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National Alliance on Mental Illness

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Road to Recovery: Employment and Mental Illness



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NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI advocates for access to services, treatment, supports and research and is steadfast in its commitment to raising awareness and building a community of hope for all of those in need.

Acknowledgements and Gratitude

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INTRODUCTION

Individuals with mental illness are a diverse group of people, with a wide range of talents and abilities. They work in all sectors of the U.S. economy, from the boardroom to the factory floor, from academia to art. Employment not only provides a paycheck, but also a sense of purpose, opportunities to learn and a chance to work with others. Most importantly, work offers hope, which is vital to recovery from mental illness.

Our nation must invest in vocational strategies that work. The good news is that there are a number of effective supported employment programs. However, despite approximately \$4 billion annually in federal funding for supported employment, employment rates for people with mental illness—which were abysmal to begin with—have declined even more over the last decade. This distressing trend is attributable to a number of factors.

For example, many state vocational rehabilitation programs continue to focus on pre-employment training (“train and place”) rather than the “place and train” approach that has been proven to be far more successful in helping people with mental illness successfully enter or reenter the workforce. Additionally, the state vocational rehabilitation model focuses on time-limited assistance, an approach that does not well serve people with mental illness whose need for supports in the workplace may be long-term or intermittent.¹

Model employment programs have been developed, studied and proven effective for people with mental illness. Yet only a tiny fraction of individuals with mental illness who are willing and able to work get the help they need to succeed in the workforce.

Negative stereotypes of mental illness are rampant in the workplace. Many people find that disclosing their mental illness has a chilling effect on hiring and career advancement even though workplace accommodations for mental illness are low cost and easy to implement.

Most people living with mental illness prefer paid employment and independence to relying on the government for income support and medical benefits.² However, well-meaning but outdated federal policies discourage them from seeking employment for fear of losing comprehensive medical benefits.

The result is that unemployment among people served by public mental health systems remains inexcusably high, more than three times that of the general population.^{3,4} Half of those served in public mental health programs are not in the labor force, discouraged by public policy barriers, and have no prospects for work.

The price of this unmet need is exorbitant in human costs of wasted talent, derailed lives, broken families, lost productivity and increased public spending on disability income and health care. People living with mental illness are the largest and fastest growing group of public disability income beneficiaries.⁵

Improving economic conditions, lower unemployment and increased access to health coverage create a unique opportunity to break through barriers that have too long prevented people with mental illness from going to work. NAMI calls on policymakers to make effective services and supports available more broadly so that people with mental illness can reach their full employment potential.

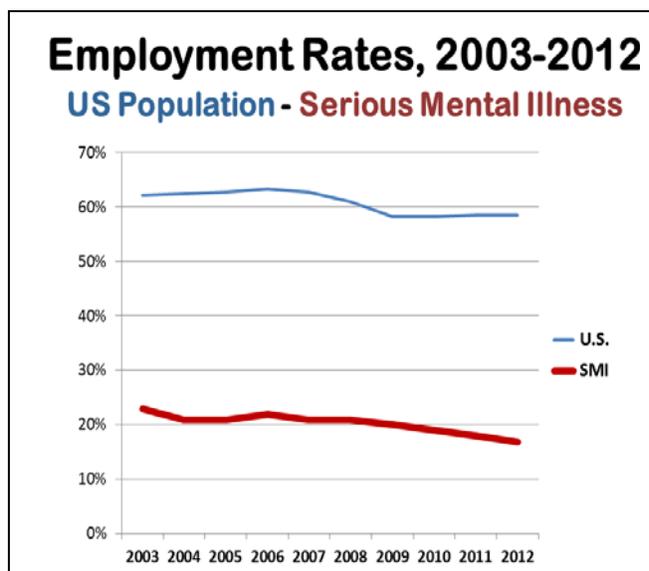
Policy Recommendations *(See page 14)*

- Enact state legislation to increase access to effective supported employment.
- Develop adequate, long term financing mechanisms to implement evidence-based supported employment programs.
- Ensure compliance with the Americans with Disabilities Act.
- Build a bridge to economic self-sufficiency.
- Make it easier for employers to hire and support workers who live with mental illness.
- Bring rapid placement vocational programs to scale for veterans with mental illness.
- Make age appropriate supported education and employment services available to young adults with mental health conditions.
- Improve data on employment and mental illness.

WHY IS EMPLOYMENT SO LOW?

Employment rates are inexcusably low and getting worse for people living with mental illness. Employment declined from 23 percent in 2003 to 17.8 percent in 2012.⁶ *Appendix 1* shows state employment rates for people served in public mental health systems, while the chart at right shows the low and declining employment rates for individuals living with mental illness.^{a,b}

Studies show that most adults with mental illness want to work⁷ and approximately six out of 10 can succeed with appropriate supports.⁸ Some states are doing better than others in making supported employment available to people served by public mental health systems. Yet it is deplorable that nationwide, only 1.7 percent of people served in state mental health systems received supported employment services in 2012.⁹ Even a college education has not been an effective hedge against unemployment or underemployment.¹⁰ As a nation, we can certainly do far better in providing the services people living with mental illness need to secure gainful employment.



^a Bureau of Labor Statistics (2003 -2012) Employment-Population Ratio. <http://data.bls.gov/pdq/SurveyOutputServlet>

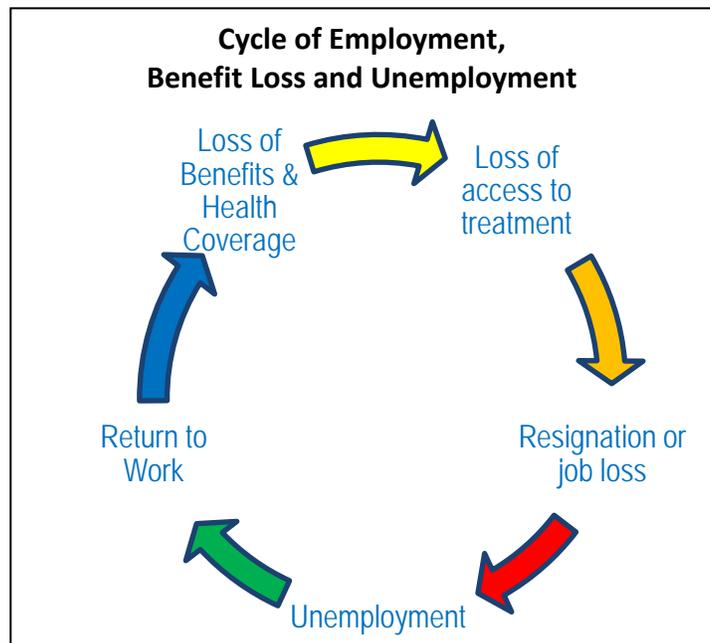
^b Lutterman, T; (Aug. 2013) 2012 Uniform Reporting System Results and National Outcome Measures (NOMs) Trends. NRI. <http://www.nasmhpd.org/docs/Webinars%20ppts/2012%20URS%20National%20Results%20--August%2029%202013.pdf>

Failure to connect people with mental illness who want to work with effective supported employment programs carries a high public price tag. Mental disorders are the leading cause of disability worldwide.¹¹ People with mental illness are the largest and fastest growing group of Supplemental Security Income (SSI)^c and Social Security Disability Income (SSDI)^d beneficiaries.¹² Increasing access to effective employment assistance would bring economic benefit to individuals affected by mental illness and to society as a whole.

