

Supported Education Initiative Report

Diane McDiarmid, LMSW
Project Director, Principle Investigator

Sarah Ratzlaff, BA
Research Assistant

**The University of Kansas
School of Social Welfare
Office of Mental Health Research**

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Supported Education Initiative Project

Abstract:

Consumers of mental health services and service providers are increasingly recognizing the role of education in recovery. This research project sought to evaluate and understand the types of barriers that may preclude access and participation in post secondary and other educational offerings. The project's secondary intent was to provide an evidence based practice model for supported education. The project provides a model by which community support services can upgrade service quality and performance through best practices of supported education. From these findings, strategies will be developed to ensure consumer access and involvement in post secondary and other meaningful life enrichment educational opportunities.

Table of Contents

Introduction.	4
Purpose.	5
Achievement of Goals.	6
Goal 1: Barriers to Education	6
Consumer Responses.	6
Staff Responses.	14
Consumer vs. Staff Barriers.	23
Goal 2: Increase Educational Involvement.	25
Supported Education is For You.	26
Meeting Goals.	33
Goal 3: Alternatives and Strategies	40
Goal 4: Best Practices.	40
Acknowledgements.	41
Addendum.	43

Introduction

Supported Education has been defined as a method of assisting individuals with ongoing support in order to be successful in the educational environment (Unger, 1990). The goal of supported education is to assist individuals with psychiatric disabilities so that they may access and sustain participation in an educational setting of choice. Unfortunately, for individuals experiencing psychiatric disabilities, involvement in post secondary or other continued education, though frequently desired, is seldom achieved. For many individuals, the completion of high school, college and trade apprenticeship is interrupted by the onset of identifiable psychiatric symptoms manifested in the young adult years. Post secondary education is seen as an activity that enables individuals to gain access to meaningful employment and the fulfillment of life goals. For many individuals with psychiatric disabilities, post secondary education and educational life enrichment activities through community support programs has been an area that has been overlooked.

The University of Kansas Supported Education Initiative was designed to help individuals with psychiatric disabilities access and explore educational opportunities. The University of Kansas Office of Mental Health Research, working in partnership with Johnson County Mental Health Center's Community Support Services (CSS), developed and implemented a one year pilot Supported Education Initiative beginning in November 2001 and ending December 2002. This report will describe the Supported Education Initiative (SEI) pilot project activities. The report will provide an overview of the SEI purpose, goals, research design, methods, data collection, program outcomes and research findings since the onset of the Supported Education Initiative.

Purpose

The purpose of the Supported Education Initiative is two fold:

- 1) Discover and identify what barriers exist for people with psychiatric disabilities to have interest in and/or to become involved in educational activities, especially post secondary education.
- 2) To provide improved opportunities for consumers involved in Johnson County Community Support Services to gain access to and succeed in two types of educational activities: post secondary education and educational life enrichment.

The University of Kansas (KU) and Johnson County CSS worked in partnership to launch the supported education program design based upon the following Supported Education Initiative program goals:

- Goal 1:** Develop rationale of why people with severe psychiatric disabilities choose not to access educational activities.
- Goal 2:** Increase involvement by consumers in educational activities:
- a) CSS consumer participation in *all activities* of learning will increase to 15%.
 - b) CSS consumer participation in *post secondary* education will increase to *at least* 8%.
- Goal 3:** Develop alternatives and strategies for consumer participation in educational activities.
- Goal 4:** Identify best practice behaviors for staff to support and encourage consumer participation in educational activities.

Achievement of Goals

Goal 1: *Develop rationale of why people with severe psychiatric disabilities choose not to access educational activities.*

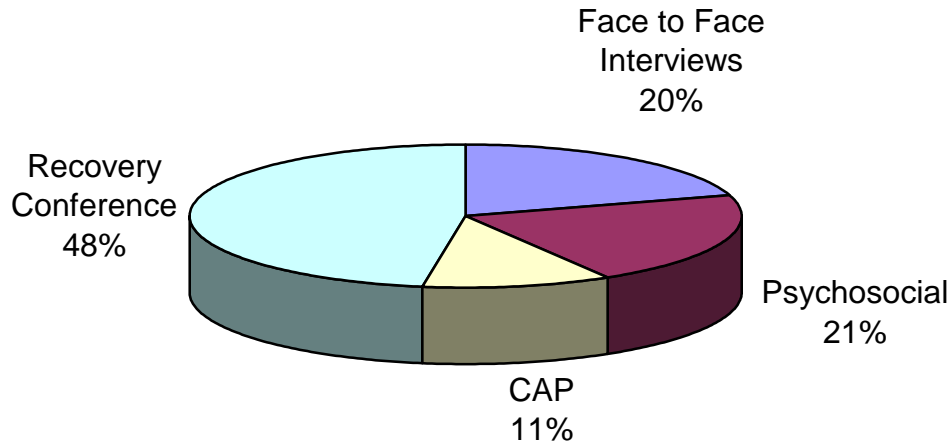
This goal serves as the centerpiece of the research component of the Supported Education Initiative project. The SEI staff interviewed both consumers and staff at Johnson County Community Support Services to obtain data regarding barriers to educational involvement. Consumers were interviewed because they hold the answers as to why they do not choose to participate in educational activities. Staff were interviewed in order to validate the barriers that the consumers expressed and to reveal any other barriers that consumers had not articulated. Additionally, the SEI researcher was interested in whether staff focused on different barriers than consumers, which could indicate an organizational barrier.

Consumer Responses

Data Collection

In total, one hundred and forty seven (N=147) consumers offered responses regarding barriers to accessing educational opportunities. Of the 147 consumers, thirty CSS consumers consented to face-to-face individual interviews. Additionally, thirty-one other consumers were interviewed during planned psychosocial groups at CSS. Sixteen individuals, who were students in the University of Kansas Consumer as Provider Fall 2002 class, were interviewed. Seventy participants from the 2002 Kansas Conference on Recovery were also surveyed.

**Consumer Respondents
N=147**



Face-to-Face Interviews

The Supported Education Initiative research team interviewed consumers in order to gather information regarding interest in and barriers to educational participation. Interviews were held at the CSS program, consumer run organizations and in community settings. On average, interviews lasted 45 minutes. Using tools of the research design (see addendum), respondents reported why they lack interest or have interest in educational opportunities. The focus, however, was upon barriers they had faced in the past and perceived barriers they may have for future involvement.

Group Interviews with Johnson County CSS Consumers

Thirty-one consumers who were involved in the daily CSS Resource Development Team (RDT) psychosocial programming were interviewed over several days in small groups. These individuals were asked to share their current knowledge and past experiences with involvement in educational activities. Responses were written on a large white board and discussed.

Consumer as Provider Class

During classroom time, students in the University of Kansas Consumer as Provider Training program were solicited for feedback as to barriers they had encountered to educational participation. Because these individuals were current supported education students, in addition to being active consumers within CSS programming, their feedback was sought to validate other consumer responses.

Recovery Conference Participants

KU and Johnson County CSS staff conducted a Supported Education workshop at the 2002 Kansas Conference on Recovery. The seventy attendees of the workshop were asked to list and discuss barriers to educational opportunities. These respondents offered a wide cross section representation of consumers in the state of Kansas. The rationale to seek identification of barriers from this group was to validate similar responses from Johnson County CSS consumers as well as seeking other undiscovered barriers.

