



An Evaluation of Career Opportunity Readiness Experience (CORE): An Enhancement to Supported Employment for Transition Age Youth with Serious Mental Health Diagnoses

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Received: 15 October 2024 / Accepted: 6 December 2024 / Published online: 19 December 2024
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Abstract

Transition-age youth (TAY) diagnosed with serious mental health diagnoses have low employment rates. Supported Employment (SE) is a widely adopted evidence-based approach. However, SE engagement and outcomes are mixed with TAY, who have unique developmental needs. This study evaluates the “Career Opportunity Readiness Experience” (CORE), a TAY transitional employment SE add-on. CORE runs in 15-week cycles with 6–8 TAY, supported by Vocational Peer Mentors. CORE includes: (1) workshops, (2) paid internship, and (3) SE transition. CORE participation, key outcomes and feedback were tracked over nine cycles, and for six-months post-CORE participation. Most (97%; 55 of 57) experienced positive outcomes: 74% enrolled in SE, 42% secured employment and 23% enrolled in an education program. Most (82%) reported positive CORE experiences. CORE workshops, internships and vocational peer mentoring are promising TAY SE practices. More research is needed to understand CORE implementation barriers and facilitators and key change mechanisms.

Keywords Transition age youth · Individual placement and support · Supported employment · Transitional employment · Serious mental health conditions

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Unemployment rates are high among transition-age youth (TAY; ages 16–25) diagnosed with serious mental health conditions (SMHCs) (SAMHSA, 2023; Wagner & Newman, 2012). SMHCs include child system serious emotional disturbance diagnoses and adult system serious mental illness diagnoses (e.g., bipolar, major depressive, and schizophrenia spectrum disorders) (CMS, 2018). SMHCs tend to onset during the transition to adulthood (Kessler, 2007) and impact over three million TAY annually (SAMHSA, 2023; Berzin & Pitt-Catsoupes, 2014). Symptoms of SMHCs are wide-ranging, and can increase social stress, impact self-confidence and affect daily life experiences, including performance in work and school (Chavez-Baldini et al., 2021; Dixon et al., 2001; Swinson Evans, 2016). Longitudinal studies reveal that four years post-high school, 42% of TAY with SMHCs are currently employed, with 63% reporting any previous employment (Newman et al., 2009); eight years post-high school, 50% are employed and 91% report any previous employment (Wagner & Newman, 2012). Employment retention among TAY with SMHCs is brief: 41% report being employed for two months or less; while 28% were employed for two to six months; and 25% were employed six to 12-months (Newman et al., 2009). Without intervention, poor employment outcomes will follow TAY into adulthood, leading to continued unemployment, poverty, and disability benefit use (Kessler et al., 2007; Patton et al., 2007).

A community mental health agency designed and implemented a *transitional employment* program called “Career and Occupation Readiness Experience” (CORE) to improve TAY SE engagement and outcomes, and to be in strong alignment with SE principles and practices. Transitional Employment is temporary employment that prepares people for competitive employment (Wehman et al., 2020). Transitional Employment is often offered as part of a continuum of Vocational Rehabilitation services in many US states (Parker-Wright & Gralian, 2024), is associated with positive employment outcomes (Cummings, 2023) and fills an important gap for people with disabilities that need additional support with successfully transitioning into the workforce. Internships are an example of transitional employment. Although internships are common for TAY in the general population and those with disabilities (Riesen et al., 2022), few if any are specifically designed to meet the unique needs of TAY with SMHC diagnoses. Prevocational training has been suggested as an SE add-on for TAY with SMHC diagnoses, with some emerging evidence. A 2022 study in Israel found that TAY-designed prevocational individual and group training experiences can successfully compliment SE and improve employment rates and longevity among TAY with SMHC diagnoses (Boaz et al., 2022).