Work Disincentives in Public Benefits

Fear that employment status will lead to loss of vital public income supports and medical benefits remains a real concern for people living with mental illness. The problem is illustrated by the cycle of employment, benefit loss and unemployment. When individuals who have SSI or SSDI start a job they may lose Medicaid or Medicare benefits, yet receive inadequate, if any job-based mental health benefits. Because they risk losing the ability to pay for mental health treatment many either resign from employment because they don't want to relapse or disengage from treatment, then experience job loss when symptoms interfere with performance of their duties. Because this process is painful and regaining public benefits can be a lengthy, uncertain process, many are forced to drop out of the labor force and settle for public support.

Until now, the following story has been all too common. Susan (not her real name) received SSDI and SSI with mental health services covered by Medicare and Medicaid. As her recovery from bipolar disorder progressed, she went back to work part-time with no employer sponsored health coverage. Despite the fact that she enjoyed her job and her employer was pleased with her performance, she resigned after seven months because she did not want to lose the medical benefits that paid for the care she needed to continue her recovery. She decided that the risks of working outweighed the benefits, and is no longer seeking paid work.



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Though the path from public benefits to independence is risky due to the long-term, episodic nature of mental illness, incentives are available through the Social Security Administration (SSA). SSDI recipients have nine trial work months every five years in which to test their ability to work, yet remain eligible

^c Supplemental Security Income (SSI) is a means tested income assistance program. To qualify, non-elderly adults must have little or no income or work history and be deemed unable to engage in substantial gainful activity because of a physical or mental impairment. SSI recipients are eligible for Medicaid to finance health and mental health care.

^d Social Security Disability Income (SSDI) provides a social insurance cash benefit to disabled adults who have worked 10 quarters or more in which they have contribute Social Security earnings deductions.^d SSDI beneficiaries who receive benefits for at least two years qualify for health benefits through Medicare.

for cash benefits. Under section 1619 (b) of the Social Security Act, Medicare coverage can continue for up to 93 months after the date of hire. In addition, SSA work incentive programs such as the Plan to Achieve Self Support (PASS) and the Ticket to Work allow beneficiaries to keep medical benefits until their earnings and benefits are sufficient to cover their expenses.

The Ticket to Work (TTW) program has shown limited effectiveness for people who need intensive employment assistance. Partly due to low provider reimbursement, TTW Employment Networks (EN) have targeted individuals who were already working or who were work-ready and do not need assistance.^{13,14}

The Plan to Achieve Self Support (PASS), which allows someone with SSI to set aside income to pay for education and employment related expenses, has been more useful, though take-home pay is limited to very low SSI earnings thresholds during the PASS process.

PROMISING TRENDS

Current policy trends offer hope that current barriers to employment for people living with mental illness could be reduced. The U.S. economy is gaining strength after the worst recession in 80 years, and though the job market is slow to respond, economists project improvement in the near future.¹⁵ Better access to health coverage removes a major impediment to employment for people who need continued mental health care. In addition, several employment trends open the way for job seekers with mental illness.

Increased Access to Health Coverage

Increased access to health coverage has the potential to be a game changer for people recovering from mental illness, making it possible to earn a living while continuing treatment as necessary. Under the Patient Protection and Affordable Care Act (ACA) individual and small group health plans must offer mental health as an essential health benefit on par with other types of care.

States that expand Medicaid create further opportunities for people recovering from mental illness to enter the workforce at levels best suited to their needs. Part time work, when offered with health coverage, is a prudent strategy to ease into the workforce. States that decline to expand Medicaid risk leaving people with mental illness behind when it comes to employment opportunities and may spend more on poor outcomes for this population.^e

Workplace Protections

Individuals with mental illness deserve fair and equal treatment in the workplace. The Americans with Disabilities Act (ADA) and the Rehabilitation Act of 1973 are two federal laws designed to protect individuals with disabilities from employment discrimination.^f These federal laws help to ensure that

^e Note: The original intent of the ACA was to provide Medicaid coverage for those with incomes from 0 to 138 percent of the federal poverty level.

^f The Americans with Disabilities Act applies only to employers with more than 15 employees. Federal employers and employers that receive federal funding are also subject to the Rehabilitation Act of 1973. Many states also have antidiscrimination laws that protect

employees with disabilities receive the reasonable accommodations they need to perform their jobs. Many challenges associated with mental illness can easily be overcome through simple, low cost adaptations, such as a quiet workspace, use of a job coach, telecommuting options, flexible work schedules, and written instructions.¹⁶

Despite these protections, workers report that disclosure of mental illness discourages hiring and career advancement and interferes with workplace relations.¹⁷ Because co-workers who lack information or sensitivity may contribute to stigma, it is important for supervisors to address the issue through in-service training or individual supervision.

PROMISING MODELS FOR EMPLOYMENT

Supported employment has been described as “paid, competitive employment in an integrated settings with ongoing supports.”¹⁸ Characteristics of good supported employment services include:

- Services focused on competitive employment.
- No one is excluded who wants to participate.
- Rapid job search assistance.
- Integration of employment with other mental health services.
- Focus on consumer preferences in employment.
- Individualized long term supports in the workplace.¹⁹

Individual Placement and Support (IPS) Supported Employment

Individual Placement and Support (IPS) is a supported employment model designed to help individuals with mental illness find jobs in the competitive marketplace. IPS tailors employment services to match the person’s needs, talents and preferences. IPS programs prioritize rapid job search and placement, yet are available as long as program participants need support. The model calls for employment services to be integrated into the individual’s overall mental health treatment plan with an employment specialist working as a member of the treatment team. For the core principles of IPS see *Appendix 2*.

Multiple studies have shown that IPS improves work outcomes for individuals with mental illness. One recent review of studies found that competitive employment rates for individuals participating in IPS programs were close to 60 percent compared to 24 percent for individuals not in the programs. Studies also indicate that individuals receiving IPS tend to remain employed in the competitive marketplace longer. One study found that at least half of those who received IPS services were still working in competitive jobs three to five years later.²⁰

Despite the strong evidence base, many people living with mental illness who could benefit from IPS are not receiving these services. Although a few states have invested in implementing IPS, most have not. Even in states that have invested in the program, many people who want to work still do not have

against employment discrimination.

access to services, primarily due to inadequate sustained funding.²¹ Neither the federal government—through the Rehabilitation Services Administration (RSA) of the U.S. Department of Education—nor states have exerted sufficient leadership in promoting and funding an approach that clearly works in helping people living with mental illness successfully enter or reenter the workforce.

