## **Employment Works!**

Summer 2006

**Employment Supports for People with Mental Illness** 

Sponsored by the Johnson & Johnson – Dartmouth Community Mental Health Program

### Johnson and Johnson's Role in Supported Employment

The Johnson & Johnson-Dartmouth Community Mental Health Program is a private-public-academic initiative to encourage collaboration between state departments of mental health and vocational rehabilitation in implementing evidencebased supported employment services for people with serious mental illness. Eleven jurisdictions (Connecticut, Delaware, Illinois, Kansas, Maryland, Minnesota, Ohio, Oregon, South Carolina, Vermont and Washington, D.C.) are participating in the Johnson & Johnson program. The overall coordination of this initiative is facilitated through partnership with the Dartmouth Psychiatric Research Center that provides training and technical assistance.



## Vocational Rehabilitation and Mental Health: Partners in Supported Employment

Evidence-based practices (EBPs) are designed to focus on a condition, in a manner that meets scientific and stakeholder criteria for safety, effectiveness, and cost-effectiveness. EBPs translate research findings into routine practice to improve health care quality. Supported employment (SE) is an evidence-based practice. Individuals with serious mental illnesses have an estimated unemployment rate of 80-90 percent. Most individuals want to work and, with support, a majority of them can succeed at securing competitive jobs (integrated jobs that pay prevailing wages). SE has demonstrated effectiveness by assisting individuals to secure meaningful work and promoting integration into the community.

### Supported Employment Practice Principles

- Zero exclusion Every individual who wants employment is eligible
- Supported employment services are integrated with treatment
- · Competitive employment is the goal
- Personalized benefits counseling is provided
- Rapid job search Job search starts soon after a person expresses interest in working
- Follow-along supports are continuous
- Individual preferences are important

### In This Issue

J & J – Dartmouth Community  Mental Health Program 2006  Annual Meeting
Employer to Employer – Cynthia's Flower Shop
Focus on Research4
Supported Employment Resources 4
Jenn's Story: A New Beginning 5
Myths and Facts about Employment Supports for Clients with Co-Occurring Mental Illness and Substance Abuse

# J & J - Dartmouth Community Mental Health 2006 Program Annual Meeting PARTNERS FOR WORKING April 6 - 7, 2006, Washington, D.C.

Carl Suter, Director of the Council of State Administrators of Vocational Rehabilitation. delivered an inspirational opening address at the Johnson & Johnson-Dartmouth Community Mental Health Program meeting in Washington on April 6, 2006. He began by noting that there are 20 million people with disabilities in the U.S. who need vocational rehabilitation (VR) services to help them return to work, and yet there is funding to serve only 1 million. Although the state-federal VR system is moving toward evidence-based practices, including supported employment, Suter believes that we need more fundamental and creative changes. "People with disabilities need up-front cash, health insurance, and help finding a job, but we force them to prove that they are disabled for life to get these basic necessities. It's no wonder that few people leave the SSI/SSDI roles before they die." Suter advocates for intervening earlier and more rapidly, with services that include health insurance and supported employment, to divert people before they get placed on lifetime disability payments. He discussed the political barriers to achieving change, but he also lauded some notable successes, such as the VRmental health partnerships achieved by the Johnson & Johnson-Dartmouth Program. He identified the collaborative eligibility determination process in Maryland as a remarkable breakthrough.

Mike Hogan, Commissioner of the Department of Mental Health in Ohio and former head of the President's New Freedom Commission on Mental Health, delivered the evening address at the Johnson & Johnson-Dartmouth Community Mental Health Program in Washington, D.C., on April 6, 2006. He stated that the most important message from consumer testimonials to the commission was that people want real jobs. "The central theme of the New Freedom Commission Report is

recovery. Employment is the most direct step to recovery, and supported employment is the only effective way to help people succeed in employment." He applauded the partnerships between vocational rehabilitation and mental health that have been facilitated by the Johnson & Johnson-Dartmouth Program and expressed his enthusiasm regarding Ohio's participation.

