Work as a Priority

A Resource for Employing People Who Have Serious Mental Illnesses and Who Are Homeless

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
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Table of Contents

Table of Contents (continued)

Introduction

This guidebook is intended to provide both a conceptual and practical foundation to increase employment among people who are homeless and who also have serious mental illnesses. Throughout the 1990s, as the U.S. enjoyed one of its longest periods of economic growth, the gap continued to grow between those who were benefiting from this prosperity and those who remained on the sidelines. Sweeping changes in American society were taking place as welfare reform impelled more and more Americans to enter the labor market. Yet nearly 90% of people who have serious mental illnesses are unemployed[1] and an estimated 200,000 individuals with serious mental illnesses are homeless. Recent Federal policy initiatives, including the creation of the Presidential Task Force on the Employment of Adults with Disabilities, and the New Freedom Initiative issued by President Bush, underscore the societal and economic importance of engaging people with significant barriers to work in meaningful, growth-oriented employment.[2,3]

A large number of programs and services have been developed during the past two decades to address the employment needs of people with serious mental illnesses. However, program adaptations and approaches to assist individuals who are homeless and have serious mental illnesses are less well known. Significant sections of this guidebook are derived from papers prepared for a September, 1999, meeting convened by Substance Abuse and Mental Health Services Administration (SAMHSA) to explore issues and factors related to increasing employment for consumers who are homeless. Additional material has been adapted from "Employing Homeless People with Mental Illness,"[4] a training curriculum sponsored by SAMHSA's Center for Mental Health Services (CMHS) Projects for Assistance in Transition from Homelessness (PATH) program.

Further, providers of mental health and homeless services across the country were surveyed for this guidebook. Brief summaries of their employment programs have been included in the text. While each provider is using different program models to help people with serious mental illness who are homeless obtain and keep jobs, two constant themes emerged:

- Belief in the value of work at the earliest possible stages of recovery, as an aid to the recovery process.
- Recognition that a job can help people develop motivation to change, dignity and self-respect, and hope for the future.

Paid employment, however, may not be the right opportunity for everyone. Helping people make good choices about their futures, that may or may not include paid work, is an important part of the recovery and reintegration process.

This guidebook was developed to aid all stakeholders, including service providers and policymakers, as well as program managers, case managers, and employment specialists. This guidebook will be complemented by the forthcoming publication of a supported employment toolkit. The toolkit will address in more detail how to implement supported employment services for people who have serious mental illnesses.

For consumers and recipients of services, this document is intended to help establish or extend their knowledge and increase their ability to navigate service systems. In the following pages, the reader will find a general review of the relevant literature, a summary of promising employment programs, and a

discussion of policies and laws that address the provision of employment support services to people who are homeless and have a serious mental illness.

The information in this guidebook is arranged as follows:

What We Know So Far. A brief review of the literature and research studies on employment of people who are homeless and have serious mental illnesses is offered. This background material presents preliminary findings that link mental health recovery and homelessness reduction to the ability to obtain and retain a job.

A Recovery-based Foundation. People with serious mental illnesses face a dual challenge: recovery from mental illness itself, and recovery of the skills and aptitudes needed to acquire or re-acquire a valued role in the community, including that of worker. An orientation to the principles of recovery—considered to be the foundation for the development of employment services for people with serious mental illnesses—is reviewed. The essential service elements that guide worker role recovery are also discussed.

Employment Approaches. A variety of employment models and approaches developed for people with mental impairments are summarized. Models that also focus on meeting the needs of individuals who are or who recently have been homeless can help facilitate recovery and provide the skills and opportunities needed for employment success.

The Impact of Homelessness. The consequences of homelessness create distinct challenges for people with a serious mental illness. This chapter addresses personal, program, and system-level challenges to employment for people who face these dual challenges.

Helping People Obtain Work. Overcoming the challenges that homelessness and mental illness create often requires augmentation or adaptation of traditional employment services. This chapter includes examples of programs throughout the country in agencies that have elevated work to a priority. Also included are key factors to consider when developing employment services for people with serious mental illnesses who are homeless.

The State Office of Vocational Rehabilitation (VR). This chapter reviews employment-related services available through State VR systems, and issues and recommendations related to access, availability, and appropriateness for people with mental illnesses who are homeless. Examples of ways various State VRs are working with homeless people with serious mental illnesses, as well as recent VR/mental health integration efforts, are also included.