Data Analysis

Demographics

Demographics were collected on the individuals who consented to face-to-face interviews. Thirty individuals agreed to be interviewed on an individual (face-to-face) basis by the SEI researcher, however, three individuals did not grant access to information from Johnson County Mental Health Center medical record files. Therefore, demographic information was gathered for twenty-seven interviewees (N=27). The following table offers the collected demographic information:

Johnson County MHC Supported Education Face-to-Face Interviews

Demographics for Individual Interviewees N=27

	Number	% Percentage
Diagnosis (Axis I)		
Schizophrenia	7	26
Major Depression	3	11
Borderline	2	7
Schizoaffective	7	26
Bipolar I	3	11
OCD	1	4
Psychotic	2	7
Depressive	1	4
Dysthymic	1	4
Sex		
Male	16	59
Female	11	41
Age		
15-20	1	4
20-29	4	15
30-39	5	18
40-49	11	41
50-59	5	18
Unknown	1	4
Race		
Caucasian	25	92
African American	1	4
Native American	0	0
Asian	0	0
Hispanic	1	4
Other	0	0
Marital Status		
Single	16	59
Married	5	19
Divorced	6	22
Other	0	0
Receiving CSS Services		
Yes	27	100
No	0	

Educational Achievement		
No High School/GED	2	7
HS Diploma	6	22
GED	1	4
1 year of college	5	19
2 years of college	2	7
3 years of college	1	4
4 years or more	2	7
Vo Tech Certificate	1	4
Associates Degree	0	0
Bachelors Degree	6	22
Masters Degree	1	4
PhD	0	0
Social Security Disability Benefits		
Yes	23	85
No	4	15
Currently Using Vocational Rehabilitation Services		
Yes	10	37
No	17	63
Currently Employed		
No	17	63
Less than 30 hours	10	37
More than 30 hours	0	0
Educational Involvement in August and September 2002		
No involvement	13	48
Pre-educational	2	7
Basic Educational	1	4
Attending High School	1	4
Vocational School	0	0
Apprenticeship	0	0
College 1-6 hours	3	11
7 or more hours	0	0
Life enrichment classes	7	26
Other	0	0

Coding Qualitative Data

Qualitative data was collected from interviews with respondents and a content analysis was initiated. The task was to reduce the wide variety of responses into a limited set of variables and coding schemes. The researcher developed an initial coding scheme based on the data collected. After the first analysis of data using the coding scheme, responses were relegated into corresponding code categories. In order to verify reliability, others coded the same data. After comparison, discrepancies were noted indicating an imperfect coding scheme. Also, many items fit into an “other” category, necessitating additional categories and definitions. The following is a list of the coding scheme with an explanation of the responses that fit into each category. (see Addendum for Barriers Responses)

Coded Barriers to Educational Involvement--Consumer Responses

1) Past failures and negative educational experiences

People reported general negative experiences ranging from test anxiety to bad experiences with teachers. Many experienced poor grades and indicated a general dislike of school, while some reported past negative experiences with symptom relapse due to school attendance.

2) Symptoms

This category contains a variety of responses concerning symptoms. Some respondents found that their symptoms did not allow them to pay attention in class, sit through an entire class period or to be in a classroom with many other students. Some respondents reported symptoms negatively impacted motivation to even attempt obtaining an education.

3) Side effects from medication

Most respondents reported that taking their medication decreases the ability to concentrate and lowers their memory functions.

4) Transportation

Many interviewees did not have cars or any type of reliable transportation, including lack of convenient public transportation in the area.

5) Academic learning skills

Respondents identified a lack of computer skills and knowledge of basic study skills including note taking, paper writing and reading comprehension.

6) Fears of the unknown

This is a broad category encompassing fears about fitting in at school, the ability to succeed in an educational setting and the effect that mental illness would have on educational performance.

7) Lack of supports

Respondents expressed lack of supports from family, friends and case managers. Overwhelmingly, they reported a lack of support, help or assistance in the school enrollment process, class selection, obtaining financial aid and other related educational concerns.

8) Funding

Barriers included lack of finances to pay tuition, the need to continue working while taking classes, the potential loss of disability checks, lack of suitable clothing and the need for school supplies.

9) Low self-esteem

Interviewees expressed worries and fears about wanting to “fit in” with other students, personal expectations of failure and the idea that they were “not good enough” to pursue any type of continuing education.

10) Need accommodations

Specifically, students requested tutors, note takers and expressed the need for smaller classes due to their mental illness.

11) Stigma

Respondents articulated a variety of stigmas including personal stigma, stigma because of age and stigma because of their illness.

12) Disability

Barriers included physical disabilities that inhibited the learning process such as learning disabilities, inability to walk to class and memory loss.

13) Other commitments

Many interviewees reported a desire to attend class but that personal commitments did not allow time for educational pursuits.

14) Don't want to commit time because of unknown results

Respondents expressed interest in school, but viewed college as a means for career enhancement. Due to the length of commitment a degree would require, many were uncertain because of their age, desire and other factors if they wanted to commit to that length of time.

15) Lack of desire or interest

Some people did not want to go back to school. Many were educating themselves in their areas of interest while others stated they didn't like school at all.

Staff Responses

Data Collection

The researcher met with each CSS team to deliver an overview of the research design, discuss the Supported Education pilot and to answer questions. Every case management team at Johnson County CSS was interviewed to gain ideas about what constituted obstacles to educational involvement. Staff answers (N=39) consisted of barriers that they had encountered in delivering case management services or obstacles that consumers had reported to case managers. The researcher sought responses in a group brainstorming/feedback session. The next step in the process included coding responses, then asking each team to rank order (most significant to least significant) barriers to educational involvement from consumer feedback and their CSS practice experiences. (See addendum)

Data Analysis

Coding Qualitative Data

After the initial interviews with case management teams were conducted, the responses were coded into the following categories:

- 1) Past failures/Negative Educational Experiences
- 2) Symptoms
- 3) Side Effects Due to Medication
- 4) Transportation
- 5) Academic Learning Skills
- 6) Fears of the Unknown
- 7) Lack of Consumer Supports
- 8) Funding/Not Enough Money
- 9) Low Self-Esteem
- 10) Need Accommodations

Rank Ordered Barriers

Staff were given the above list and asked to rank order the barriers from most significant to least significant. From those responses, a rank order list of barriers was created. The following data presents the list in rank order followed by a breakdown of each barrier. Table 1A and 1B show the number of staff that filled out the survey and the mean of their rank orders. Tables 2 through 11 show the specific breakdown of each barrier including the frequency of each response. Each table is followed by a corresponding graph that represents the same frequency data in a bar graph format.