To make it easier for states to ensure that the IPS model is working as designed, researchers at Dartmouth University developed an IPS fidelity scale and implementation protocol. The fidelity scale is included in a SAMHSA evidence-based toolkit on IPS supported employment.²² Research shows that barriers to IPS implementation decrease when programs adhere closely to the fidelity scale and the eight core principles of the model.²³

Model practice: *IPS Family Advocacy Teams.* NAMI members in 13 states work in partnership with the Dartmouth Psychiatric Research Center to promote access to evidence-based supported employment. Family advocates educate policymakers, service providers and the public about the value of IPS supported employment. Teams work with state mental health authorities, VR and service providers to promote implementation of the IPS model as designed.²⁴

Model program: In 2010, the *Family and Children's Center* in La Crosse County, Wisc., received funding to offer Individual Placement and Support (IPS) services within their mental health treatment programs. The Community Support Program, a more intensive service based on the Assertive Community Treatment (ACT) model and the less intensive Comprehensive Community Services team provide IPS services to 72 individuals in total.

Mental health teams include employment specialists who focus on employment issues, coordinating closely with the clinical team. The IPS program works with local employers to develop competitive employment opportunities based on client preference. Benefits counseling is available to help clients make informed decisions about government and health benefits. The program adheres closely to the eight principles of IPS (see Appendix 2), building close relationships with clients, respecting client choice and engaging in rapid job search with encouragement if the process takes longer than anticipated. Working in partnership with the Division of Vocational Rehabilitation from which it receives partial funding, the program continuously monitors compliance with IPS fidelity measures to ensure effectiveness.

Assertive Community Treatment (ACT) and Supported Employment

When properly implemented, Assertive Community Treatment (ACT) programs include supported employment as part of their array of services. ACT, an evidence-based program designed for people living with serious mental illness,²⁵ uses a multidisciplinary team approach, offering comprehensive mental health services to individuals whenever and wherever needed. In addition to supported employment, the array of ACT services includes mobile crisis intervention, illness management and recovery skills, individualized supportive therapy, substance abuse management, medication management, assistance with daily living skills, connections to community services, supported housing and transportation. ACT teams have small caseloads with services available 24 hours a day, seven days a week in locations such as home, work or in the community.²⁶

ACT incorporates employment services directly into the treatment team and planning rather than referring individuals to outside organizations. ACT teams should have vocational specialists who develop contacts with employers and search for potential employment opportunities. Regardless of whether the ACT team has an employment specialist all members of the clinical team are expected to support individuals in reaching their employment goals. ACT employment services focus on individual strengths and interests with no time limit on services.²⁷

Clubhouses

Clubhouses are community-based centers open to individuals living with mental illness. The Clubhouse model is an egalitarian, inclusive approach where club members and staff work together to operate the program. The Clubhouse model is based on eight central components listed in *Appendix 3*. While clubhouses vary in the range of services offered, those that are certified by Clubhouse International (formerly ICCD) offer employment services.²⁸

Many Clubhouses offer employment programs: including supported employment, transitional employment and independent employment. *Transitional employment* allows members to work as part of a team in a short-term job in the community. Teams are composed of members, with clubhouse staff available to substitute if members are unable to work. *Independent employment* programs help members look for competitive jobs with staff assisting members with resume preparation, interview coaching and ongoing support while employed.

Clubhouse International is listed in SAMHSA's National Registry of Evidence Based Programs and Practices (NREPP).²⁹ As of 2011, the majority of Clubhouse International certified clubhouses offered supported employment services (98 percent), transitional employment services (98 percent) and independent employment services (97 percent) to members.³⁰ Studies have shown that clubhouse members engaged in supported employment programs had competitive employment rates slightly under 50 percent, earned higher wages and worked more hours than participants in Assertive Community Treatment programs. Evidence indicates that the work-ordered day^g and training offered by clubhouses can have a positive impact on job retention and workplace performance.³¹

Despite growing evidence that certified Clubhouses help members gain employment, there are only 108 certified clubhouses in the U.S., the majority in urban areas. As with IPS programs, steady funding can be challenging. A significant portion of clubhouse funding comes from the state mental health authority and funding may also come from Medicaid, local governments, federal VR funding, foundations, grants or private sources.³²

^g The term "work ordered day" refers to an eight-hour period from Monday through Friday that parallels a traditional work environment.

Model Program: Fountain House – New York City

The Clubhouse Model traces its origins to 1948 when a group of individuals living with mental illness formed the self-help group *We Are Not Alone* (WANA). In the early 1950s, WANA purchased a building in New York City, called it Fountain House, which has evolved into a community-based center. Members and staff work side by side to operate the clubhouse incorporating “a work ordered day,” voluntary participation, support for education and employment, supportive housing, links to service, social interaction, outreach to members and shared decision making. In 2012, Fountain House members achieved an employment rate of 65 percent compared to the national employment rate of 16.9 percent for people served in the public mental health system.³³

Internships to Employment

Internships offer people with mental illness the opportunity to gain work experience in line with their career goals. When part of an educational program, internships give students the opportunity to gain job experience and skills, connect with others in the field and transition to permanent employment. Internships offer a low-risk opportunity to explore the fit between individual aspirations and workplace expectations.

Model Program: Pathways to Careers^h is an internship-to-employment program designed to increase opportunities for people with significant disabilities who may otherwise be overlooked by employers. The program has focused on individuals with intellectual or developmental disabilities, though adaptation for people with mental health disabilities is evolving. A comprehensive assessment, called “discovery” takes place before individuals begin paid employment. These jobs provide on-the-job learning during which the employer pays the individual wages and fringe benefits. While the employer is not required to hire the person at the end of the internship, the program includes a federal payroll tax incentive for employers who do.

Self-employment

Self-employment and small business ownership offer advantages over traditional work settings for people with mental illness. Self-employment provides flexibility in work hours and workplace location. It also allows individuals to capitalize on their unique creativity, promotes innovation and offers the opportunity to pursue specialized talents.

Support is available to individuals with disabilities pursuing self-employment or small business ownership. Access to individual health coverage and trends in online entrepreneurship make self-employment an increasingly viable option for people recovering from mental illness. The Small Business Administration operates Small Business Development Centers (SBDCs), which make loans and grants available to small businesses. They also offer assistance with business planning, financial administration and operations management.³⁴ The Department of Labor (DOL) Office of Disability Employment (ODEP) offers programs designed to help individuals with disabilities pursue self-employment and small business ownership.³⁵ START-UP USA, operated through ODEP, operates a national technical assistance center and three state cooperatives to provide information, guidance and

^h Pathways to Careers, under the auspices of Source America’s Institute for Economic Empowerment, is an internship to employment model. For more information: <http://www.instituteforempowerment.org/>

technical assistance to individuals with disabilities interested in self-employment.³⁶ Finally, Vocational Rehabilitation and the ODEP Job Accommodations Network (JAN) offer employment counseling, technical assistance and referrals.³⁷

Volunteering

Volunteering offers many of the rewards of work for those who are not ready to start a paying job or who may be concerned about the risk of losing Medicaid or Medicare benefits. Volunteering offers these individuals the chance to transition into the workforce by taking on responsibility, learning new skills, interacting with others, and receiving recognition and feedback. Organizations frequently look to volunteers when hiring for paid positions, making volunteer work a practical route to employment.

