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

David Grunwald, MD MS, Marina Tolou-Shams, PhD, Dorianna Bailey, MD, Andrea Else, BA, James Dilley, MD, Christina Mangurian, MD MAS

University of California, San Francisco; Zuckerberg San Francisco General Hospital; and San Francisco Department of Public Health

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

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

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

Methods

- 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

- OT services:
  - 16/18 referred 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

Table 1. Patient Demographics and Clinical Characteristics

<table>
<thead>
<tr>
<th>Table 1. Patient Demographics and Clinical Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study Sample</td>
</tr>
<tr>
<td>---------------</td>
</tr>
<tr>
<td>Age</td>
</tr>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Race</td>
</tr>
<tr>
<td>Diagnosis</td>
</tr>
<tr>
<td>English</td>
</tr>
<tr>
<td>Spanish</td>
</tr>
<tr>
<td>ADHD</td>
</tr>
<tr>
<td>Depression</td>
</tr>
<tr>
<td>PTSD</td>
</tr>
<tr>
<td>Opposition</td>
</tr>
</tbody>
</table>

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

What’s working well?

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

Figure 1. VT Eligibility by Referrals to OT Program

Figure 2. Stakeholder Interview themes

Table 2. Provider/Client Factors

| Provider/Client Factors | Historical Factors | Structural Factors | | |
|-------------------------|--------------------|--------------------|---|
| Clinic model has evolved over the past decade | Rate of OT clients changed with new clinic model | Perceived lack of cultural match between patient/OT clinician | |
| Other services: | | | |
| Missed opportunity! | | | |

This work was supported by the San Francisco Department of Public Health, Community Behavioral Health Services.