Ranked Staff Reported Barriers to Education

(Most Significant to Least Significant)

- 1) Past Failures/Negative Experiences
- 2) Fears of the Unknown
- 3) Symptoms
- 4) Low Self-Esteem
- 5) Transportation
- 6) Academic Learning Skills
- 7) Side Effects Due to Medication
- 8) Funding/Not Enough Money
- 9) Lack of Consumer Supports
- 10) Need Accommodations

Statistics

		Past Failures/Negative Experiences	Symptoms	Side Effects Due to Symptoms	Transportation	Academic Learning Skills
N	Valid	39	39	39	39	39
	Missing	0	0	0	0	0
Mean		2.56	4.54	6.03	4.92	5.67

Table 1A

Statistics

		Fears of the Unknown	Lack of Consumer Supports	Funding/Not enough Money	Low Self-Esteem	Need Accomodations
N	Valid	39	39	39	39	39
	Missing	0	0	0	0	0
Mean		3.87	7.87	6.87	4.64	8.03

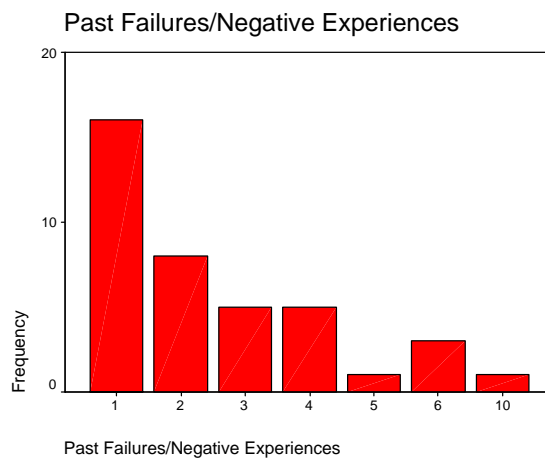
Table 1B

Frequency Tables

Past Failures/Negative Experiences

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	16	41.0	41.0	41.0
	2	8	20.5	20.5	61.5
	3	5	12.8	12.8	74.4
	4	5	12.8	12.8	87.2
	5	1	2.6	2.6	89.7
	6	3	7.7	7.7	97.4
	10	1	2.6	2.6	100.0
	Total	39	100.0	100.0	

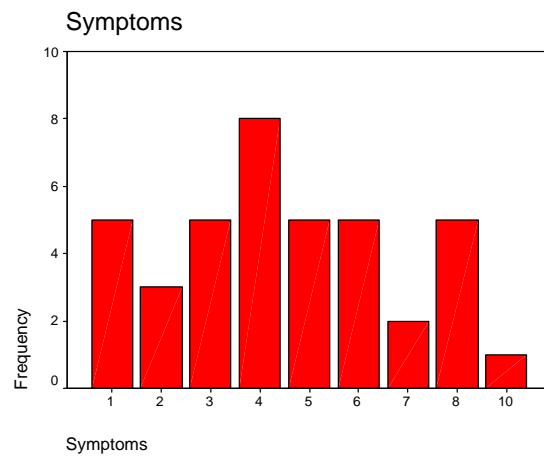
Table 2



Symptoms

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	5	12.8	12.8	12.8
2	3	7.7	7.7	20.5
3	5	12.8	12.8	33.3
4	8	20.5	20.5	53.8
5	5	12.8	12.8	66.7
6	5	12.8	12.8	79.5
7	2	5.1	5.1	84.6
8	5	12.8	12.8	97.4
10	1	2.6	2.6	100.0
Total	39	100.0	100.0	

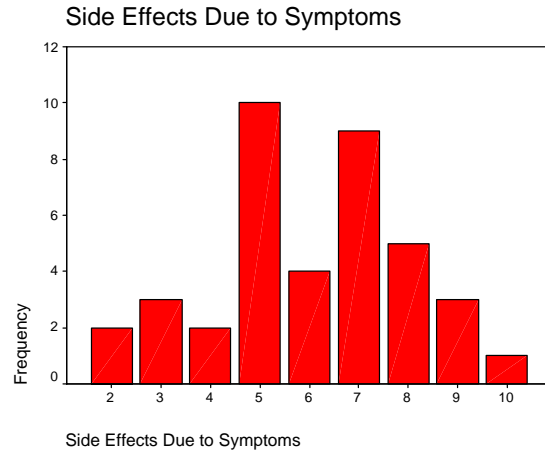
Table 3



Side Effects Due to Symptoms

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 2	2	5.1	5.1	5.1
3	3	7.7	7.7	12.8
4	2	5.1	5.1	17.9
5	10	25.6	25.6	43.6
6	4	10.3	10.3	53.8
7	9	23.1	23.1	76.9
8	5	12.8	12.8	89.7
9	3	7.7	7.7	97.4
10	1	2.6	2.6	100.0
Total	39	100.0	100.0	

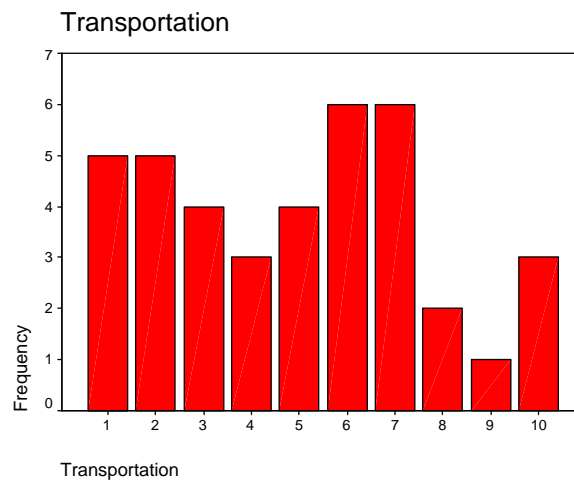
Table 4



Transportation

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	5	12.8	12.8	12.8
2	5	12.8	12.8	25.6
3	4	10.3	10.3	35.9
4	3	7.7	7.7	43.6
5	4	10.3	10.3	53.8
6	6	15.4	15.4	69.2
7	6	15.4	15.4	84.6
8	2	5.1	5.1	89.7
9	1	2.6	2.6	92.3
10	3	7.7	7.7	100.0
Total	39	100.0	100.0	

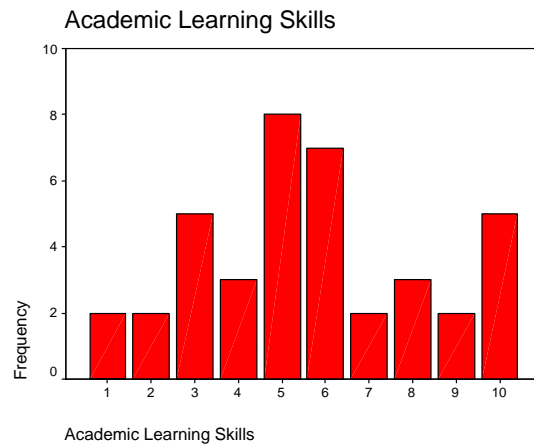
Table 5



Academic Learning Skills

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	2	5.1	5.1	5.1
2	2	5.1	5.1	10.3
3	5	12.8	12.8	23.1
4	3	7.7	7.7	30.8
5	8	20.5	20.5	51.3
6	7	17.9	17.9	69.2
7	2	5.1	5.1	74.4
8	3	7.7	7.7	82.1
9	2	5.1	5.1	87.2
10	5	12.8	12.8	100.0
Total	39	100.0	100.0	

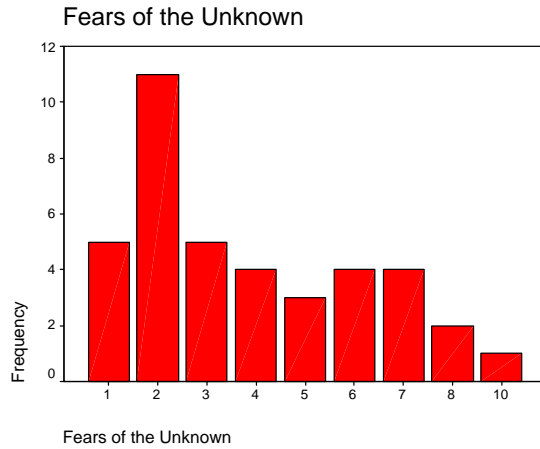
Table 6



Fears of the Unknown

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	5	12.8	12.8	12.8
2	11	28.2	28.2	41.0
3	5	12.8	12.8	53.8
4	4	10.3	10.3	64.1
5	3	7.7	7.7	71.8
6	4	10.3	10.3	82.1
7	4	10.3	10.3	92.3
8	2	5.1	5.1	97.4
10	1	2.6	2.6	100.0
Total	39	100.0	100.0	