Funding Supported Employment Services

Initial funding for supported employment is frequently provided through state Vocational Rehabilitation (VR) programs. Unfortunately, VR funding is generally time limited. After 90 days of employment, people served by these agencies are considered successfully “rehabilitated” and support frequently ceases. Therefore, additional funding is needed to maintain services for individuals who require ongoing or intermittent supports in the workplace.

A 2011 report issued by the federal government concluded that Medicaid is the most common source of ongoing funding for supported employment services. A barrier to this funding is that Medicaid has been traditionally limited to paying for medically necessary services. However, a number of states have permitted Medicaid financing to pay for components of supported employment such as case management services utilized to help people find and maintain employment.³⁸

Keys to Success in Supported Employment:

There are certain factors which appear to enhance access to supported employment in states. These include:

- **Collaboration and coordination among multiple agencies:** In states like Kansas, Maryland, Illinois and Washington where SE has been most effectively implemented, multiple agencies work together on systems design, funding, monitoring fidelity to the model, and providing technical assistance.
- **Blended or braided funding:** There is no one dedicated funding source for supported employment services. Thus, states must be creative in combining different funding streams, including Medicaid, mental health, vocational rehabilitation, and federal block grant dollars.
- **Incorporating employment into other mental health services and supports**
- **Integrated eligibility criteria:** Differing eligibility criteria across various agencies can be a major impediment to helping people obtain and retain employment. In states like Maryland, people determined eligible for supported employment services by local mental health agencies are deemed presumptively eligible by the state Vocational Rehabilitation agency, thereby streamlining the lengthy enrollment process.

YOUTH AND YOUNG ADULTS

More young adults with mental health conditions are attending college, laying the foundation for an independent, productive life. With expanded access to Medicaid and health insurance options, including the option to stay on a parent's plan until age 26, young people with mental health conditions have insurance options outside of the SSI program to cover their mental health care.³⁹ This allows them the opportunity to further their education and to pursue employment.

However, the current service system is ill suited to meet their needs. Mental illness often emerges during the late teens and early adult years, hitting the gap between child and adult mental health service systems. Early identification and intervention can help young people build the foundation for an independent life, yet few age-appropriate mental health services are available and even fewer offer integrated supported education and employment programs.^{40,41}

Many schools are not meeting the needs of students with mental health conditions. Students with mental health conditions have the highest school drop-out and failure rates of any disability group.^{42,43} Although schools are required by federal law to do transition planning with students receiving special education services beginning at age 16, far too many students fall through treatment gaps and leave school before transition plans are implemented.ⁱ

Supported education programs designed for young adults can improve their chances of earning a college degree, which in turn improves employment opportunities, as shown in *Appendix 4*. States use varying mechanisms to fund supported education, primarily VR and Medicaid, with block grants used to establish demonstration programs. Educators and service providers working with young adults need to understand their goals and provide the services and supports that will help them to reach those goals.

Supported employment programs, including IPS and Clubhouses, have been adapted to serve the needs of young adults with mental illness by integrating supported education, employment and other services. By serving the teen-to-20s continuum, these programs span the gap between child and adult service systems.

Model program: The *Thresholds Youth Program* in Chicago specializes in services unique to young adults, aged 16-27 years old, with serious mental health needs. The programs use a variety of effective practices designed for young adults and adapted to community-based, residential, transitional living and school-based settings. The multidisciplinary teams offer transition coaching, case management, therapy, advocacy, psychiatry, supported education, supported employment, crisis intervention and parenting designed around the young adults' goals. The set of effective practices includes the IPS model of Supported Employment, adapted for young adults to include Supported Education and Peer Mentorship. These vocational services are provided in conjunction with mental health supports, thus creating a cohesive team of planning partners across the continuum of care.

ⁱ Schools are required to comply with the mandates of Individuals with Disabilities Education Act (IDEA), the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act to ensure that students with disabilities, including mental health, receive appropriate accommodations.

Model program: *Genesis Club* in Massachusetts has successfully adapted the clubhouse model for transitional youth offering goal planning, supported education, supported employment, health and wellness classes, peer mentoring and social activities. Genesis Club developed the Transitional Age Peer Support (TAPS) program for young adults aged 18-25, to provide support services for employment, education, housing and social connection. As an international training site for ICCD clubhouses Genesis Club offers a Young Adult training track on engaging Young Adults in the clubhouse.

MILITARY SERVICE MEMBERS AND VETERANS

For veterans in general, but particularly those with mental health conditions, employment is key to successfully reentering civilian life. While the overall unemployment rate for veterans is lower than the general population, younger veterans aged 18-29 have higher unemployment rates than their civilian peers.⁴⁴

Mental health disorders, specifically posttraumatic stress disorder (PTSD) and depression, are signature injuries of the wars in Iraq and Afghanistan—affecting one in five veterans.⁴⁵ Recent studies show that veterans with PTSD, even those with college education, have difficulty finding suitable employment. Four in ten live below the poverty level.⁴⁶ Further, veterans with PTSD are less likely to be employed than those with other mental health or substance use diagnoses.⁴⁷

Challenges within the Veterans Administration (VA) hinder efforts to increase employment among veterans with mental health conditions. Since 2004, the VA has been working to comply with recommendations of a congressionally appointed Vocational Rehabilitation and Employment (VR&E) task force. While progress has been made, the VR&E structure still focuses on education and training programs with no incentives for veterans who seek rapid employment.⁴⁸ A qualitative study revealed that low expectations from VA staff, uninformed leadership and administrative barriers reduced initial effectiveness of supported employment programs.⁴⁹ A recent Government Accountability Office (GAO) study found that working with multiple vocational VR&E counselors over time may negatively impact a veteran's ability to obtain employment.⁵⁰

Veterans with a service connected disability determination do not lose income or medical benefits when they go to work, a distinct advantage over civilian SSI and SSDI recipients. However, despite recent efforts by the VA, the path to disability determination for VR&E services remains lengthy and complex, and many who should qualify are excluded. In addition, lackluster success as a whole in securing employment for veterans in VR programs caused the VA to fall short of their 2013 target,⁵¹ possibly because too few veterans found the service helpful.