#### **Comments from the Annual Meeting**

I really appreciate the opportunity to exchange ideas with people who are working to implement evidence-based supported employment in other states. I am learning from their experience, and Illinois benefits from that. It's great to know people from ten other states that I can call for ideas about how Illinois might effectively address implementation challenges related to both policy and practice.

Katherine Burson, MSW Chief, Rehabilitation Services Illinois Division of Mental Health

I want to take this moment to say that I am still high from the J & J meeting and have been talking the ears off anybody I can find to tell about it. We are so happy to be involved and have huge confidence that it will be a wonderful and timely push to our system.

Virginia Selleck
Supervisor, EBP &
Restructuring Strategies
Minnesota Department of Human
Services, Adult Mental Health Division

Thanks for the conference in DC; it was a great time and networking with all of the states is so helpful. Also, we love the videos – that is going to make things easier in building consensus in some of our other counties.

Michael Moore Adult Services Coordinator Oregon Department of Human Services



Rick Martinez (left), Director, Medical Affairs and Corporate Contributions, Johnson & Johnson and Carl Suter, Executive Director, Council of State Administrators of Vocational Rehabilitation, at the Annual Meeting.



Jason Krolicki (left), Mixing Board Operator for radio station WGET 1320 and Rick Martinez, Director, Medical Affairs and Corporate Contributions, Johnson& Johnson.



Crystale Clemmons (left), Pharmacy Technician, CVS, Joseph Ngangum, Employment Specialist, Psychiatric Center Chartered, and Lynette Collier Assistant Manager, CVS.

### **Employer to Employer - Cynthia's Flower Shop**

I operate a flower shop and I have been in business for 14 years. Besides myself, there are four part-time employees. I specialize in customer service. Harbor Health Services introduced me to Emer and it is just such a perfect fit for the shop. It is a win situation for both of us.

Emer's iob responsibilities include doing everything that my other employees do. (Emer completed a two-week situational assessment and was subsequently hired. The Bureau of Rehabilitation Services paid for her wages during the assessment and contracted with Harbor Health Services of Branford, CT, to provide follow-along support during this period. Emer's employment specialist from Harbor Health will continue to meet periodically with Emer and her employer to provide any support.) Emer processes flowers and checks in wedding flowers that we have for weddings and special orders. She does flower arranging. She's been taking care of

plants, doing general maintenance of the shop like cleaning up, and she has started in the

last few days greeting customers. I fully expect her to run the register, answer the telephone, take orders, and help take care of the customers.



Alexandra (Emer) Gearhart (left), Florist Assistant, Cynthia's Flower Shop and Cynthia Paul, Owner, Cynthia's Flower Shop



Cynthia's Flower Shop

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Holly (employment specialist from Harbor Health Services) came in and asked if I would be willing to have someone work in my shop who might be a suc-

> cessful work candidate. I don't think she could be a better fit for the shop. She loves flowers and art. She is very positive and that really works well in the

shop. She is someone who comes in with a really nice attitude every day. She has been sharing with us her poetry and her artwork. She likes to draw and we've

enjoyed that plus her enthusiasm for flowers and beauty.

I would do this again. It works well for my shop. I'm not sure what her mental illness is. I know that she is very capable.

I did try to communicate to her that if she has any concerns or worries that she comes to me and doesn't wait or calls Holly. I'm not seeing any disability at all. If there is one, I want to make sure that she is comfortable. Harbor Health Services was very involved and made sure

that everything went smoothly. When Holly was here, you didn't even know that she was here; she wasn't intrusive at all.

What recommendations do you have for employment specialists like Holly regarding what's most important for employers? I think the best thing to do is to really get the word out as to what this entails and what you do. Employers are really busy and when they hear what this is about, they might not want to stop and listen. If people really understand what it entails, they might be more willing to do it. So spend more time with interested employers to really explain what this is all about.