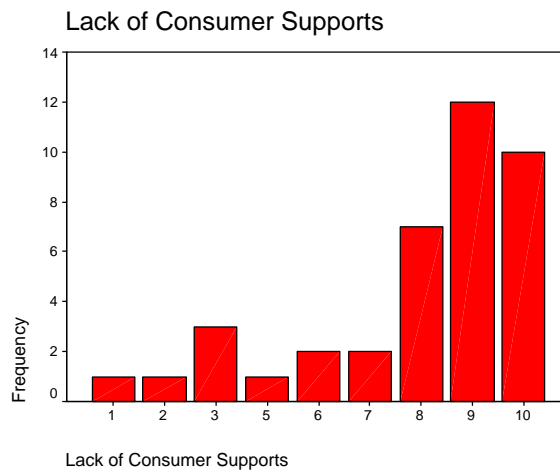
Table 7



Lack of Consumer Supports

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	1	2.6	2.6	2.6
	2	1	2.6	2.6	5.1
	3	3	7.7	7.7	12.8
	5	1	2.6	2.6	15.4
	6	2	5.1	5.1	20.5
	7	2	5.1	5.1	25.6
	8	7	17.9	17.9	43.6
	9	12	30.8	30.8	74.4
	10	10	25.6	25.6	100.0
	Total	39	100.0	100.0	

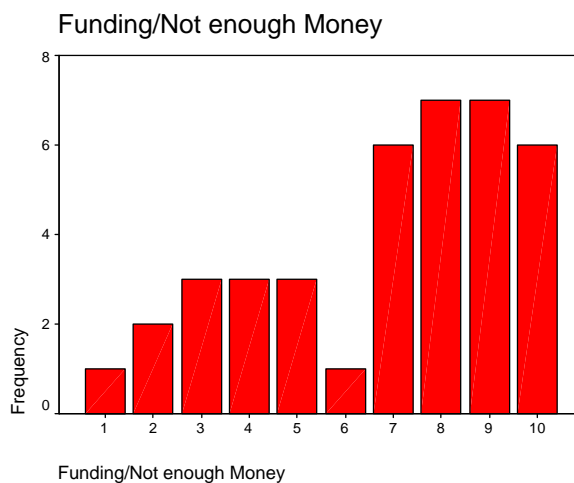
Table 8



Funding/Not enough Money

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	1	2.6	2.6	2.6
2	2	5.1	5.1	7.7
3	3	7.7	7.7	15.4
4	3	7.7	7.7	23.1
5	3	7.7	7.7	30.8
6	1	2.6	2.6	33.3
7	6	15.4	15.4	48.7
8	7	17.9	17.9	66.7
9	7	17.9	17.9	84.6
10	6	15.4	15.4	100.0
Total	39	100.0	100.0	

Table 9



Low Self-Esteem

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	4	10.3	10.3	10.3
2	5	12.8	12.8	23.1
3	4	10.3	10.3	33.3
4	8	20.5	20.5	53.8
5	4	10.3	10.3	64.1
6	4	10.3	10.3	74.4
7	4	10.3	10.3	84.6
8	3	7.7	7.7	92.3
9	3	7.7	7.7	100.0
Total	39	100.0	100.0	

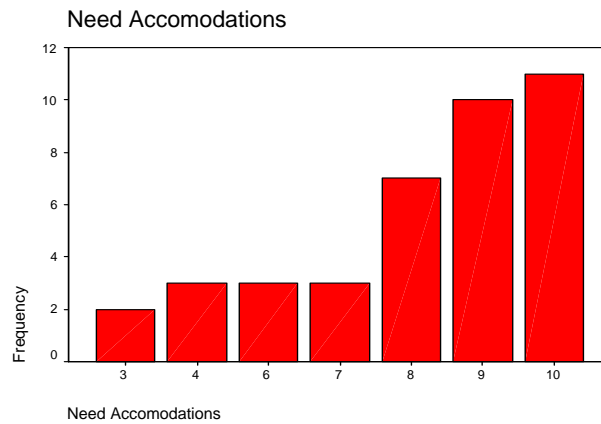
Table 10



Need Accomodations

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 3	2	5.1	5.1	5.1
4	3	7.7	7.7	12.8
6	3	7.7	7.7	20.5
7	3	7.7	7.7	28.2
8	7	17.9	17.9	46.2
9	10	25.6	25.6	71.8
10	11	28.2	28.2	100.0
Total	39	100.0	100.0	

Table 11



Consumer vs. Staff Barriers

The analysis of consumer responses and staff responses showed both similarities and differences to perceived or real barriers. Because consumers were not asked to rank order barriers, the top barriers were derived from the frequency with which they were reported in interviews.

Consumers overwhelmingly reported the top four barriers to be:

1. Past Failures/Negative Experiences

- *“In the past, if I missed one class, I figured I already failed, why go the next time. That experience is always with me.”*

2. Lack of Support

- *“There just seems like too many choices. What types of classes to take, how to enroll, how to study, how to take notes. I think about it but it just seems too much. I get pretty overwhelmed by so many different classes and such.”*

3. Funding

- *“I can’t go to school because I have to make money from work.”*
- *“Money is a huge, huge reason why I can’t afford to learn anything.”*

4. Need for Academic Learning Skills

- *“Tests, I don’t know how to give back the information. I know it, but I can’t explain it or answer questions on tests. I panic.”*
- *“I don’t know how to write papers or essays.”*

However, **staff** reported the following, as the most prevalent barriers:

1. Past Failures/Negative Experiences

- *“The mere idea of going back to school triggers past negative experience.”*
- *“Discouragement from others in the past, for example, some had a teacher who said they weren’t smart.”*

2. Fears of the Unknown

- *“They fear taking a risk to move beyond CSS.”*
- *“They don’t know what to expect...then the depression sets in.”*

3. Symptoms

- *“Symptoms get in the way of learning, going to school, following through.”*
- *“Auditory hallucinations getting in the way from following lecture.”*

4. Low Self-Esteem

- *“Worry about teasing, feeling outside of norm.”*
- *“Low self-esteem prevents them from even trying.”*

Consumer respondents and staff reported that the number one barrier to consumers pursuing their education is past failures/negative experiences with the educational system. Beyond the most prevalent barrier, consumer and staff see very different reasons for why individuals (consumers) are not attending school. Consumers’ top responses were barriers that most people (non-consumers) would face in going back to school, such as lack of funding and a need for academic learning skills. Staff reported barriers that seem to be specific to the consumer population such as symptoms and the fear of leaving the comfort of CSS. The difference between what consumers and staff perceive as barriers could possibly be interpreted as another barrier. If staff are not addressing the normalized barriers to consumers going to school, and instead focusing on their mental illness and resulting symptoms, consumers may not be receiving adequate support or encouragement to pursue their academic goals.