Employment is developmentally normative for TAY (Dixon et al., 2018), and is a social determinant of health (Drake & Wallach, 2020). Most TAY with SMHCs want to work and pursue post-secondary education (Cohen et al., 2023; McCormick et al., 2023) and have vocational goals in their mental health treatment plans (Klodnick et al., 2021; Lucksted et al., 2015). However, several factors contribute to the low employment rates observed among this population. Mental health symptoms can affect one’s ability to participate and thrive in environments with rigid norms and expectations; TAY with SMHCs may have specific needs or require accommodations to succeed in school and work settings (Akinola & Dunkley, 2019; Doty & Nielsen, 2019). Additionally, TAY with SMHCs can intensely experience stigma both internally and in work and school settings (Blajeski et al., 2022). Following SMHC onset, TAY may feel that they no longer “belong” or “fit” in school and work settings. Stigma and its impact on self-esteem can negatively affect TAY’s career-related self-efficacy, or confidence in their vocationally related skills and ability to perform career-enhancing tasks, e.g., planning and pursuing career goals (Ochs & Roessler, 2004). TAY with SMHCs ($n = 59$) report difficulty finding and keeping jobs due to stigmatizing workplace attitudes: employers and co-workers avoid them and feel they are incapable of job tasks (Jivanjee et al., 2008). Compared to peers with other types of disabilities, TAY with SMHCs are less likely to formally report their disability and are more fearful of disclosing to teachers and employers (Newman, 2011). As a result, TAY are less likely to obtain appropriate workplace accommodations that would assist in prolonging their employment tenure (Jones, 2011; White et al., 2023). Further, internalized stigma can create a *why try* effect (e.g., “why I should try, I’ll just fail”) preventing TAY from even trying to find work (Corrigan et al., 2009).

Additionally, TAY with SMHC diagnoses are at high risk for experiencing intersecting disadvantage, marginalization and vulnerability that compounds unemployment risk. SMHC diagnoses are prevalent among TAY involved in child welfare and justice systems and those experiencing homelessness (Cocozza & Shufelt, 2006; Davis et al., 2009; Havlicek et al., 2013; Whitbeck et al., 2004). One study found that over 75% of TAY with SMHCs were stopped by police, arrested, in jail, or on probation or parole within four years of high school completion (Newman et al., 2011). TAY with SMHCs in these systems are subject to restrictive placements (e.g., residential treatment, detention, psychiatric hospitalization) that disconnect TAY from the labor market and focus more on behavior management and less on employment skill development (Berzin & Pitt-Catsoupes, 2014; Klodnick et al., 2021, 2023). These systems normalize and foster dependence on institutionalization, disrupt

and limit vocational development, and are over-represented by BIPOC youth (Hockenberry & Puzzanchera, 2016), for whom competitive employment is a recognized protective factor (Lee et al., 2014). No evidence-based practices specifically address employment of TAY with SMHC diagnoses who are (or were recently) system-involved.

TAY develop career interests, learn work skills and behaviors, and gradually develop and refine vocational skills and capabilities through coursework, prevocational non-competitive work experiences (e.g., babysitting), internships, volunteering and paid-work experiences in the community (Arnett, 2007; Schultheiss et al., 2005; Zimmer-Gembeck et al., 2006). When TAY are denied these critical early vocational development experiences because of repeated institutionalization, they are denied opportunities to build social and cultural capital, which are critical for employment (Vorhies et al., 2012). *Social capital* represents the size and quality of one's social network (Vorhies et al., 2012), while *cultural capital* represents the ability to recognize and enact workplace culture norms and behaviors, e.g., wearing appropriate attire, having a desirable demeanor, or speaking the right jargon (Potts, 2005). Both social and cultural capital are impeded by SMHCs and related systemic barriers.

Finally, TAY are less likely than middle-aged and older adults with SMHC diagnoses to have access to or to become competitively employed through Supported Employment (SE) services provided in community mental health settings (Al-Abdulmunem et al., 2023; Bond et al., 2023a,

b; Burke-Miller et al., 2012). SE is an evidence-based approach (SAMHSA, 2010). Individual Placement and Support (IPS) SE is the most researched and implemented SE model (Thornicroft, 2011). IPS SE is available in most US states (Pogue et al., 2022). US and international studies of IPS SE demonstrate high rates of competitive employment among those enrolled in adult services (Frederick & VanderWeele, 2019; Modini et al., 2016). View the eight principles of IPS SE, outlined in Table 1.

