefit patient care
 - Remind care coordinators of the important benefits of occupational therapy/vocational training for patients to increase referrals
- Next steps for **OT/VT**:
 - Consider shortening the assessment process
 - Consider hiring more diverse staff that represent FMP population
 - Consider heightening engagement with parents

Table 1. Patient Demographics and Clinical Characteristics

		Study Sample (N = 51)	Referred to OT (n = 18)	Not referred to OT (n = 33)	p
Age	(years)	12.3 (3 - 17)	10.9 (3 - 17)	13.1 (5 - 17)	.048
Gender	Male	67% (34)	78% (14)	61% (20)	.210
	Female	33% (17)	22% (4)	39% (13)	
Race	Black/African Descent	29% (15)	44% (8)	21% (7)	.110
	Hispanic/Latinx	29% (15)	11% (2)	39% (13)	
	Asian/Pacific Islander	20% (10)	22% (4)	18% (6)	
	White/Caucasian	10% (5)	17% (3)	6% (2)	
	Other	12% (6)	6% (1)	15% (5)	
Diagnosis	ADHD	22% (11)	44% (8)	9% (3)	.010
	Depressive Disorder	22% (11)	6% (1)	30% (10)	
	PTSD	22% (11)	17% (3)	24% (8)	
	Opp. Defiant Disorder	13% (7)	22% (4)	9% (3)	
	Adjustment Disorder	11% (6)	0% (0)	18% (6)	
	Other	10% (5)	11% (2)	9% (3)	
	English	84% (43)	100% (18)	76% (25)	
Primary Language	Spanish	12% (6)	0% (0)	18% (6)	.160
	Other	4% (2)	0% (0)	6% (2)	

Figure 2. Stakeholder interview themes