Products:

- Consumer interviews (face-to-face, psychosocial groups, CAP class, Recovery conference)
- Group interviews with Johnson County CSS case management teams
- Demographic report for face-to-face respondents
- Coding – Staff and consumer reported barriers to educational participation
- Rank ordering of consumer and staff responses to barriers
- Frequency tables / bar graphs

Goal 2: Increase involvement by consumers in educational activities:

- a) CSS consumer participation in all activities of learning will increase to 15%.*
- b) CSS consumer participation in post-secondary education will increase to at least 8%.*

To reach the goal of increased involvement by consumers in educational activities and to actively use alternatives and strategies to address barriers, the “Supported Education is For You” (SEIFY) program was designed. The University of Kansas School of Social Welfare partnered with Johnson County Mental Health Center Community Support Services to create this program with the intent to link consumers to educational opportunities of interest.

This program focuses on both post secondary education and life enrichment activities. SEIFY staff from CSS partner with the potential student to assess interest, resources, strengths and abilities and to identify real or perceived barriers. To launch the SEIFY program, a Supported Education team was created at Johnson County CSS. The SEIFY consists of a Team Leader, a Supported Education academic coach and a Supported Education specialist. The above mentioned staff are part of a larger team that provides Supported Employment services and limited Supported Education services in addition to the SEIFY staff.

Supported Education is For You: Life Enrichment and Post Secondary Educational Opportunities

Life enrichment activities are organized classes or activities of learning in which a person enrolls. Life enrichment activities are community based educational choices that any person in the community would have opportunities to attend and participate in. These activities are not run by the mental health center. Post secondary educational pursuits are classes taken at a community college or local university.

Staff

David Hanson serves as the primary coordinator for the Supported Education team at Johnson County CSS. As Team Leader, he provides supervision and guidance to the supported education staff and also coordinates data collection and reports with the KUSSW.

The role of Supported Education coaching and mentoring is paramount in developing flexible, individualized supports and strategies for consumers to succeed in educational endeavors. The CSS team employs two direct service practitioners to secure and sustain educational involvement. Jenny Donaldson works primarily with consumers interested in seeking college/academic credit. She helps to provide supports and accommodations to those potential and current post secondary students. Erin George works with consumers who are interested in participating in life enrichment activities and classes.

Life Enrichment

Consumers are able to initiate participation in life enrichment classes in two ways: self-referral or referral by the case manager. A SEIFY inventory (see addendum) has been developed to specifically identify areas of possible interest and strengths of individuals for persons considering educational activity. Consumers complete this inventory tool and the Supported Education coach employs this information to assess, develop linkages and guide the consumer towards educational involvement and educational goal attainment. To help the consumer pursue his or her identified interests, the supported education coach can offer any of the following examples of support activities:

- Navigating course catalogs
- Finding classes to take
- Selecting community based learning opportunities
- Filling out applications for classes
- Exploring funding opportunities
- Securing funding
- Arranging/securing transportation
- Assistance with studying
- Finding tutors
- Finding or accessing accommodations for psychiatric disability
- Addressing and identifying barriers to educational participation
- Developing strategies to overcome barriers
- Linkage to community mentors/resources

The cases of students who receive services from the CSS Supported Education team are never closed but may go inactive. Consumers do not need another referral from a case manager to reenter the supported education program.

JOE:

Joe was referred to life enrichment classes by his case manager because of his interest in English, art history and philosophy. He was a college graduate and wanted to participate in a "Great Books" discussion group. Joe attended a twenty-member monthly community-based book discussion. He attended these discussions for over eight months.

Joe and the Supported Education (SEduc) coach identified several barriers to his attendance and future success and came up with solutions to the barriers. The first barrier to Joe's success was his reading ability and his ability to participate in the discussion. The SEduc coach provided support by reading the stories to him, going to the discussion group with him and helping him practice discussion questions in a role-play format.

Continued...

Joe also faced transportation barriers and to solve the problem, the SEduc coach provided transportation to the discussion groups. The SEduc coach and Joe also identified hygiene and social inappropriateness as barriers that could potentially affect his participation in the group. Joe and the SEduc coach discussed his hygiene and purchased shampoo and hygiene materials for his use. The SEduc coach also reminded him about being clean when he went to the discussion groups. Joe and the SEduc coach worked on noticing social inappropriateness at the discussion groups by talking about what actions were inappropriate. Joe and his SEduc coach discussed and practiced positive actions that would support Joe's goal to be involved in the "Great Books" discussions.

The assistance from the SEduc coach allowed Joe to succeed in the "Great Books" discussion group. Joe is now reading on his own and reads to residents at an area nursing home as a volunteer.

RITA:

Rita is a consumer who was referred to the program by her case manager because of her ongoing interest in pottery. Rita had previously spent significant portions of her time in the state hospital. By taking the interest survey, Rita demonstrated an interest in arts, craft and cooking. The Supported Education coach focused on an activity that Rita could do with her hands because she had a hard time with comprehension. Rita chose to take a pottery class. Together, Rita and the SEduc coach applied for and received a center scholarship so that out of pocket costs for Rita only totaled \$10. Rita attended the pottery class for six sessions and her case manager provided transportation to the class. On-site support by the SEduc coach was unnecessary. However, the SEduc coach helped Rita succeed in the class through positive encouragement and telling her that she was doing a good job in the class.

Building upon the success of attending pottery classes, Rita expressed an interest in playing guitar. She took weekly lessons for four weeks. The SEduc coach provided on-site support at the guitar classes by transporting Rita to her class, sitting with her and talking to her while waiting for the class to start and sitting with her and encouraging her during the class.

Post Secondary Education

Referral to the post secondary Supported Education coach must come from a case manager, vocational rehabilitation or from the Life Enrichment Supported Education coach. Supports in this area of education include:

- Career exploration
- Selecting a college/university
- Completing college applications
- Assessment tests (SAT or ACT)
- Navigating course catalogs
- Meeting with academic advisors
- Selecting classes to enroll in
- Completing enrollment
- Attending college orientations
- Exploring and securing funding options
- Identification and strategizing of barriers to college success
- Obtaining accommodations for psychiatric disability
- Linkage to tutoring/study groups

Throughout the first few months of classes, the Supported Education coach meets weekly with each student. During this time, the coach can help with:

- Preparing for tests and other homework
- Following the syllabus to keep student on track
- Meeting student at writing labs
- Finding a tutor at the school
- Identifying and overcoming transportation barriers using community resources
- Making contact with the instructor if student goes into hospital
- Help with any barriers with the instructor

Files are closed when inactive. To be referred again, a consumer must go through the case manager or vocational rehabilitation again.

The following case studies reflect some of the services and outcomes through the Supported Education Is For You program.

CARL:

Carl was referred to supported education by his case manager. Carl had attempted classes at Johnson County Community College for three semesters before his referral. He did not complete any classes during two of the semesters and he completed only one class during the other semester. Carl would become very depressed, overwhelmed and suicidal during the semester and ended up in the psychiatric hospital each time. He was on academic suspension from financial aid for not completing 66% of the classes he attempted. In addition, Carl had never requested accommodations.

The Supported Education specialist assisted Carl with appealing his financial aid suspension by explaining the appeal process, assisting him in filling out the form, getting a letter of support from his mental health clinician, and convening a meeting with Carl and an academic advisor from the college to work on his plan of action. Carl's appeal was accepted and he was again eligible for financial aid. Carl was then encouraged to work with the Student Success Center to disclose his illness and to request reasonable accommodations.

To date, Carl has attended three semesters since working with the Supported Education program. The first semester, he successfully completed one class during the summer. During the fall semester, he completed all three classes he had enrolled in. The following spring semester, Carl began struggling late in the semester and made a suicide attempt that resulted in a psychiatric hospitalization.