The VA uses an array of approaches for vocational rehabilitation. The most common is the Transitional Work Experience (TWE) in which a veteran receiving mental health treatment is placed in a temporary job contracted to the VA. While private companies contract for TWE placements, most of the placements are within VA facilities in low skill positions like janitorial, construction or grounds keeping.⁵²

IPS supported employment has proven as effective with veterans as it is for civilians. Studies show that veterans with PTSD who participated in IPS supported employment were more likely to gain employment in the competitive marketplace, work longer and earn more than those engaged in traditional vocational rehabilitation programs delivered through the VA.^{53,54}

In their *Independent Budget FY2015* veterans' service organizations made recommendations such as:

- Make all veterans with disabilities eligible for vocational rehabilitation and counseling services.
- Create a monthly stipend for those participating in the employment track of VR&E programs and create incentives to encourage disabled veterans to complete their rehabilitation plans.
- Increase the ratio of VR&E counselors and case managers to handle a growing caseload.
- Track employment outcomes that are measured longer than 60 days after hiring.
- Eliminate the current 12-year eligibility limit for veterans to take advantage of VR&E benefits.⁵⁵

In March of 2014, final rules went into effect for the Vietnam Era Veterans' Readjustment Assistance Act (VEVRAA) and Section 503 of the Rehabilitation Act. VEVRAA requires employers doing business with the federal government to affirmatively recruit, hire and promote veterans. Section 503 prohibits employment discrimination against people with disabilities by federal contractors and requires these employers to recruit, hire, promote and retain workers with disabilities. It is anticipated that 600,000 jobs will become available as a result of VEVRAA and Section 503.⁵⁶

Model Program: *The Department of Labor Transition Assistance Program (TAP)* was established to meet the needs of separating service members during their transition to civilian life by offering job-search and related services within 180 days of separation or retirement. TAP helps service members and their spouses make the transition from military service to the civilian workplace with less difficulty and at less overall cost to the government. Service members who had participated in TAP, on average, found their first post-military job three weeks sooner than those who did not participate in TAP.⁵⁷ TAP is a partnership of the Departments of Defense, Veterans Affairs, Transportation and the Department of Labor Veterans' Employment and Training Service (VETS).

POLICY RECOMMENDATIONS

Enact state legislation to increase access to effective supported employment. Despite the strong evidence base for IPS Supported Employment and Clubhouse models, less than 2 percent of those who would benefit from these services participate. There simply are not enough programs available to individuals with mental illness who want to work. States should enact legislation to make supported employment available to all who need it. This legislation should require supported employment programs to comply with evidence-based standards and be evaluated on a continuous basis. Reference model bills attached as *appendices 5 and 6*.

Develop adequate, long term financing mechanisms to implement evidence-based supported employment programs. The most common reason for inadequate access to evidence-based supported employment is lack of funding and difficulty in billing for the comprehensive service. States should

finance supported employment by combining revenue streams from multiple funding sources including, but not limited to Vocational Rehabilitation, Medicaid, Community Mental Health Block Grants and state general funds. Supported employment services can be financed under the Medicaid Rehabilitation option or may be included as a comprehensive service in state Medicaid plans through a 1915i state plan option or in 1915c or 1115 waivers. The federal government should ensure that the billing procedures and payments for supported employment are as easy and profitable for providers as those for day treatment and other psychiatric rehabilitation programs. For those state programs subject to the home and community based services requirements in the new federal rule, the federal government should ensure that individuals in the public mental health system are offered the choice of integrated employment services.⁵⁸

Ensure compliance with the Americans with Disabilities Act. States are subject to the integration requirements of the Americans with Disabilities Act. Yet as the data indicates, many individuals in the public mental health system are not offered opportunities for competitive, integrated employment.⁵⁹ People with mental illness are told that they must settle for day treatment or training programs that do not lead to integrated employment, rather than the rapid placement services that have proven to be more successful.

Build a bridge to economic self-sufficiency. States should allocate funds to support transition services for Medicaid enrollees who gain employment and enroll in private health coverage. This will enable people to retain income and medical supports while they transition into employment. Moreover, vital support services such as supported employment, case management and peer supports are rarely covered by private insurance. States should continue to make these available to people who are private insured through the health insurance marketplaces.

Make it easier for employers to hire and support workers who live with mental illness. States should provide single points of contacts to help employers understand the benefits of hiring workers with disabilities, including mental illness, and to help them navigate the rules and resources pertaining to hiring these individuals. States should also help businesses leverage federal financial incentives such as payroll tax credits to encourage businesses to hire people with disabilities. States should also educate employers about disability benefits, rights and effective workplace accommodations for employees with mental illness.⁶⁰

Bring rapid placement vocational programs to scale for veterans with mental illness. Individual Placement and Support (IPS) has shown promise as an effective model to help veterans with mental illness successfully enter the workforce. As a large health system under a single authority, the VA has the capacity to implement and evaluate IPS effectiveness. In so doing the VA can increase the financial independence of our nation's veterans and potentially reduce VA system service costs over the long term.

Make age appropriate supported education and employment services available to young adults with mental health conditions. Investment in youth is essential to the future of our nation, yet too few young people with mental health needs receive age-appropriate educational and occupational supports. The US Department of Education should offer grants to increase availability of effective

supported education and employment programs adapted to the needs and preferences of young adults.

Improve data on employment and mental illness. Reliable data is essential to improve supported employment services for people affected by mental illness. Unfortunately, the US Department of Labor does not make data on employment in relation to psychiatric disability easy to access. The Substance Abuse and Mental Health Services Administration (SAMHSA) reports employment status on people served in public mental health systems, yet the trend toward private health coverage may lead to a diminishing percentage of this population being served in public systems. Further, SAMHSA data on engagement in evidence-based supported employment monitors use of block grant dollars, leaving out clients who obtain supported employment services through other funding sources. The US Departments of Labor, Education and Health and Human Services should be required to collect and report standardized, meaningful performance, process and outcome measures regarding employment status and use of supported employment by people with mental illness under their purview.

CONCLUSION

Mental illness should no longer sentence people to poverty. People living with mental illness want to work, frequently can work and models have been developed to help them succeed. However, these effective interventions are few and far between. Multiple implementation barriers exist, including lack of political will, inadequate funding, misaligned policies, stigma and discrimination against people with mental illness. Now is the time to leverage converging trends to break the cycle of mental illness and poverty that has plagued too many for too long. It is time for federal and state policymakers to make a serious commitment to implementing effective supported employment programs so that people with mental illness can recover and become contributing members of society.