One common adaptation to SE for TAY is the integration of Supported Education (SEd) (Shern & Pena, 2022). TAY mental health providers across the US have begun incorporating Supported Education and Employment Specialists (SEESs) (Bello et al., 2017; Klodnick et al., 2021; Mueser et al., 2015; Zagorski, 2023). A new Young Adult IPS SE Manual (Swanson et al., 2020) and associated Fidelity Scale (Bond et al., 2019) includes SEd and additional TAY best-practices, e.g., assertive engagement, family involvement, career exploration, paid internships, and social media marketing. Although promising, research findings are mixed. A 2023 systematic review of seven IPS SE + SEd studies with TAY with SMHCs found that 58% in IPS vs. 32% secured employment, and those in IPS SE had longer employment durations than those in usual care (Bond et al., 2023a, b). However, education engagement and outcomes for TAY in IPS vs. usual care were not significantly different (Bond et al., 2023a, b). The combination of IPS SE, SEd and near-age Vocational Peer Mentors led to job attainment and school enrollment for only 49% of 35 TAY with SMHCs in psychiatric residential care, with few sustaining employment or maintaining education enrollment over 12-months (Ellison et al., 2015). SEESs in early psychosis Coordinated Specialty Care teams are found effective in supporting job starts and short-term employment among TAY but less successful for supporting long-term employment and higher education goals (Humensky et al., 2019).

The IPS SE “place and train” model is problematic for TAY. IPS SE assumes that basic vocational skills are already developed, and values the quickness of securing competitive employment and how long jobs are sustained (Mueser & Cook, 2012). IPS SE critically lacks in-vivo coaching and social skills trainings, which if integrated may help TAY to improve their success with work and school (Bond et al., 2016; Ellison et al., 2015). TAY benefit from employment experiences via engaging in volunteer work and internships in addition to competitive employment (Giancaspro & Manuti, 2021). It is through these early work and education experiences that TAY identify their strengths, skills and interests— and explore their career options that importantly inform their pursuit of further education. The extension of SE into education is also underdeveloped. First, SEd was designed for those pursuing post-secondary education, not

Table 1 Evidence-based principles of individual placement & support SE

IPS SE Principle	Description
1) Zero Exclusion	Anyone interested in working can participate in IPS
2) Vocational & Mental Health Integration	IPS & mental health treatment offered in same location with frequent communication between clinical & IPS staff
3) Competitive Employment	Participants seek community-based, competitive employment
4) Benefits Counseling	Participants need individualized benefit planning support
5) Rapid Job Search	Job search begins within 1 month of first IPS assessment
6) Systematic Job Development	IPS specialists build employer networks based on participants' interests through systematic contact
7) Time-Unlimited & Individualized Support	Follow-along supports are individualized and continued based on participant preferences
8) Preferences	IPS job search & support based on participant preferences

high school completion (SAMHSA, 2011). Second, long-term SED impacts on TAY education outcomes (i.e., livable wages; career trajectories) are yet to be empirically established. IPS SE fidelity requires a “rapid job search” defined as meeting with an employer (face-to-face) within 30 days of expressing an employment goal (Bond et al., 2019). In practice, motivated TAY value this because there is substantial SE Specialist action related to their expressed goal. However, 30 days is insufficient time to effectively engage TAY with complex, co-occurring challenges (Klodnick et al., 2015). Meeting employers and securing employment without sufficient knowledge, communication skills and professionalism can negatively impact self-efficacy and willingness to work with providers when initial employer meetings go poorly (e.g., premature job quits, terminations). Transitional Employment programs paired with IPS SE may enhance TAY IPS SE engagement and outcomes because they address important developmental needs missing from traditional IPS SE.

This study details CORE Model components, participation, and outcomes among TAY with SMHC diagnoses over three years. Research questions include: (1) *Who participated in CORE?* (2) *How did TAY participate in CORE activities?* (3) *What outcomes were observed among CORE participants?*

Methods

The Institutional Review Board at The University of Texas at Austin approved this study.

Study Site

This study took place at Thresholds in Chicago, IL. Thresholds is nationally recognized for their TAY programs that blend positive youth development practices with adult evidence-based practices to meet the unique needs of especially vulnerable TAY with SMHC diagnoses (Thresholds, 2024) such as those with histories of complex trauma, homelessness and child welfare and and/or justice system involvement. These programs use the Transition to Independence Process (TIP) Model (Dresser et al., 2015) as a foundational Positive Youth Development practice. TIP empowers TAY to be actively involved in service planning, balances self-determination with support, teaches problem solving, and

involves key players strategically to support TAY goals (Bohs et al., 2021). Thresholds TAY services are fully team-based and include multiple therapeutic approaches and evidence-based practices: intensive case management and care coordination, Cognitive and Dialectical Behavior Therapies, Supported Employment and Education, Community Support and life skills coaching, and Psychiatry. Since 2013, Thresholds has achieved high fidelity in IPS SE implementation.