The Right to Work. This chapter reviews the statutory framework supporting employment for people with disabilities, including the Americans with Disabilities Act (ADA), the Workforce Investment Act, and the Ticket to Work/Work Incentives Improvement Act. Implications of these important laws regarding the acquisition of employment by people with disabilities are discussed.

Introduction Notes

[1] Anthony, W.A., and Blanch, A. Supported employment for people who are psychiatrically disabled: An historical and conceptual perspective. Psychosocial Rehabilitation Journal 11(2): 5-19, 1987.
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Chapter One

What Do We Know about Employment for People who Have Serious Mental Illnesses and Are Homeless?[1]

The vast majority of people with mental illnesses, including those with a history of homelessness, want to work and need to work. For many, work is an adjunct to their recovery from serious mental illness. Further, income from work may help them maintain residential stability. Though the United States enjoyed its longest period of economic growth throughout the 1990s, nearly 90% of people with serious mental illnesses were unemployed. This chapter provides a brief overview of what is known about employment services for individuals who are both homeless and have a serious mental illness.

Background

A renewed emphasis on employment services for people with serious mental illness, including those with a history of homelessness, is occurring throughout the United States. This reflects both the national agenda to help people who receive public assistance find work, and the call for increased job opportunities for people with mental illness by mental health advocates, homeless services advocates, and families. The experiences of mental health consumers who have been homeless reveal that even people with significant barriers can be employed successfully with the right blend of respect, encouragement, opportunity, and support.

Homelessness remains one of America's most serious problems, particularly for people with mental illnesses. On a given day, an estimated 600,000 people are homeless[2], approximately one-third have a serious mental illness[3], and about one-sixth suffer from co-occurring mental illness and substance use disorders.[4]

Racial and ethnic minorities are dramatically over-represented and often are underserved in homeless populations.

Homeless individuals frequently face numerous other barriers to achieving lives of personal, social, and economic fulfillment, among them:

- Lack of decent, affordable housing;
- Chronic poverty and unemployment;
- Fragmented, underfunded, and unresponsive service systems;
- Disabling consequences of mental health and substance use issues;
- Discouragement from recurrent homelessness;
- Impact of health-related disabilities and chronic health conditions;
- Barriers resulting from involvement with the criminal justice system; and
- Emotional effects of histories of physical or sexual abuse.

Unemployment for people with serious mental illnesses has been estimated at approximately 80-90%.[5] Housing instability, coupled with insufficient education, job skills and employment opportunities, contributes further to the problem for these individuals. According to a recent survey, only 8% of people who are homeless, including those with serious mental illnesses, reported working at a job that they expected to last at least three months[6]. People who were homeless indicated that insufficient income and lack of employment were among the most important factors preventing them from exiting homelessness.

In terms of income, the same survey found that those who are both homeless and experiencing a mental health and/or substance use disorder reported receiving less in total income over the previous 30 days ($337) than homeless individuals without mental illness and substance use issues alone ($427). Furthermore, 42% rated the need for assistance to find work as highest among their service needs.

It is clear that employment services must be coordinated with additional services to address these complex issues. Each day, despite obstacles, thousands of homeless and formerly homeless people with serious mental illnesses demonstrate their resilience, re-kindle their hope, seize opportunities, and achieve success in their housing, social, and work lives. However, much remains to be accomplished to make a wider audience aware of the needs, issues, and triumphs of people with mental illnesses who are or have been homeless and successfully employed.

What We Know So Far

Given the dearth of empirical studies regarding employment of people who are homeless and have serious mental illnesses, the effectiveness of programs throughout the country that provide vocational services to this population is difficult to ascertain.

What little research does exist consists primarily of vocational rehabilitation studies of homeless people that include sub-samples of individuals who also suffer from mental illnesses. In addition, the literature concerning employment services for people with mental illnesses, and the experience of providers who have adapted these services for individuals with mental illness who also are homeless, provides valuable insight into what is different about having a mental illness and being homeless when it comes to employment. This literature also can be used to help identify the kinds of services and supports that can help people with mental illnesses find and maintain employment. Throughout this guidebook, the elements and philosophies of existing employment programs for people with mental illnesses are discussed with suggested modifications for those who also are homeless.