Appendix 1: Employment Status 2012¹		
State	Employed	Unemployed²
Alabama	11.0%	89.1%
Alaska	28.6%	71.4%
Arizona	17.1%	82.9%
Arkansas	21.2%	78.8%
California	10.0%	90.0%
Colorado	22.2%	77.8%
Connecticut	20.3%	79.7%
Delaware	23.1%	76.9%
District of Columbia	N/A	N/A
Florida	15.3%	84.7%
Georgia	13.0%	87.1%
Hawaii	8.6%	91.4%
Idaho	18.7%	81.3%
Illinois	16.8%	83.2%
Indiana	19.5%	80.5%
Iowa	31.6%	68.4%
Kansas	29.8%	70.2%
Kentucky	16.1%	83.9%
Louisiana	11.7%	88.3%
Maine	7.4%	92.6%
Maryland	15.9%	84.1%
Massachusetts	10.9%	89.1%
Michigan	11.9%	88.1%
Minnesota	13.8%	86.1%
Mississippi	13.8%	86.2%
Missouri	10.9%	89.1%
Montana	13.9%	86.1%
Nebraska	29.3%	70.8%
Nevada	16.2%	83.8%
New Hampshire	32.7%	67.3%
New Jersey	27.8%	71.1%
New Mexico	24.0%	76.1%
New York	16.0%	84.0%
North Carolina	14.9%	85.2%
North Dakota	37.1%	62.9%
Ohio	16.0%	84.0%
Oklahoma	20.7%	79.3%
Oregon	12.2%	87.7%
Pennsylvania	9.4%	90.6%
Rhode Island	17.5%	82.6%
South Carolina	12.4%	87.6%
South Dakota	28.0%	72.0%
Tennessee	20.1%	79.8%
Texas	14.4%	85.6%
Utah	19.3%	80.7%
Vermont	25.3%	74.7%
Virginia	19.7%	80.3%
Washington	13.1%	86.9%
West Virginia	8.2%	91.9%
Wisconsin	22.8%	77.2%
Wyoming	43.9%	56.1%

¹ SAMHSA (2012) Uniform Reporting System, 2012

<http://www.samhsa.gov/dataoutcomes/urs/urs2012.aspx>

² Unemployed = unemployed + not in labor force (NLF)

Appendix 2

Eight Core Principles: Individualized Placement and Support (IPS) Supported Employment⁶¹

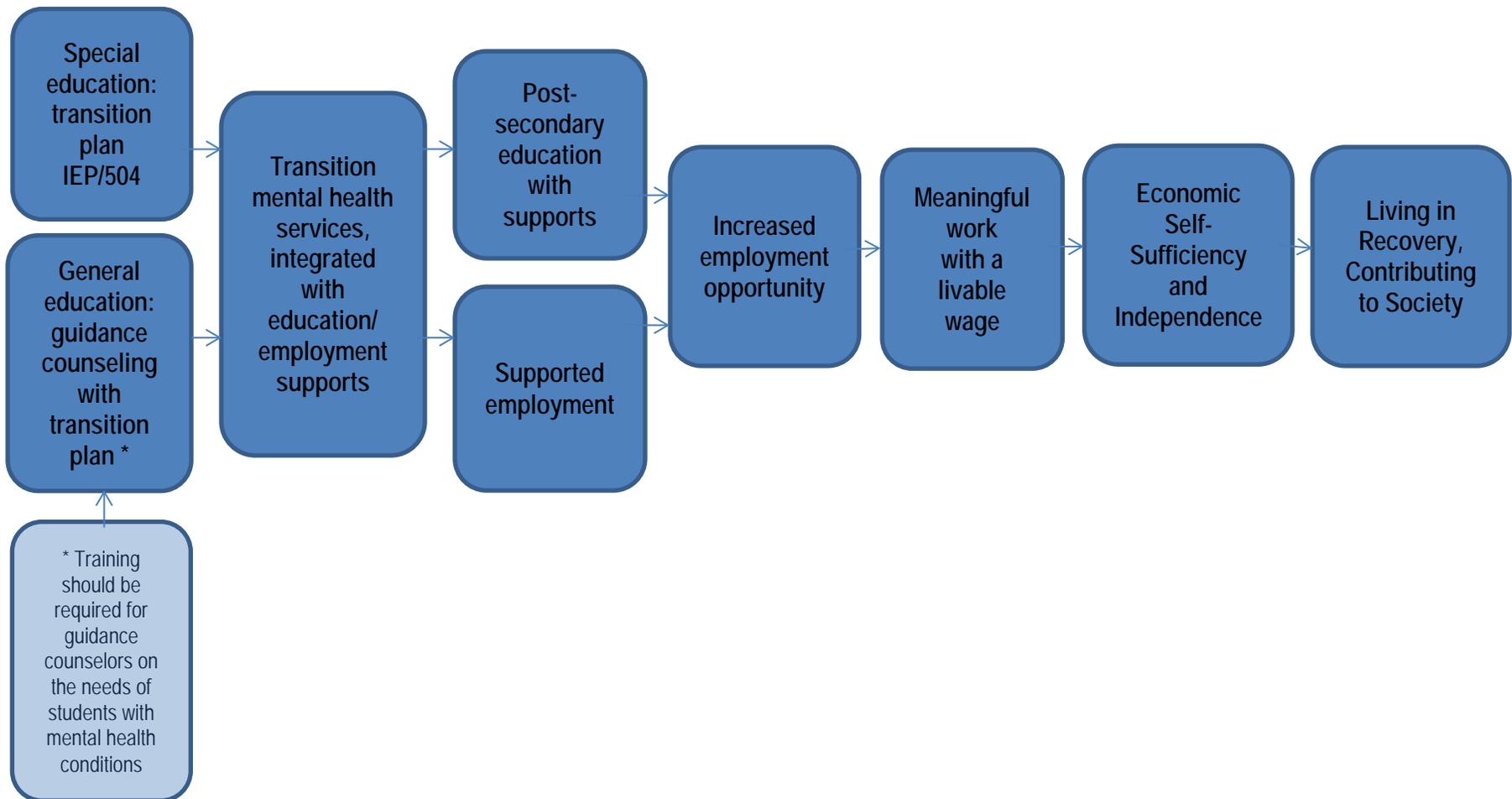
1. **Eligibility Based on Client Choice:** IPS services are open to all. Any individual who has a mental illness and wants to work is eligible for IPS services. Individuals with mental illnesses are eligible for IPS services irrespective of the nature, severity, or rehabilitation status of their mental illness. Individuals with co-occurring substance abuse disorders are also eligible for IPS supported employment regardless of their level of sobriety.
2. **Focus on Competitive Employment:** IPS services are designed to help individuals gain integrated employment in the competitive marketplace. IPS supported employment does not place individuals in programs designed specifically for people with disabilities. Instead, it focuses on ensuring individuals with mental illness locate jobs where they will be fully integrated with their nondisabled co-workers in traditional jobs that pay above the minimum wage.
3. **Integration of Mental Health and Employment Services:** IPS supported employment services are integrated into an individual's overall treatment program. IPS employment specialists serve as part of an individual's mental health team and work closely with providers to ensure employment goals align with the overall treatment plan.
4. **Client Preferences:** IPS services are focused on an individual's preferences, goals, and talents. Employment specialists work with individuals to find jobs that match their specific goals and interests.
5. **Benefits Counseling:** IPS supported employment provides individualized benefits counseling. Employment specialists work with individuals to ensure they have accurate information about how employment will affect access to various programs such as Medicare, Medicaid, and Social Security Disability Income. Employment specialists will work with individuals to help ensure they have the economic supports and benefits in place as they transition to the workplace.
6. **Rapid Job Search:** IPS programs are designed to help individuals locate jobs as quickly as possible. IPS supported employment does not utilize pre-vocational training programs. Instead IPS employment specialists help individuals locate integrated jobs within the competitive marketplace as fast as possible and provides ongoing support as individuals transition to work.
7. **Time-unlimited Services:** IPS supported employment services do not have a time limit. Services do not end when a person has completed the transition to work. IPS services are available as long as a person needs the services.
8. **Systemic Job Development:** IPS employment specialists engage in systematic job development for clients. Employment specialists develop an employer network by engaging with local employers and businesses and developing relationships. This network assists employment specialists in locating jobs that match an individual's talents, interests, and goals.