I find that the telephone doesn't work out all that well for small business people because we are usually really busy when you call us on the phone. If something came in print, I am more apt to read it. Printed materials work best for me and my neighbor next door who is in the same kind of business. Really explain what it is all about because people could be a little afraid what is expected of them. It is definitely helpful to have someone like Holly to come in and talk to employers and answer any questions.

There was definitely a good job match made here.

### **Focus on Research**

## Social Security Administration (SSA) Mental Health Treatment Study (2006)

The SSA has established the Mental Health Treatment Study to determine whether providing evidence-based employment support and other high quality mental health treatment, and eliminating programmatic work disincentives, will lead to better employment outcomes and other benefits among Title II (SSDI) beneficiaries with a primary impairment of schizophrenia or affective disorder. The study will be led by a team of researchers from Westat, Dartmouth College, and the University of Maryland, Baltimore County.

The study will take place at 22 supported employment program sites, many that are participating in the Johnson & Johnson-Dartmouth Community Mental Health Program. 3,000 beneficiary

enrollees will be interviewed and then randomly assigned in equal numbers to either a treatment intervention group or a control group. The treatment intervention group will receive evidence-based supported employment services and coordinated mental health treatment based on treatment algorithms and enhanced medical benefits. The treatment intervention group will also receive a Continuing Disability Review waiver during their two-year participation in the study and for one year following completion of the study. The control group is essentially a "treatment as usual" group. However, these beneficiary enrollees will also receive a small payment for their participation in quarterly interviews and release of their earnings records from SSA.

The aim of the study is to test the hypothesis that a combination of evidence-based supported employment, medication management, and other mental health practices, plus vouchers to pay for services, and waiver of social security review will enable SSDI recipients with schizophrenia or an affective disorder to return to competitive employment.

## Supported Employment Resources

#### **Books on SE**

A Working Life for People with Severe Mental Illness Becker & Drake, 2003, Oxford University Press. www.oup.com

### Evidence-Based Mental Health Practice: A Textbook

Drake, Merrens & Lynde, 2005, W. W. Norton & Co. www.wwnorton.com

#### **SE Publications**

SE Educational Materials
SE DVDs
Previous Employment Works
Newsletters

J & J Dartmouth Community

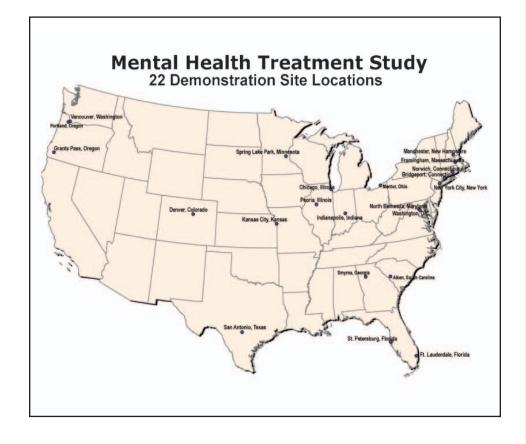
Mental Health Program

http://dms.dartmouth.edu/prc/employment/

### Consultation & Training in SE http://dms.dartmouth.edu/prc/evidence/

### Others you want to receive this Newsletter?

Email names and mailing addresses to:
Psychiatric.Research.Center
@Dartmouth.edu



### Jenn's Story: A New Beginning

I work at a bank as a part-time teller in Groton, CT. I handle customer transactions. I wait on the customers and handle everyday banking transactions, deposits, transfers, money orders, checks, cash advances, all of that good stuff. I work three to four days a week unless they need me because somebody is on vacation or is sick. Fridays I work eight-hour days. The other days I work during the week are normally five-hour days.

I like the job. If I had known before I went into it the amount of stuff you need to know, I never would have guessed. We have all these tests we have to take every year. There are a lot of policies we have to be aware of. We have to keep our eyes out for counterfeits. There is a lot more involved in it than I thought there would be when I initially went into it. I thought that I would be taking people's money and giving it back.

Actually, I think having a job working with people has helped me socially. It has helped me to be a little bit more open.