Effective Services and Supports

Several authors have identified critical elements for successful employment programs. Ridgeway and Rapp[7], Whiting[8], and White and Wagner[9] point to a number of program-level factors that affect employment outcomes for people with mental illnesses, including:

- Integration of employment services with other mental health rehabilitation services;
- Emphasis on consumer preference and practical assistance with finding jobs;
- Limited reliance on vocational assessments;
- Ongoing assessment and support based on individual needs and preferences; and
- Services that are flexible, and consistent with individual preferences and long-term vocational goals.

Facilitating Worker Role Recovery

Lakefront Single Room Occupancy (SRO) in Chicago, Illinois—the Midwest's largest provider of supportive housing for people who are homeless—owns and operates 892 units of SRO housing on Chicago's North Side. Founded in 1986, Lakefront provides individuals with an affordable, permanent place to live, life skills, ongoing support for drug and alcohol addiction, as well as job training and employment opportunities. Lakefront SRO Employment Services provides individual employment assessment, career planning, pre-employment training, resources to reach job goals (including interview-appropriate clothing), job placement, job coaching, and a job bank for nearly 350 program participants, 67% of whom are African-American. Lakefront SRO tenants who express interest in finding work may enroll in a program to help prepare them for employment. In addition, a literacy program has been integrated into the program, and various partnerships have been developed with the business community to provide job training and placement.

Lakefront's success in facilitating job placement largely is attributable to its strong relationships and collaborations with area employers. For example, the agency has worked extensively with hotels in the Chicago area to develop industry-standard training with job placement and post-placement supports. Furthermore, the City of Chicago contracts with Lakefront to bring employment services to people living in public housing, many of whom have mental illnesses. The majority of Lakefront's tenants are enrolled in the employment services program; and nearly half of its participants work either full- or part-time. Tenants are eligible to receive employment services for as long as they wish, even if they move from the Lakefront housing.

Employment Outcomes

Several recent studies provide useful information regarding the employment histories and needs of individuals who are homeless and have serious mental illness, as well as the factors that contribute to employment success. It is worth noting that the bulk of funding for these demonstration programs comes from sources other than the traditional employment sector.

Job Training for the Homeless Demonstration Program (JTHDP). From 1988 to 1995, this U.S. Department of Justice program examined the effects of providing flexible funding to nonprofit

organizations offering employment, job training, and support services to homeless individuals[10]. These programs were based on the premise that job training and placement programs work best when combined with the additional services homeless people need to overcome obstacles to employment. JTHDP sites were required to provide an array of employment services including job assessment, training, development, placement services, and post-placement/follow-up services. In addition, sites were required to provide outreach, case management, substance abuse/mental health assessment and treatment, and housing services, along with child care, transportation, and life skills training. Three of the 63 demonstration sites provided services exclusively to homeless people with serious mental illnesses.

Overall, participants with mental illnesses (60%) were more likely than other participants (49%) to report they had not been employed in the six months prior to enrollment into JTHDP. They also were more likely (56% versus 46%) to report no earnings in the six months prior to intake. Despite these disadvantages at the outset, those with mental illnesses were just as likely to be placed in a job (33% versus 36%) as were other participants and were more likely to remain employed 13 weeks later (60% versus 50%).

The Next Step – Jobs (NSJ) Initiative. This three-year demonstration program began as a partnership among the Corporation for Supportive Housing, the Rockefeller Foundation, and 20 non-profit supportive housing providers in San Francisco, New York, and Chicago, to enhance employment opportunities for their tenants.[11,12] All programs served homeless or recently homeless people, and were established within urban community-based organizations with strong links to other agencies in their communities.[13]

More than one-third of the 3,200 supportive housing residents involved in NSJ were identified as needing mental health services. These programs stressed that job training and placement programs worked best when combined with the additional services homeless people need to overcome obstacles to employment.

Results indicated that 8% to 21% of participants with mental illnesses were employed at intake. Although most participants with mental illnesses worked at least once during the initiative, they were more likely to hold part-time positions and hold fewer jobs overall. Moreover, NSJ participants with mental illnesses appeared to be more likely to have jobs within the participating organization.[14,15] Further, the supportive housing industry has proven to be a rich source of jobs; and individual employment appears to be most effective when access to work is combined with raised expectations, flexible opportunities, and encouragement.[16]

ACCESS Demonstration Project. This Federally funded study examined the effect of service system integration in helping homeless people with serious mental illnesses exit homelessness and improve their health status, service use, and quality of life.[17] Over the four-year study period, more than 7,000 homeless people with serious mental illnesses received intensive outreach and case management services for up to one year.