CORE Model Description

See Fig. 1 for the CORE Logic Model. CORE aims to create personal insight into career interests and aspirations while building entry level job skills, critical soft skills (i.e., social/cultural capital), and confidence for navigating employment through a cohort-based workshop experience and a paid part-time internship experience that Vocational Peer Mentors support. CORE had two publicly available manuals: the CORE Operations Manual (Johnson et al., 2022), and the CORE Workshop Facilitation Guide (Johnson et al., 2024).

CORE was originally designed for TAY with SMHC diagnoses living in group homes or transitional living programs. However, CORE eligibility and participation expanded with agency programming expansion to include TAY living in the community and participating in intensive multidisciplinary team-based service models, including early psychosis coordinated specialty care. To qualify for CORE, individuals were between 16 and 28 years of age, had a SMHC diagnosis, were enrolled in comprehensive community mental health care, and had either: not benefited from SE (e.g., never placed in job; short-term job tenure) and/or struggled with effectively securing and keeping entry level employment without SE support. Participants could not be in SE and CORE at the same time.

CORE is a 15-week experience with three phases: (Phase 1) an interactive four-week workshop experience with a cohort of eight to 12 participants, (Phase 2) a paid eight-to-10-week community-based internship experience (10-hours per week), and (Phase 3) transition to SE to secure competitive employment. CORE is implemented in cohort cycles so that TAY get to know and support each other throughout CORE. The CORE Coordinator works closely with SE Teams and clinical programs to share CORE cycle enrollment opportunities and to support TAY engagement with CORE activities. The CORE Coordinator created internships

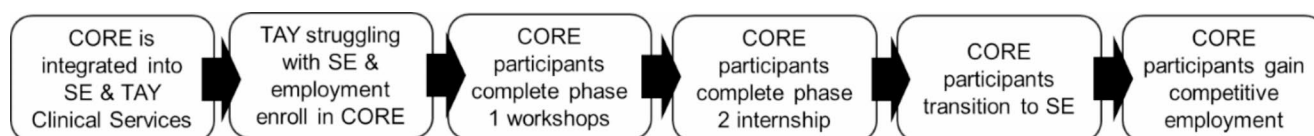


Fig. 1 CORE Logic Model

with local employers. CORE is geographically bound to an area with feasible commute routes for CORE workshop and internship participation. Part-time CORE Vocational Peer Mentors, who possess lived and living experience with navigating employment with a SMHC diagnosis, co-facilitate workshops and provide individualized follow-along support to TAY in their internships.

Phase 1: CORE Workshops

Workshops were a space for activities, discussion, reflection, and learning that was helpful for young adult participants to gain the confidence and skills to enter the workforce. Each workshop was adaptable to the needs of the cohort and including cohesion building activities, mindfulness exercises, and skill building activities. Themes included learning about work interests and needs, supporting mental health on the job, learning about job etiquette and practicing skills to enter the workforce. See Table 2 for an outline of CORE Workshop topics.

Phase 2: CORE Internships

The internship phase was an opportunity for TAY to gain hands-on experience working directly in the community. The goal of this phase is to find and place TAY in internships that fit their individual interests and needs while providing hands on support to develop skills they can take with them into future employment opportunities. Internships are 8–12 weeks long, approximately 10-hours a week. Participants were paid an hourly stipend wage and paid every two weeks—like a typical paycheck. During the internship experience, Vocational Peer Mentors met regularly with each

participant to ensure they were receiving adequate support and to reflect on what they are learning about themselves in the internship. These meetings occurred at different times (before, during, or after internship shifts), depending on participant needs.

Phase 3: Transition to SE

The final CORE phase supports TAY in transitioning to SE in a way that supports their chosen career interests. Typically, the transition happened when a TAY has completed their internship and were connected to SE services within the organization. However, this transition may look different depending on if a participant skipped the internship to pursue competitive employment at the end of the Phase 1, or chose to shift their focus to furthering their education. This process required strong communication and collaboration between the CORE, SE, and clinical teams.

Study Eligibility & Recruitment

To participate in the CORE study, individuals had to be between 16 and 28 years old and planned enrollment in TAY services at the study site for at least the next six months. Interested TAY completed an online CORE application. The CORE Coordinator contacted applicants to tell them more about CORE and associated research activities. TAY who enrolled in CORE also consented to participate in research activities.