Appendix 3

Clubhouse Program Components

- 1) **Work-ordered Day:** Central to the operation of the Clubhouse Model is the concept of a work-ordered day, generally an eight-hour period from Monday through Friday that parallels a traditional work environment. Members work alongside staff to manage and operate the Clubhouse.
- 2) **Employment Services:** Members of a clubhouse have the option to participate in employment programs. Clubhouses generally have two types of employment programs: Transitional employment and independent employment. Transitional employment is a structured program that permits Clubhouse members to work as part of a team in a temporary job within the community. Teams are composed of clubhouse members, and clubhouse staff members are available to substitute for members who are unable to attend work. Independent employment programs help members look for ongoing competitive employment, on their own, within the community. Staff may assist members with resume preparation, interview coaching, and support once the member has attained a job. Most clubhouses also operate some form of supported employment, though job coaching or support generally takes place within the clubhouse, not on the job site. There are no time limits on employment supports through the Clubhouse Model.
- 3) **Evening, Weekend and Holiday Activities:** In addition to the work-ordered day, clubhouses offer members a chance to socialize through evening, weekend and holiday activities. The goal is to help foster a sense of community and support for members.
- 4) **Education:** Clubhouses offer members an opportunity for continuing education and training. Some education may take place on site as part of the work-ordered day. Clubhouses also offer members support in starting or completing degree or certificate programs at educational institutions within the community.
- 5) **Community Support:** Clubhouses ensure that members have access to necessary support services within the local community, including psychiatric services, medical services, benefits counseling and support, case management, and any other necessary services. Clubhouse members serve as generalists, not specialists in any particular area, but clubhouse staff ensures that members receive referrals to, and access to, necessary services within the broader community.
- 6) **Reach-Out to Members:** Clubhouses conduct outreach—as necessary—to active members. For instance, if a member is in the hospital, or cannot attend the clubhouse for any reason, staff will ensure that the member receives a visit and feels supported by the community.
- 7) **Housing:** Some members of clubhouses may need support finding housing. Clubhouses work to help members find quality, affordable and safe housing if necessary.
- 8) **Decision Making & Governance:** Decision-making and governance are critical components of the Clubhouse Model. Clubhouses hold open-forum meetings where staff and members together discuss policy, operations, and planning issues. Clubhouses also have a board of directors that helps oversee fundraising, management, public relations and communication, and partnership with local businesses.⁶²

Appendix 4
Education to Employment: Young Adults with Mental Health Conditions



Appendix 5: Model Legislation, IPS Supported Employment

The [state department with authority over Vocational Rehabilitation] and the [state mental health authority] shall establish a program of supported employment services for individuals with serious mental illness that meet the following criteria:

Section 1: Definitions

Competitive employment means employment within an integrated setting in a job that pays at least minimum wage. Competitive employment shall not refer to jobs set aside for individuals with disabilities, nor jobs that take place in a segregated setting.

Integrated setting means a workplace where individuals with disabilities work alongside individuals without disabilities.

Employment specialist means the individual on the evidence-based supported employment team responsible for providing a full range of employment services, including intake, assessment, job development and ongoing job support, to a caseload of individuals with psychiatric disabilities who are receiving program services.

Integrated clinical team means a team that consists of an employment specialist and mental health treatment providers including but not limited to counselors, medication prescribers, nurses, doctors, and case managers. Integrated clinical teams may also coordinate with other specialists including but not limited to Vocational Rehabilitation counselors and benefits specialists.

Benefits specialist means a person with an expertise in government benefits including but not limited to Supplemental Security Income (SSI), Social Security Disability Income (SSDI), Medicaid, Medicare, and Veterans Administration (VA) benefits who helps to provide counseling to individuals enrolled in evidence-based supported employment.

Fidelity Scale means a tool used to measure the effective implementation of an evidence-based practice.

Section 2: Provisions

The [state mental health authority], in coordination with the [state department with authority over Vocational Rehabilitation], shall enact supported employment services consistent with evidence-based supported employment standards to aid individuals with serious mental illness in finding and maintaining employment.

Article I. The program shall include the following components:

- 1) The program shall be available to any person utilizing services of the Community Mental Health Authority who has a serious mental illness and wishes to obtain employment.
- 2) The program shall ensure that individuals are placed in competitive employment positions in an integrated setting.
- 3) Employment specialists shall work closely with individuals to ensure placement in jobs that match their interests, goals and skills. Employment specialists shall respect individual client preferences. Employment specialists shall ensure that clients receive information about the range of jobs within the community including the benefits and drawbacks of such jobs.
- 4) Employment services shall be integrated with a client's overall mental health services consistent with training specified in section II 2(b) 2(c) and 3.
- 5) Employment specialists shall help clients engage in a rapid job search, obtaining competitive employment consistent with the individual's goals and preferences at the first available opportunity.

- 6) Employment support services shall not have a time limit. Services shall not terminate simply because an individual has located employment. Services shall be provided as long as necessary to assure job sustainability, transition to another position and/or adjustments to psychiatric and interpersonal stressors.
- 7) Employment specialists shall engage in job development, reaching out to employers in the community and making contacts to help clients find competitive employment that is consistent with their goals and preferences.
- 8) The employment specialist will coordinate with a benefit specialist to provide accurate and consistent information regarding government benefits including, but not limited to: Social Security Income, Social Security Disability Income, Medicare, and Medicaid. Employment specialists shall make timely referral to a benefits specialist to counsel individuals on their eligibility for such benefits and clearly explain how employment may affect that eligibility.