In examining ACCESS consumers' perception of service needs, Rosenheck and Lam[18] found that employment was ranked relatively low among people who were homeless at the time, although 56% indicated that help with job training or finding a job was an important service need. However, only 15% of these participants reported receiving job assistance services in the 60 days prior to contact with ACCESS outreach staff. Given these findings, Cook and her colleagues further examined client-level data from the ACCESS project to determine whether participants experienced improved employment outcomes as a result of the services received through the ACCESS program.[19]

They found that just under one-third (30%) of ACCESS participants never had held a full-time job at any time in their lives before entering the ACCESS program. Alternatively, in the twelve-month period prior

to ACCESS participation, over a third (36%) reported some type of work for pay, indicating motivation to secure gainful employment among this group. ACCESS clients who were employed were more likely to be young men with some college education and shorter histories of homelessness. They also tended to have diagnoses of depression and never to have been hospitalized for a mental problem.

Overall, ACCESS participants' vocational outcomes steadily improved during their first year after entering ACCESS services. The proportion who had worked in the past 30 days rose from 18% at baseline to 22% at one year. Among those who worked, the proportion employed full-time rose from 24% to 32%. The mean hourly wage also increased from $5.56 at baseline to $5.94 at 12 months. Likewise, the average number of hours worked per week rose from 20 to 26 hours. Estimated mean monthly earnings rose significantly, from $259/month to $469/month at twelve-month follow-up.

Despite the fact that more than three-quarters (78%) were not in the labor force at baseline, 12 months after entering the ACCESS program, only 8% were receiving job training or education services, and 9% were receiving job development. In comparison, 71% reported receiving mental health services, 29% substance abuse services, 23% benefits and entitlements assistance, 19% housing assistance, and 15% legal services.

Outcomes for those receiving employment-related services were instructive. Individuals who reported receiving job training services were two-and-a-half times more likely to be working, while those who reported receiving assistance with finding a job were two-and-one-third-times more likely to be working for pay at 12-month follow-up. Vocational services were associated with positive outcomes regardless of severity of mental impairment or substance abuse difficulties. ACCESS participants faced an array of disadvantages including histories of homelessness, mental illness, and in many cases, substance abuse problems. Like participants in similar studies, ACCESS participants' poor work histories and lack of post-secondary education were additional barriers to employment. Further, relatively few received any vocational or educational services in their first year after becoming homeless.

At the same time, the ACCESS cohort showed modest, steady improvement in employment status, achievement of full-time employment, hourly wage, hours worked per week, and estimated monthly earnings, indicating the enhanced employment potential of this group after only one year of coordinated service delivery.

Another noteworthy finding was the association between receipt of vocational services and greater likelihood of employment at 12 months. This link remained significant even when controlling for diagnosis, mental illness and substance abuse status, and demographics, suggesting that formerly homeless people with serious mental illnesses may benefit significantly from vocational rehabilitation efforts. At the same time, the results indicated the need for rehabilitation outreach to this population.

Employment Intervention Demonstration Program (EIDP). This SAMHSA program revealed a positive association between receipt of services and employment for people with mental illnesses.

Preliminary findings of the eight-site study indicated that 51% of individuals who received services for 12 months were employed, compared to 28% of those who received services for three months.[20] Of the study's 1,648 participants, 100 (6%) reported being homeless at any interview; 17 of those reported being homeless at two interviews.

Though EIDP program participants had significant levels of disability and impairment, 86% of all jobs held were at the minimum wage or above; the average amount earned per employed client was $4,894.

Researchers tested a number of vocational models, including supported employment, Individual Placement and Support (IPS), and the Program for Assertive Community Treatment (PACT) vocational model, each of which is described in Chapter Three of this guidebook.

Urban vs. Rural Employment Program Considerations

While best practices for employing homeless people with mental illnesses in urban settings are just beginning to be identified, even less is known about what works in rural settings. Rural-based employment programs have a number of special impediments to overcome:

- Consumers often must travel long distances from their homes to their places of employment; public transportation often is insufficient or non-existent.
- Opportunities for employment may be fewer if small businesses are the major source of employment.
- The development of supported or transitional employment programs may be difficult, since the number of enrollees often is insufficient to recoup the costs of hiring job developers, job coaches, etc.
- Because small employers generally do not want a high turnover rate, job development on behalf of consumers who are homeless becomes more difficult.