Data Collection

Data sources for this study include: (1) participant mental health agency electronic health record (EHR) information from CORE enrollment to six months after CORE completion, (2) CORE Implementation Steering Committee Minutes over three years, (3) and open-ended CORE participant satisfaction question responses. The CORE Coordinator and Vocational Peer Mentors documented their meetings with participants as well as details for key participant events related to CORE, e.g., dates related to internship start and stop, IPS enrollment, employment and education program start and stop, in the agency's EHR. The study Research Coordinator took minutes during CORE Implementation Steering Committee meetings that occurred weekly in year one; bi-monthly in year two and monthly in year three. CORE Implementation Steering Committee meeting participants included: the CORE Coordinator, SE Director and Assistant Director, Research Coordinator, and Primary Investigator. A young adult research assistant collected open-ended participant interviews about their CORE experiences and satisfaction.

Table 2 CORE workshops

CORE Workshops	Topics
1) Introduction to CORE	• Building group rapport • Understanding of “work” • Workplace needs & interests
2) Talking Finances & Work Fatigue	• Financial needs and wants • Work fatigue, prevention, and ways to cope
3) Workplace Etiquette	• Workplace environments, cultures & expectations • Workplace stressors
4) Workplace Etiquette Part 2	• Communication styles & working with others • Protocols and impacts of calling off work
5) Mental Health on the Job	• Coping strategies for work-related stressors • Identifying trigger areas & support needs
6) Mental Health on the Job Part 2	• Seeking workplace accommodations • Sharing mental health information in the workplace
7) Mock Interviews	• Reflection on CORE workshops • Prepare for internship with Mock interviews

Data Analysis

Participant demographics, CORE participation, and key outcomes were summarized using descriptive statistics. Steering committee minutes were reviewed and summarized to describe CORE implementation and participation. The research team (PI, Study Coordinator, two young adult research assistants with lived mental health experience) thematically coded (Braun & Clarke, 2023) open-ended satisfaction and experiential interview questions. Categories were then reviewed and refined by key informants, e.g., original CORE developer, agency SE leadership.

Results

CORE Implementation

The agency conducted nine CORE cycles over a three-year period. Each cycle had 3–10 participants, Median = 7. Cycles were 15-weeks long with 2–4 weeks in-between to market the CORE program, address any implementation issues and recruit the next cycles' participants. CORE workshops were held in an accessible building where one of the TAY clinical programs was housed, and within a 30-minute public transportation commute from other agency clinical programs.

The CORE Coordinator sought local employer partners to provide internship opportunities that were strongly aligned with TAY participant's career interests. The CORE Coordinator used a Memorandum of Understanding to establish partnership guidelines with each CORE internship site and provided tailored support to employers while they hosted CORE interns. The CORE Coordinator leveraged pre-existing SE department relationships with local employers to create internship opportunities for CORE participants. Internships were typically at small local businesses and included the humane society, a pet store, a vape shop, a nature museum, a zoo, a food pantry, resale shops, and a cat cafe. Many of these local businesses hosted internships for

multiple CORE cycles. The CORE Coordinator's primary role evolved into being a liaison and support to internship site supervisors and TAY clinical program leaders and direct care staff, while the Vocational Peer Mentor role evolved to co-deliver the CORE Phase 1 workshops and provided tailored in-community support to TAY during Phase 2 internships. This included preparing for internships by selecting clothes, figuring out transportation, and developing a plan for getting ready and to the internship on-time, as well as, navigating internship challenges with managers, coworkers and others (e.g., customers), asking questions about and learning internship expectations, advocating for needs in the internship setting, and managing mental health and wellness. Transitions to Phase 3 included the CORE team setting up and facilitating meetings between TAY and the IPS SE Specialists, and on-going consultation between the CORE team and IPS SE team to support former CORE participants with their work and school engagement and related goals.

CORE Participant Demographics and Life Experiences

Fifty-seven TAY enrolled in CORE; mean age = 21.3 years old (Range = 18–28 years; SD = 2.95). See Table 3 for age categories and DSM-V diagnoses. Most identified as male (52%); 35% female and 14% genderqueer, nonbinary, or transgender. Approximately 41% identified as Black/African American, 38% White, 14% Hispanic/Latinx, 2% Asian, and 5% Unknown or declined to answer. At enrollment: 60% had a high school diploma or GED, 16% had completed some high school and 21% had completed some college. Most (83%) had experienced one or more psychiatric hospitalization, 81% had previous criminal justice involvement, and 31% had aged out of the child welfare system at age 21. At study enrollment, 49% had previously been enrolled in IPS SE and 21.5% had some employment history.