The most challenging part of my job is the sales aspect. I have a very hard time trying to sell products to people. We have goals that we are supposed to meet on a weekly basis. I would rather deal with the customers and not have to worry about the sales end of things, but unfortunately, it is part of the job.

I had an injury to my knee on another job. So when I wanted to work again I had physical restrictions that I needed to be

hired within. I was having a really hard time finding a position where my needs could be

"Actually, I think having a job working with people has helped me socially. It has helped me to be a little bit more open."

met. I spoke with Bill (employment specialist from Southeastern Mental Health Authority) and he immediately thought of the bank because it is sedentary. He has a friend that he contacted and I went and had the interview with a branch manager. Basically, it got the ball rolling. If he hadn't done that, I probably wouldn't be where I am right now. He has been very supportive and has followed through very well with me.

I have had support from the whole team at Southeastern Mental Health Authority. My nurse practitioner has been

wonderful. She has gotten to know me and I'm very comfortable with her. A while ago I was having a lot of anxiety and she gave me medication

to help control it. It helped to relieve a little bit of that pressure.

you do."



For me it was very difficult to go from a mental hospital setting where you are just responsible for being in the group to a job that you have to be there at a certain

> time. You have to do your job and you have to focus. You have got to function. It is definitely a transition that takes

some time getting used to. One of the things I have always feared when starting a new job is that my mental health will come out as an issue. Almost like there is a stigma with it. Whereas if one of my fellow employees were to find out what I have been through, their opinion of me

would change. I try very hard to keep all that stuff from people, which makes it a little bit more stressful at work.

I started my bank teller job in August of '04, so this August it will be two years. Far as I know, I will be there for awhile.

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illness and you have a hard time

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Eventually, I don't know when, I would like to go back to school. Believe it or not, I would

really like to go back and finish my education for making pastry. I started attending Johnson and Wales University but had to leave because of my psychiatric illness. I was studying baking and pastry, which is something I have always liked. It is something that I really enjoy. Unfortunately, I had to leave and right now I am hoping that at some point in time I will be able to go back and finish my education because it is really what I want to do. In the future I would like to open my own little shop. I have worked as a pastry chef at a couple of different places. I think that is what is right for me. Until I can do that, this teller job is going well. I really think I have the support.

What advice would you have for others who live with mental illness and are considering work? It is not easy but in the end when you have something that keeps you busy, it helps you to hang in there. Get as much support as you need. It is not shameful to need support after you have been struggling with mental health issues and to use that support and not be afraid of it. I know one of my concerns was that people were going to know that I had a mental illness. The only way people are going to know is if you tell them. That is your choice. Don't feel categorized because you had help finding a job. Just because you have mental illness and you have a hard time finding a job does not mean that you don't deserve it, because you do. People change, people come a long way. Try to approach it as a new beginning.

## Myths and Facts about Employment Supports for Clients with Co-Occurring Mental Illness and Substance Abuse\*

The Myths (Abbreviated Version)	The Facts (Abbreviated Version)
Work is too stressful for clients with mental illness and co-occurring substance abuse.	As with other members of our society, work improves self- esteem, adds a sense of purpose, and contributes towards recovery in positive ways for many people with dual disorders.
Clients with mental illness and co-occurring substance abuse benefit from extensive pre-vocational assessments and work readiness programs before further employment options are pursued.	The best predictors of work success for persons with mental illness and co-occurring substance abuse are a client's:  1) expressed interest in working, and 2) previous employment history. Substance abuse is not a consistent predictor of work success or failure.
Clients with mental illness and co-occurring substance abuse are more successful in sheltered vocational programs where they can be monitored and have their problems addressed by program staff.	With appropriate supports when needed, clients report greater job satisfaction and success in competitive employment of their own choosing.
Clients with mental illness and co-occurring substance abuse will do poorly no matter what.	The majority of clients with mental illness and co-occurring substance abuse will get into recovery when offered high-quality integrated dual diagnosis treatment.

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