A report summarizing work and education programs for people with serious mental illnesses in seven Western states identified common themes relevant to both rural communities and urban settings:[21]

- Interagency collaboration is essential.
- Social Security benefits management, information, and advocacy are important considerations to address consumers' fear about loss of benefits while working.
- A "fast track" to work often is more effective and preferable than are pre-vocational training and sheltered work.
- Data systems to track service costs and outcomes are critical for evaluation.
- Many communities need public education about consumer employability.
- Programs often have limited resources for employment.

These findings also were supported in a 10-site research study examining competitive employment outcomes among people with serious mental illnesses in both rural and urban settings in New Hampshire. The SAMHSA-funded Employment Intervention Demonstration Projects (EIDP)[22] found that positive vocational outcomes were associated with the presence of a number of factors including the amount of resources a program was provided, the importance of a program among the agency's priorities, and the emphasis on helping people to obtain competitive employment other than reliance on pre-vocational programs. The study suggests that the presence of these factors was more important to achieving positive employment outcomes for consumers than were local economic factors, difference in case mixes among programs, or differences in providers' relationships with the State Department of Vocational Rehabilitation.

Another recent study of one of the eight EIDP programs described implementation issues in delivering a combined Program for Assertive Community Treatment (PACT)/Individual Placement and Support (IPS) approach in a rural community in South Carolina.[23] Among the many obstacles encountered were problems in recruiting, training, and retaining qualified staff, and adhering to the fidelity standards of each approach within a combined program structure. Despite these difficulties, 60% of program enrollees held at least one job after they entered the program and the employment rate fluctuated between 25%-40% over the two-year study period.

Clearly, employment programs designed for rural communities must be flexible, mobile, and able to withstand the higher costs that may be associated with serving relatively low numbers of enrollees. As discussed in more detail in Chapter Three, social enterprises and self-employment approaches increasingly are being viewed as effective program responses to meet the needs of consumers in rural communities. Furthermore, the development of social enterprises adds to the number of jobs in the local marketplace and may be a way of addressing chronic unemployment in rural communities.[24]

Chapter Summary

Employment is an important, but often neglected, goal for people who are homeless and have serious mental illnesses. The remedies to employing this population do not lie in formulaic solutions, but rather require existing service programs to make employment as high a priority as are housing or treatment. By receiving vocational services within a comprehensive system of care, homeless people with serious mental illnesses may attain the resources they need to remain permanently housed.

When designing vocational programs for homeless people with serious mental illnesses, their limited or intermittent work histories, as well as their significant and continuing mental health, substance abuse, and housing assistance needs are important factors to keep in mind. With safe, affordable housing, support services (e.g., case management, medication, social skills training), and employment services, these individuals can achieve job stability.[25]

To assist people with multiple needs, services targeted at goals other than employment (e.g., clinical symptom control, receipt of benefits and entitlements, acceptable housing) are necessary but not sufficient to further consumers' vocational achievement. The adaptation of currently popular vocational rehabilitation models such as supported employment—particularly variants designed for people with mental illnesses (e.g., individual placement and support, and clubhouse models)—need to be considered for people with *severe* mental illnesses. These programs, which have demonstrated improved vocational outcomes for people with serious mental illnesses,[26] may provide people with the work skills and job supports needed to secure and retain paid employment.

Chapter 1 Notes

[1] This Chapter contains material adapted from: Cook, J.A., Pickett-Schenk, S.A., Grey, D., Banghart, M., Rosenheck, R., and Randolph, F. Vocational outcomes among formerly homeless individuals with severe mental illness in the ACCESS program. *Psychiatric Services* 52(8):1075-1080, 2001; and Kaufman, C.L. "Employment of people who are mentally ill and homeless: A review of trends and practices." Paper prepared for the CMHS Sponsored Employment and Vocational Rehabilitation for Homeless People with Serious Mental Illnesses Workshop, Washington, DC, September 1999.