With the encouragement of his case manager, as well as the Supported Education specialist, Carl worked with the Student Success Center and spoke with his instructors about his psychiatric disability. He decided to withdraw from one class and to complete the other two. The time to withdraw from classes had already passed, therefore, Carl had to appeal for his special circumstances and the appeal was granted. He was able to receive a "W" in that class rather than an "F".

Continued...

This has again placed Carl on financial aid suspension and he is again in the appeal process. The Financial Aid representative has been very encouraging about his being able to win the appeal. He is currently taking the class that he withdrew from over the summer semester and reports that he is doing very well.

MARCIA:

Marcia's goal was to become a hair stylist. She had picked out the school she was interested in attending when she was referred to supported education.

She received assistance in applying to open a case with Vocational Rehabilitation, enrolling in the school, and completing the financial aid application. Marcia became pregnant during this process but was very adamant about continuing with her plans until the baby was born. She negotiated with the school about the amount of time off that she needed for maternity leave.

Because of her pregnancy, Marcia had to discontinue her medications and about six weeks into the course, she was unable to continue attending classes because of her mental illness. She and the Education Specialist worked with the school to re-negotiate her time away.

During this time, the school was notified that Marcia was not able to receive Pell Grant assistance because she had defaulted on a previous student loan. She received assistance from the Supported Education specialist in contacting the financial organization to work out a plan to get her loan out of arrears and to make her eligible for a deferment during the rest of her schooling. She was able to negotiate a six-month payment plan. At the end of the six months, the baby will have been born and Marcia will be up to date on her student loan. She will then be able to defer payments on the loan while she attending school.

Promotion and Dissemination Activities for Supported Education is For You

The “Supported Education is For You” program was promoted using assertive community outreach to consumers, case managers and other MHC staff. In addition, the program was promoted using many different forms of media and public relations.

The KUSSW staff created a brochure about the program that included information about what supported education is, what classes and opportunities are available, possible financial assistance and a self-referral form for interested consumers to fill out. The brochure was disseminated at the Johnson County CSS and an area CRO where consumers congregate. The self-referral form was created so that consumers could be empowered to make choices about their educational pursuits without going through mental health staff for referral.

A large part of the promotion of the program occurred while trying to collect data for the research section of this project. Consumers involved in psychosocial groups were presented supported education information and materials. During these presentations, consumers were solicited to interview about barriers to educational involvement they had either experienced or perceived. Many consumer respondents were educated about the supported education program during these presentations and many consumers who agreed to interview for research purposes discovered during the interview that they were interested in supported education (many were still unaware of what it was) and a subsequent referral to the Supported Education staff was made.

The Supported Education Initiative program workshop was presented at the Kansas Conference on Recovery in Wichita in the summer of 2002. Along with the overview, brochures, fact sheets and other information regarding supported education was distributed.

Other methods of promotion included flyers posted at the CSS, descriptions of the program in newsletters and promotion of the program at CAP classes.

Another method of promotion of the program and supported education in general, was to present to case management teams. Both this researcher and the Supported Education coach attended team meetings and provided an overview of the program and its intended benefits to consumers.

Involving case management teams helped to fulfill the objective of keeping the concept of supported education in the minds and practice of CSS staff. The CSS director and the Vocational team leader provided leadership and promoted efforts to increase the visibility of supported education services within CSS through weekly management staff meetings. Team leaders were encouraged by management to use group supervision as a vehicle for brainstorming and strategizing means in helping consumers to increase interest and overcome barriers to educational participation.

Meeting Goals

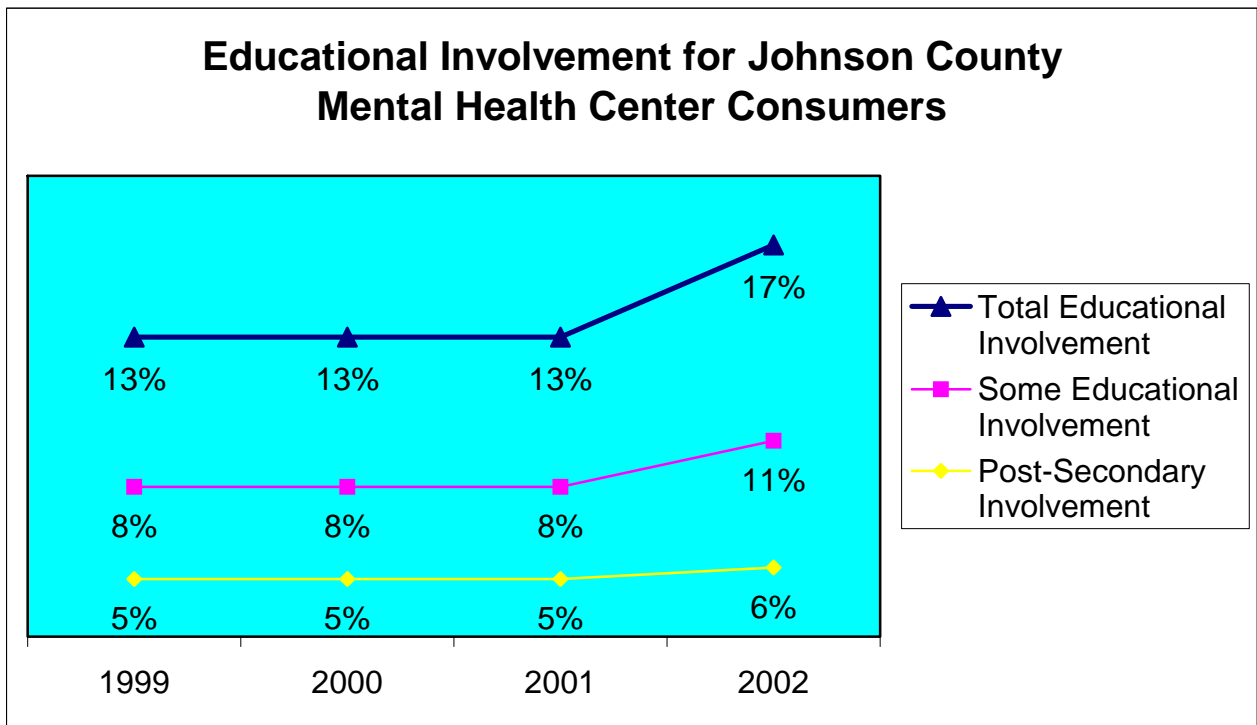
The Supported Education partnership between Johnson County CSS and The University of Kansas School of Social Welfare Supported Education headquarters has shown significant progress towards assisting individuals to access educational offerings. The goal was set to increase consumer involvement in post secondary educational pursuits to 8% and overall educational involvement to 15%, combining into a total consumer educational involvement of 23%.