Article II. To ensure that this program is properly administered, the Departments shall:

- 1) Ensure that supported employment services conforming to the above standards are available through every local mental health authority or region within the state.
- 2) Provide ongoing training and development for employment specialists. This training shall include, but is not limited to:
 - a. Job development training, including strategies for engaging employers within the community;
 - b. Training in the practices and principles of evidence-based supported employment;
 - c. Training to ensure that employment specialists are fully integrated as part of a client's mental health team. This training shall include strategies for communicating with mental health professionals and training to advocate for client's interests.
 - d. Training on government benefits, including changes to laws and regulations that may affect clients.
- 3) Provide ongoing training for mental health professionals and human service professionals. This training shall include cross-agency training on service delivery systems. This training shall help professionals to understand individual and agency roles and responsibilities in supporting clients engaged in supported employment services consistent with Article I.
- 4) Monitor service providers implementing supported employment consistent with Article I to ensure that they are implementing services as designed and are adhering to the eight components stipulated in Article I.
- 5) Assess the performance of evidence-based employment programs using a tested fidelity scale measurement.
- 6) Service providers shall be required to report to the state data on numbers of individuals served, numbers of individuals involved in supported employment programs, job acquisition, wage and tenure figures, dates and locations of training for mental health professionals and employment specialists and fidelity measures demonstrating adherence to the eight components listed in Article I. Service providers shall also be required to conduct a client satisfaction survey. This survey shall include, but is not limited to, information on whether clients are satisfied with their employment, whether opportunities for advancement exist, whether quality of life is improved and whether clients felt adequate support and information was made available to them.

- 7) The state shall provide training to employment specialists and human service professionals about the rights of individuals with disabilities under the Americans with Disabilities Act, the Rehabilitation Act of 1973, and the State Human Rights Act. Employment specialists shall make clients aware of their rights and the protections afforded by these laws.
- 8) The state shall develop a system to establish and maintain linkages between community agencies designed to support individuals with mental illness. This shall include, but is not limited to, Vocational Rehabilitation, substance abuse and mental health programs, health education programs and health services, supportive housing and education, and economic assistance services. Training should be provided to any and all service providers about the mechanics of supported employment as described in Article I.

Section 3: Appropriations

The state shall ensure [type of funding such as Community Mental Health Block Grant or general funds] is appropriated [optional: in the amount of [\$ _____] over [number of years] to fully implement this employment service throughout the state.

Appendix 6: Vocational Supports Act for Individuals with Psychiatric Disabilities

The [state department with authority over Vocational Rehabilitation] and the [state mental health authority] shall establish programs of supported education and employment services for individuals with serious mental illness that meet the following criteria:

Section 1: Definitions

Evidence-based practice means a program registered in the U.S. Department of Substance Abuse and Mental Health Services Administration (SAMHSA)'s National Registry of Evidence-Based Programs and Practices (NREPP).

Promising practice means a program with a strong record of effectiveness in preliminary outcome evaluation that is not yet registered with the SAMHSA/NREPP system. To be considered a promising practice for the purpose of this legislation a program must prepare individuals for competitive employment in an integrated setting.

Competitive employment: means employment within an integrated setting in a job that pays at least minimum wage. Competitive employment shall not refer to jobs that take place in a segregated setting.

Integrated setting: means a workplace where individuals with disabilities work alongside individuals without disabilities.

Quality of life measures means measures that account for non-vocational outcomes assessed through the use of an established instrument shown by research to be valid and reliable.

Time-Unlimited means services will be available to clients or students as long as necessary, without time limits.

Trained Mental Health Service Provider Includes professionals licensed to deliver mental health treatment and non-licensed support service providers. Licensed professionals include, but are not limited to physicians, clinical psychologists, social workers, nurse practitioners, physician's assistants and nurses, licensed counselors and pharmacists. Support service providers include, but are not limited to case managers, psychosocial rehabilitation providers, certified peer support specialists, certified family support specialists.

Mentorship Programs means a program that will match students, job seekers and workers with psychiatric disabilities with a mentor who is already established in their field.

Section 2: Establishment of Vocational Assistance Programs

The State Department of Health and Human Services in conjunction with the [state department with authority over Vocational Rehabilitation] shall establish and administer vocational assistance programs for individuals with psychiatric disabilities.

Programs established by the state must be evidence-based or promising practices shown to effectively assist individuals with psychiatric disabilities with finding jobs. Time-unlimited vocational assistance must be available to all individuals with psychiatric disabilities who want to work [statewide or insert regions counties or cities].

The [department with authority over Vocational Rehabilitation] shall coordinate with the [state mental health authority] to ensure that individuals receiving vocational assistance through these programs have access to a broad array of support services including, but not limited to, mental health treatment, health and wellness services, benefits counseling and housing support services.

Section 3: Establishment of Supported Education Programs

The [state mental health authority], in coordination with the [state department of education] shall establish a set of supported education programs for youth and young adults with psychiatric disabilities, ages 16 to 26. As part of this program, the state may establish vocational training programs, certificate programs and post-secondary education programs that adhere to an evidence-based model. Evidence-based and promising supported education programs for transitional age youth and young adults shall be available to all students who wish to pursue postsecondary education or training in preparation for employment [statewide or insert regions counties or cities].

Section 4: Establishment of Pilot Programs

The state shall establish a set of pilot programs in [] counties. These pilot programs shall utilize peer support services, support groups and mentorship programs for individuals with psychiatric disabilities enrolled in a supported education program or a vocational assistance program. Peer support services and support groups shall follow an evidence-based practice model. Support groups shall be open to students, job seekers and/or workers with psychiatric disabilities, the purpose being to discuss educational challenges, job-seeking and/or employment experiences, to provide emotional support and to develop strategies to overcome barriers. Support groups shall be moderated by mental health service providers who are trained and credentialed in supported education or supported employment practice.

Individuals who have achieved success in a chosen field shall be encouraged and trained to serve as mentors. Mentors shall successfully complete training conducted by the [state mental health authority] to educate them on the complexities of employment for individuals with psychiatric disabilities. Mentors shall be under the supervision of the employment assistance program.

Section 5: Monitoring and Evaluation

(a) The [department with authority over Vocational Rehabilitation or state mental health authority] shall monitor the programs established by this act and shall evaluate the performance of providers. All programs will be evaluated on an annual basis according to the criteria specified below and any other criteria established by the Department.

(b) Vocational assistance program evaluation must include, on an ongoing basis, statistics on the numbers of individuals served by the program who obtain paid employment, job tenure, wages, the number of individuals employed in full-time, part-time or contract positions, and the number of individuals who are self-employed.

(c) Vocational assistance programs must administer on an annual basis a client satisfaction survey to [] percent] of individuals served by the program. The survey shall include questions regarding the accessibility of employment services, quality of services provided and quality of life measures.

(d) Supported education programs must report statistics on the number of students served by the program; the duration of education for each student; the number of students able to complete a degree, training, or certificate program; and whether or not students were able to achieve vocational outcomes consistent with their level of education and training.

(e) Evaluation of the pilot programs shall measure the numbers of individuals enrolled in peer support, support groups and mentorships. Evaluation shall assess whether the education outcomes of students enrolled in these programs improve, whether job seekers enrolled in these programs have improved success in obtaining and

maintaining employment, and whether individuals enrolled in these programs showed improved quality of life outcomes.

(f) No program established by this act shall discriminate on the basis of race, color, sex, age, national origin, disability, or sexual orientation.

Section 6: Appropriations

The state shall ensure [type of funding such as Community Mental Health Block Grant or general funds] is appropriated [optional: in the amount of \$ _____] over [number of years] to fully implement employment assistance as described herein.

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