CORE Participation & Outcomes

See Fig. 2 detailing CORE Study participation and outcomes. Over three years, 111 completed online applications; 57 enrolled in the CORE Study and 54 did not. Reasons for not participating in CORE study included: being no longer interested when contacted post-application (48%); being a better fit for SE services or were already employed (15%); had planned TAY service discharge within six-months (13%); had a newborn child (13%); experienced a mental health crisis (6%); and did not provide research study consent (6%).

Overall, most (97%; 55 of 57) who enrolled in CORE experienced positive outcomes within six-months of

Table 3 CORE study participant demographics

	Count	Percentage
Age Categories		
18–19	20	34.5%
20–22	19	32.8%
23–25	12	20.7%
26–28	7	12.1%
Primary DSM-V Diagnosis		
Bipolar Spectrum Disorder	18	31.0%
Schizophrenia Spectrum Disorder	21	36.2%
Major Depressive Disorder	13	22.4%
Other (Anxiety Disorders, ADHD, PTSD)	6	10.3%

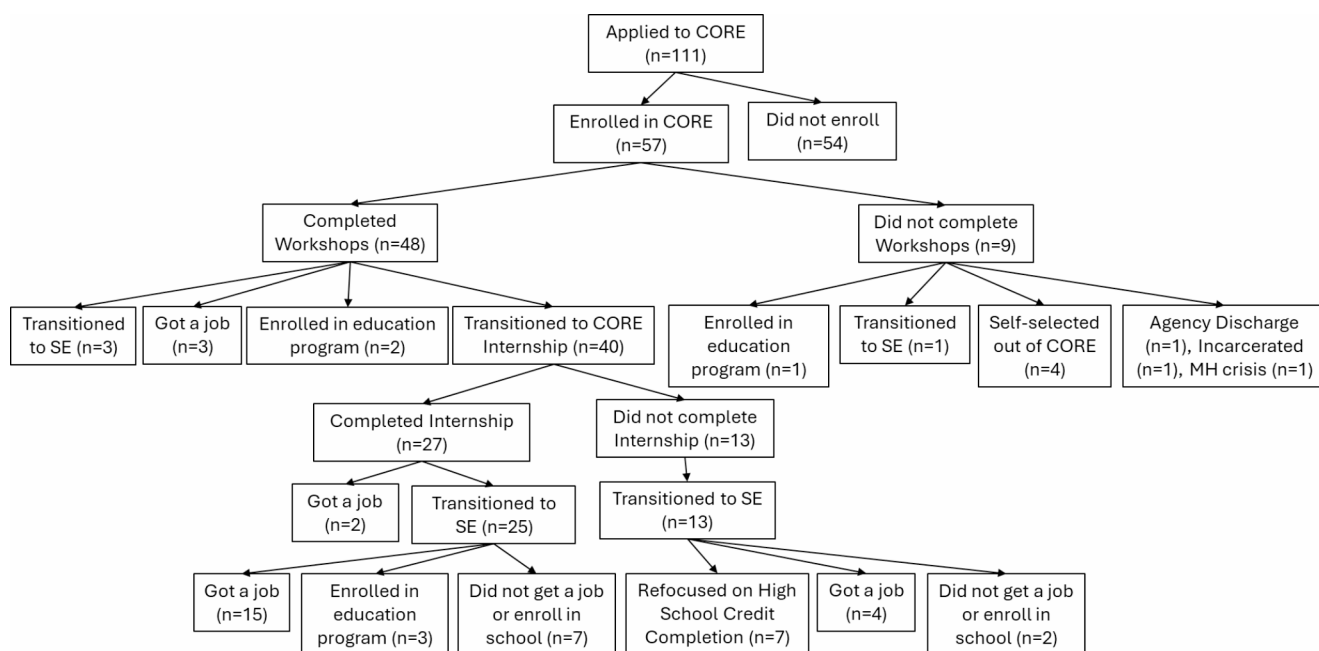


Fig. 2 CORE participation and outcomes

individual CORE participation completion: 74% ($n=42$) enrolled in SE, 42% ($n=24$) secured employment and 23% ($n=13$) enrolled in a post-secondary education program. CORE participant engagement and outcomes did not follow the linear path laid out in the CORE Logic Model (see Fig. 1) where it was theorized that participants would benefit first from workshops, then from the internship, then from SE support, and then secure employment. Instead, some moved directly from workshop completion or partial internship completion to SE and/or employment or education enrollment. Of those who completed CORE Phase 1 workshops ($n=48$), 40 transitioned to CORE Phase 2 internships, three secured employment, three transitioned to SE, and two enrolled in a post-secondary education program. Reasons for not completing workshops ($n=9$) included: four self-selected out, one transitioned to IPS SE, one returned to college, one discharged from agency services, one became incarcerated, and one experienced a mental health crisis. Of those who transitioned to Phase 2 internships, 27 completed their internships, and 13 did not. Of those who completed internships, 2 secured competitive employment immediately (through their internship site), while 25 transitioned to SE. Of the 25 who transitioned to SE, 15 secured employment, three enrolled in an education program, and seven did not get a job or enroll in school. Among those who did not complete the internship ($n=13$), all transitioned to SE. Of the 13 who transitioned to SE, seven refocused their efforts on completing high school credits, four became employed and 2 did not get a job or enroll in school.

CORE Perceived Benefits

Among participants who at least completed the CORE workshops, 78% (39 of 49) responded to open-ended interview questions about the quality of their experiences and satisfaction with CORE. Of these, (82%) 32 of 39 reported overall positive experiences with CORE, while seven reported mixed or neutral experiences. Participants described their elevated self-esteem and confidence, excitement for gaining hands-on experience to build their resume, enjoying the social aspects of the program, and learning from the Vocational Peer Mentors and each other. One participant reflected:

The best thing about CORE is that we get to develop our own ideas and exchange them together and talk about it through different activities that make you think, more about getting a job, but your place and where you want to be along your career journey. It makes us get out of our comfort zone, speak to each other, and learn to work as a team.

Other participants explained how CORE helped them to “learn how to balance work and mental health” as well as “identify things that I won’t tolerate, how to advocate in the workplace...put things into a different perspective.” Through the catered approach to individualized needs and peer mentor support, one participant felt CORE “should be a staple for schools or learning basic skills– the program doesn’t only hold your hand, it helps you through it and then

lets you do it yourself.” Participant feedback to improve CORE was systematically integrated during implementation. Feedback included: amending CORE workshop day of week and times to accommodate more participants (moved from mid-day to late afternoon/early evening), increased workshop pair and small group activities, inclusion of workplace discrimination response strategies, and improving internship site diversity.

Discussion

CORE is an example of developmentally attuned *Transitional Employment* for TAY with SMHC diagnoses and adds to the limited evidence of the value of prevocational training for TAY with SMHCs. CORE is a promising SE add-on for TAY who are struggling with SE engagement and/or effectively securing and maintaining entry level employment. CORE participants did not all participate in nor benefit from CORE in the same way. Some benefitted from the workshop experience, while others benefitted from the internship experience. This study speaks to the diversity and fluidity of vocational needs among TAY in multidisciplinary community-based mental health programs as well as the value of individual, in-community vocational peer support, small group facilitated and structured educational experiences, and short-term part-time supported internship experiences. CORE workshop and internship experiences, and CORE Coordinator and Vocational Peer mentor roles and practices, can likely be individually integrated into SE and clinical programming to enhance participation and outcomes. Research of these individual CORE practice components and roles is needed.

CORE is an example of a program that meets several unmet developmental, social and vocational needs of TAY. SE may meet these needs for some, but not all, of TAY. Many participants had long histories of SMHCs, institutionalization and vocational engagement disruptions—yet most benefitted from CORE and found CORE personally helpful. CORE has been featured as a promising practice for TAY with SMHCs, including first-episode psychosis, in national best-practice guidance (Shern & Pena, 2022). Critically, CORE does not threaten IPS SE fidelity. CORE was fully implemented in 2022 in Thresholds TAY programs when Thresholds scored high on their first Young Adult IPS Fidelity assessment (Bond et al., 2019), which was co-assessed by two trained IPS SE fidelity assessors (one with the Illinois State Department of Vocational Rehabilitation, and the other with another Illinois community mental health agency). Both assessors asked for more information about CORE to share with state vocational rehabilitation specialists and agencies who want to better engage and support

TAY. More rigorous research of CORE (e.g., randomized control trial; comparative effectiveness trial) is needed to better understand the impact of CORE versus vocational service as usual.