Progress towards the goal of increased involvement was measured by the Johnson County CSS Client Status Reports (CSR) that are reported on a quarterly basis. To obtain a yearly report, the quarterly reports were averaged. The outcomes for the SEIFY pilot program were tracked throughout the 2002 pilot year. Prior to the SEIFY program, in 1999-2001, 13% of consumers in Johnson County CSS were involved in educational pursuits (including post secondary, life enrichment and educational exploration). Once the SEIFY program was implemented, overall involvement in education jumped to 17% of consumers. (See graph below)

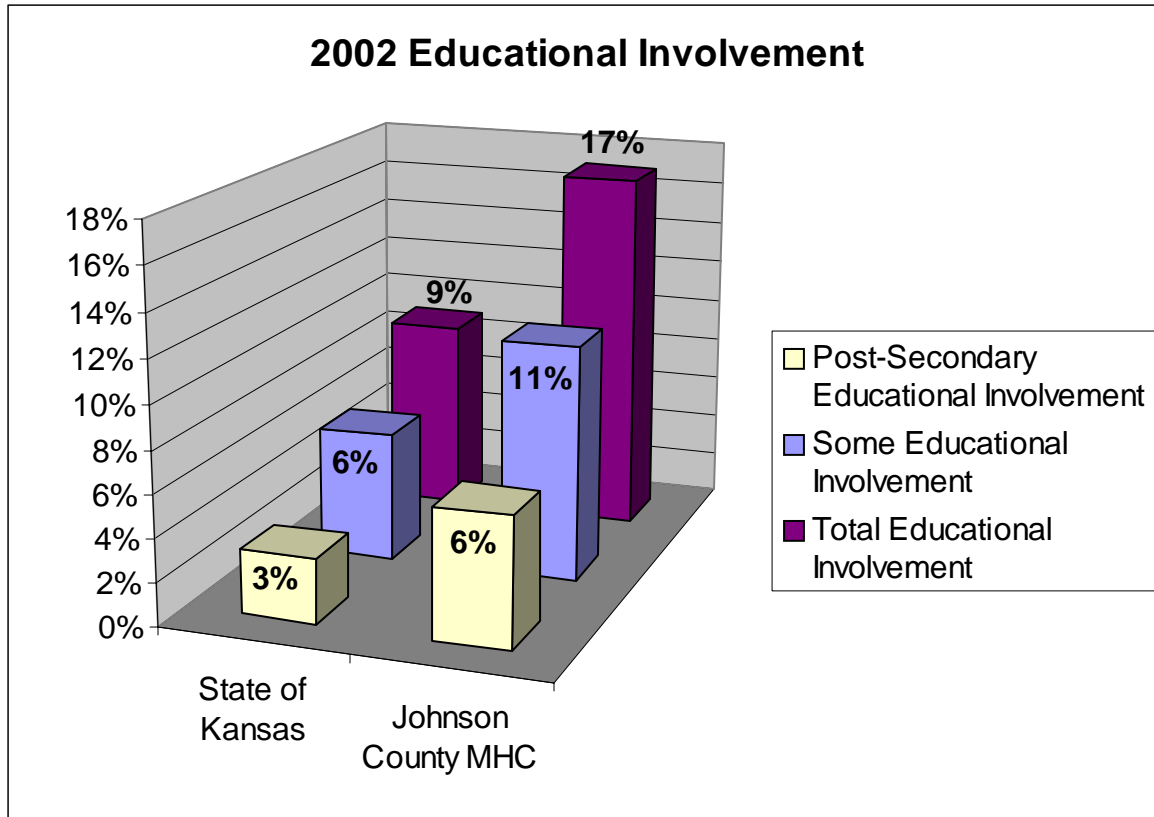
Total educational involvement is broken into two categories. The “some educational involvement” can include life enrichment classes, educational exploration (i.e. college orientation, campus visits, or filling out college applications), working towards a GED, or working on basic educational skills (i.e. math or reading). The “post-secondary involvement” category can include those attending college, individuals involved in a vocational school,

apprenticeship or attending high school. The “total educational involvement” is the sum of all reported educational involvement.

The most significant increase in participation was in the “some educational involvement” category. Before the implementation of the SEIFY program, there was already a program in place to help those who were involved in post secondary education. However, there was not a program in place to recruit and support those interested in educational pursuits outside of the post secondary realm. Therefore, it is expected that the “some educational involvement” category would have a larger increase than the “post secondary involvement” category. Though the increase in post secondary participation was not as dramatic as the other category, there was still a 1% increase in participation that, given the low number of consumers involved in post secondary education, confirms a significant increase.



Though the goals that were set for the program were not fully met, it is still apparent that the SEIFY program generated increased consumer interest and participation in educational pursuits. In addition, when compared to statewide averages for 2002, Johnson County CSS had almost double the state average of involvement in all areas of educational participation. (See graph below)



Limitations

To understand the limitations of the outcomes, we have to understand how the data for the CSR reports is gathered. CSR data intends to collect a “snapshot in time” of the CSS consumers’ activities. This means that case managers fill out information about the consumers on their caseload on the last day of the last month of the quarter. Information is collected on living status, hospitalizations, vocational status, and educational involvement. For example, if a case manager is reporting on educational pursuits and the client took a class for two months of the quarter but on the day of reporting is no longer in the class, then the consumer is reported as having no educational involvement. This method of recording does not accurately report for

those consumers involved in life enrichment activities as many of those classes will last only a month or two. In addition, some case managers may not fill out the CSR data correctly. Some may follow the “snapshot in time” mindset while others do not. Some case managers may not even be aware of the consumer involvement in education because it is not a goal they are currently working on together.

To further complicate matters, KUSSW, that collects the CSR data, was in the middle of changing the way data is collected during this research project. Data was still reported in the same manner, but the data was collected on computer rather than by hand. Therefore, the first two quarters of 2002 were collected as normal, but the third quarter of 2002 was intended to have data compiled using the new method (named AIMS) but the data proved unreliable and so no data exists. The fourth quarter of 2002 is AIMS data.

Despite the many complications to obtaining accurate data on educational involvement, the CSR/AIMS data seems to be the best and most cost efficient way to track the effect of the Supported Education is For You program as it is relatively reliable and has been tracked for many years.

Trends

The SEI coaches were both asked to keep track of their cases as Supported Education mentors. This allowed the Supported Education team to monitor the number of cases and classes taken. The following table illustrates the number of consumers served in 2002.

	# of consumers served	# of consumers enrolled in classes	# of consumers attended classes	# of consumers completed	# of classes enrolled	# of classes attended	# of classes completed
Life Enrichment Classes	45	31	26	20	48	41	33
Post Secondary Classes	31	19	14	7	28	22	13
Total	76	50	40	27	76	63	46

Milestones

Another way of tracking the SEIFY effects was to monitor the “milestones” each consumer achieved. Every person who enrolls in the Supported Education program at Johnson CSS is tracked according to nine indicators of progress towards educational involvement. The milestones are linear and the next step cannot be reached until all the previous steps have been attained. The table below explains the milestones. The "Goal" column on the left indicates the projected number of consumers to reach each milestone and the "Actual" column shows how many consumers actually reached that milestone.

**Milestones for Supported Education Project with the University of Kansas
January 1, 2002 – December 31, 2002**

Goal	Actual	Description of Milestone
50	50	1. CSS client receives information from Education Coach and agrees to discuss possible referral with case manager.
25	50	2. Education coach receives referral from case manager or vocational team.
22	50	3. Client attends referral meeting with Education Coach. Educational goal is identified and documented.
20	45	4. Client is able to identify and satisfactorily address perceived fears or barriers with Education Coach and/or case manager/staff.
20	45	5. Client identifies resources, accommodations, and supports needed to be successful.
18	45	6. Client identifies steps/actions to be taken.
15	35	7. Registration/enrollment in training/school is completed (if not currently enrolled.)
15	29	8. Client starts and attends school/training.
12	20	9. Educational goals are reached which may include satisfactory completion of current class, semester or term.

Organizational Culture

The Supported Education team wanted to affect the organizational culture of the mental health center in addition to reaching out to individual consumers. To do this, Supported Education team representatives attended weekly case management team meetings and reiterated the SEIFY program, the Supported Education research and anything else that pertained to supported education. The intent of promoting supported education to the CSS Staff was to increase awareness of the SEIFY program and supported education in general. It was hoped that the

constant mentioning of supported education would remind case managers to talk to their clients about supported education and their goals around it. It was also hoped that staff would begin to take ownership of the program and recommend it to the consumers they serve and increase the overall excitement and dedication to supported education.

Each time supported education was promoted or discussed to the Leadership Team, the Supported Education Team Leader recorded the date and the content of the presentation. Details are located in the addendum. Between July 2001 and January 2003 supported education was mentioned twenty-two times.

CSS Leadership:

Views of the Impact of KU Supported Education Research

David Hanson, CSS Vocational/Supported Education Team Leader

When team leaders were asked what impact the KU research activities had for CSS this past year, it was felt that there has been a significant, increased awareness of consumer educational pursuits in the community. With the onset of the supported education research, Erin George was hired to serve as Supported Education Coach through a partnership with KU. There has been a substantial increase in the use of CSS Activity scholarship funds to support consumers in community classes; new community resources and alternative funding options to pay for classes and activities have also been identified. It was felt that these changes were primarily due to the efforts of Erin George who served over 50 consumers this past year.

Case management and other CSS teams were also made aware of the challenges and barriers associated with education participation by consumers through this research. It is believed that these discussions have heightened staff awareness of supported education services. In addition, referrals for supported education services have increased this past year. To illustrate this, Jenny Donaldson (Supported Education Specialist) had only a few persons with severe and persistent mental illness out of 30-35 individuals on her overall caseload two years ago.

Continued...

Jenny's position was previously a KRS grant-funded position and most of her referrals came from KRS, representing individuals of various disability groups. Currently, the majority of individuals on her caseload meet SPMI criteria and receive case management services at CSS. The presence of the KU research grant this past year, along with our vocational teams' earlier commitment to prioritize the SPMI population, positively contributed to this change. Though supported education has been an important service in our program for many years, the additional emphasis on life enrichment activities is new. It is clear that KU / Erin's activities of the past year have increased our awareness of consumer outcomes, including case managers, the Leadership team, and also among consumers.

Some key individuals with significant challenges successfully participated in and completed classes. For many this was the first community education experience in several years. This included several PACT consumers, who have been identified as being the most at risk of hospitalization and who receive the most intensive case management services.

The most significant contribution of this research is the post-grant commitment by CSS to continue to fund Erin George's part time position indefinitely in its current status. Also, though our agency's budget is being influenced by state and local funding cuts, there is a long-term commitment by CSS leadership to identify and create key agency positions to be filled by consumers. Erin's work performance exceeded our initial expectations for this position and positively influenced this CSS commitment.

Products:

Supported Education Coach position

Interest Inventory

Case Review Studies

Client Status Reports on educational involvement graphs/reports

Management Team Notes

Milestones of participation in SE

Supported Education brochures

Supported Education presentations/workshops

Goal 3: Develop alternatives and strategies for consumer participation in educational activities.

The University of Kansas School of Social Welfare's Supported Education headquarters for fiscal year 2003-2004 is in the process of using research criteria of identified barriers to develop alternatives and strategies for consumer involvement and eventual educational success. Findings and strategies will be reported as the project moves forward.

Goal 4: Identify best practice behaviors for staff to support and encourage consumer participation in educational activities.

Best practice strategies will be identified, developed and reported on to ensure consumer access and involvement in post secondary and other meaningful life enrichment education activities. A draft tool kit, based on the Dartmouth evidence based best practice design will be produced for fiscal year 2004. The materials will be based upon a review of the research, practices of national model programs and lessons learned in Kansas through the Consumer as Provider program, the Excellence in Supported Education study and the Johnson County Supported Education pilot project. It is anticipated that the tool kit will include selected articles, articulation of best practices, fidelity guide, training materials, supported education principles, brochures for various stakeholders and other resources for practitioners and consumers interested in evidence based best practice of supported education.

Acknowledgements

“Learning is a treasure that will follow its owner everywhere.”

~Chinese proverb

Involvement in educational activities helps us as people to grow, to change, to expand one’s horizons and to extend one’s self in different directions. Educational involvement parallels recovery; both are on-going processes and both prepare one for new challenges in life. Through the process of development, design and implementation of *Supported Education Research project* and the *Supported Education is For You pilot project*, many individuals provided invaluable assistance in this initiative. With gratitude for the support and encouragement we have received in the study of each project, we would like to recognize and share our appreciation to:

Kansas Consumers:

We are truly in debt to all that we have learned from the lived experience of consumers who have taken the time to respond to our research questions, participate in activities of the Supported Education pilot and other Supported Education activities. Academia is a curious place. Many seek the University as a place to find the all the answers; we in academia are always seeking to find the question! We are grateful for the lessons learned from each and everyone one of you, as we listen to the stories, the difficulties, marvel at their strengths, their resilience and ultimately their recommendations and insight. We thank each of you for expanding our understanding.

Kansas Social Rehabilitation Services Mental Health, Addiction & Prevention Services

We are appreciative to SRS Office of Mental Health; their funding made this project possible.

Johnson County Mental Health Center Community Support Services-Tim DeWeese, Director

The partnership between The University of Kansas and Johnson County CSS continues to be strong and powerful. This agency is on the cutting edge of recovery-orientated delivery of services. Under the capable leadership of Tim DeWeese, the Supported Education research and Supported Education Is For You pilot was offered to consumers involved in CSS services. We greatly appreciate your partnership and dedication to tapping into the potential of consumers and staff dedicated to Supported Education..

Johnson County CSS Vocational / Supported Education Team: David Hanson, Erin George & Jenny Donaldson

Under the capable leadership of David Hanson, the Supported Education CSS team has the ability to manage, motivate and inspire consumers and staff to higher levels of success. Each team member is to be recognized for the considerable expertise and contributions they have offered to this project. This team offered powerful real-world ways of motivating consumers towards educational involvement in the most positive way possible—nurturing them, pointing out their strengths, capitalizing on and the celebration of educational accomplishments and providing the responsibility to achieve educational goals. Through David, Jenny and Erin’s relentless enthusiasm and best practice skills, this team not only provided consumers with exceptional services, but also shared their expertise with CSS staff and the University of Kansas research team. We are inspired and in awe of your consumer-centered delivery of services. Thank you.

Anna Collins

As one of the instructors of the Kansas University’s *Consumer as Provider* program, Anna brought a wealth of experience working in a supported education environment into the research component of this initiative. Anna was instrumental in gathering background research materials and helpful in developing coding for the project. We appreciate her expertise and data collection support.

Charles Rapp

Charlie, in his role as Manager of the Office of Mental Health Research and Training at the University of Kansas School of Social Welfare, has embraced, offered support and helpful guidance as the vision and design for supported education research and the resulting “Supported Education Is For You” pilot project unfolded. Charlie’s influential leadership and sound advice generated enthusiasm and excitement every step of the way. We are inspired by and continue to learn from you.

D. McDiarmid
June 30, 2003

Addendum

1. HSCL Proposal Letter and Proposal
2. HSCL Acceptance Letter
3. Letter to Case Managers Requesting Barriers
4. Letter to Case Managers Requesting Research Subjects
5. Supported Education Research Data Collection
6. Consent Form
7. Supported Education Interest Questionnaire
8. Supported Education Interview Questionnaires
9. Coded Consumer Reported Barriers
10. Coded Staff Reported Barriers
11. Staff Rank Ordered Barriers
12. Life Enrichment Inventory Tool
13. Milestones
14. Presentations of Supported Education to Leadership Teams