Community mental health providers in most states struggle to fully fund SE and Supported Education services. While vocational funding streams differ by state, county and city/town, there are ways to fund elements of CORE. First, CORE group and individual direct care services directly address needs and skills that can be considered medical necessity (e.g., coping skills; stress management) and reimbursable via Medicaid. Peer Support Specialists attached to SE teams could provide CORE, and individual and group services, as Medicaid reimbursable. Next, state, county and city departments in vocational rehabilitation and health and human services often provide grant funding and contract opportunities for SE. Workforce Innovation and Operation Act (WIOA) has policy specifically for this age group (DOL, 2024) and CORE could expand state vocational rehabilitation service continuums to better meet TAY needs. Finally, foundation and individual donors often are attracted to funding programs that build connections between real-world employers and nonprofits to support TAY employment.

Funding the CORE Coordinator’s internship development activities and ongoing support to employers with CORE interns as well as CORE internship stipends are the most challenging to fund. Agencies interested in CORE should meet with their various state, county and city departments that fund employment programs to share information about CORE and partner on CORE implementation. CORE is a program that could meet the needs of youth and young adults identified through a state’s WIOA funding. There is a need for collaboration between TAY and Employment program leaders within mental health agencies to partner, advocate, plan and implement CORE together. Currently, CORE is being implemented at a community social service agency in Little Rock, Arkansas with young people involved in the child welfare system who also have SMHC diagnoses via a foundation grant and is tracking outcomes in the hopes of securing more grant funding to expand CORE to more who are aging out of foster care.

The flexibility through which TAY could access and engage in CORE made CORE strongly aligned with TAY best-practice and SE, but difficult to systematically study. In line with SE principles, any TAY in community mental health services who wanted to enroll in CORE could do so. Establishing and sustaining clear eligibility criteria was challenging. CORE was originally designed for TAY with long histories of group home and residential treatment who were closer to high school graduation or had recently graduated— and had an entry level employment goal. However,

some participants entered CORE with employment goals, but then developed and pursued education goals, which speaks to the fluidity of work and school engagement among TAY. Also, as CORE's popularity grew, more became interested and enrolled. This included TAY who: (1) recently had a first episode of psychosis and wanted to slowly transition back into work and school; (2) were enrolled in post-secondary education programs but who were not employed or (3) were looking for a paid internship experience. One requirement from the start of the CORE study was that TAY had to complete the CORE online application themselves—a staff, friend or family member could not complete it for them. This was to ensure that TAY were internally motivated to participate in CORE. However, at least one TAY per cycle did not know what they had signed up for, had staff or family drop them off at the workshops, and did not want to participate. Additionally, and in alignment with SE, if a workshop participant wanted to move into SE, or get a job or enroll in school, they did not have to finish the workshops, nor enroll in SE. CORE and the associated research study did not want prevent TAY vocational engagement.

Limitations

Study limitations include that this evaluation study is exploratory in nature and lacks a comparison group. CORE was only implemented in one setting in one geographic area in this study. This limits the generalizability of study findings to urban community mental health settings with strong TAY programming in states with robust IPS SE implementation. Future research should examine CORE key change mechanisms and implementation barriers and facilitators to better understand how and why CORE “works,” and how to best facilitate CORE implementation in TAY programs.

Conclusion

CORE is a community agency developed SE add-on that is promising for TAY with SMHC diagnoses enrolled in multidisciplinary community-based mental health services. Findings speak to the diversity of needs across TAY with SMHCs related to vocational engagement and career development, and how flexible transitional employment programs are promising in meeting those needs. CORE workshop activities likely can be used independently in TAY skills and vocational groups, by SE specialists when additional job readiness needs are identified, and in general by mental health programs to engage and support individuals with employment goals. To learn more about CORE and how to implement CORE practices, visit: <https://sites.utexas.edu/m>

mental-health-institute/employment-education-research-quality-improvement-efforts/core/.

Acknowledgements Thank you, CORE team members Adam Hart, Allison Audrey West, Jaime Silvestri Mabee, Qiyamah Hameed, for supporting model refinement. Thank you, Thresholds leaders, especially Dr. Marc Fagan, and staff across clinical, IPS, and administrative departments, for supporting innovative transition-age youth practice and research.

Funding This was funded by a NIDILRR Field-Initiated Research Study (90IFRE0032).

Declarations

Conflict of Interest The authors declare that they have no relevant or material financial interests that relate to the research described in this paper.

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