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Chapter Two

A Recovery-based Foundation for Employment Services[1]

Recovery from mental illness is a personal process. The struggle to live with and beyond the limits of a disability is well described in consumer literature as "the urge, the wrestle, and the resurrection."[2] Recovery means different things to different people; it is not a linear process. For some, recovery means no longer experiencing symptoms of a mental illness or needing to take medication. Others experience recovery as a life-long process of learning to live fully with the ongoing presence of symptoms. Daniel Fisher, MD., Ph.D., has suggested that a person has recovered from a mental illness when he or she regains primary control of major life decisions and functions in a significant and valued social role,[3] such as being an employee. By combining supports that help consumers establish or re-establish social roles and self-management skills, and make their own decisions, recovery can become an achievable goal.[4]

Though recovery is an individual process, some people in recovery have articulated what they deem important: the ability to have hope, trust their own thoughts, enjoy their environment, feel alert and alive, experience increased self-esteem and spirituality, know there is a tomorrow to look forward to, and have a job.[5] They also have suggested how mental health professionals can assist them in the recovery process by encouraging independent thinking, treating them as equals in planning services, giving them freedom to make their own mistakes, listening to and believing what they say, recognizing their abilities, and working with them to find the resources and services they need.

Having a job often can facilitate recovery, but having a job is not essential to the recovery process. Many people gain the same satisfaction and self-esteem a wage-paying job provides from other life activities, including parenthood, caring for ill or disabled family members, or volunteerism. However, many people

view employment as important to them in their recovery. Recovery-oriented employment programs should be person-centered, culturally and linguistically appropriate, responsive to individual need, and should recognize individuals' strengths and potential that could help them get and keep a job. Many individuals have significant, though perhaps intermittent, educational and work histories; others have worked little, or not at all. Beyond employment or educational credentials, thousands possess inherent skills and strengths derived from surviving day-to-day with serious mental illness and homelessness.

Recognizing and endorsing the strength, resilience, and survival skills gained from these experiences expands the definition of work readiness beyond job-related skills to include personal and experiential factors that can contribute to job success. In Figure 2.1, insight and humor illustrate the view shared by many consumers who regard their experiences in the mental health system as potential sources of strength that can be transferred to the employment sector.

This chapter presents and discusses both program elements that facilitate worker role recovery and a conceptual framework for providing recovery-based employment. Cultural and environmental factors in the development of employment programs are also considered.

Figure 2.1 Consumer Experiences Translated to the Workplace[6]

If you have had any major mental illnesses, you…

- **Have strength**
- **Can cope**
- **Have patience**
- **Possess spirituality and hope**
- **Have courage**
- **Have humility**
- **Have imagination**

If you have been hospitalized, you…

- **Have survival ability**
- **Can tolerate pain**
- **Can deal with the unknown**
- **Have interpersonal skills**

If you have participated in hearings for SSI, food stamps, etc., you…

- **Can tolerate anxiety**
- **Can organize documentation**
- **Can negotiate systems**
- **Can persevere**

If you have taken medication, you…

- **Can handle risk**
- **Can adapt to adverse conditions**
- **Can compensate for induced physical disability**
- **Might have gained some knowledge of introductory chemistry**

Worker Role Recovery

Over 80% of persons with severe mental illnesses are unemployed, despite heightened awareness of the value of work promoting recovery, the presence of effective program models to help consumers to obtain employment, and the fact that most persons with mental illnesses want to work.[7] A number of factors contribute to this chilling fact:

- The stigma associated with mental illness can result in many employers' reluctance to hire;
- Fear of failure and of loss of entitlement benefits influences consumers' reluctance to try employment;
- The impact of co-occurring mental illness and substance use disorders carries severe functional implications for a person's ability to obtain and sustain a job; and
- Lack of job training and access to jobs that are flexible enough to support an individual's recovery.

Rehabilitation services that restore work-related skills and that help individuals develop a new self-image as workers, not just as mental health consumers, also are necessary.[8] Such rehabilitation support and assistance must continue as needed, even after a job is obtained, to help individuals function effectively "so they may learn to adapt to their world."[9] In the field of psychiatric rehabilitation, "skill performance" includes job interviewing, money management, and interpersonal skills, among other measures. However, improved skill performance alone cannot be a replacement for "role performance" or worker role recovery, the fundamental outcome that individuals and programs seek.

Helping people obtain jobs quickly and building skills appropriate for success in a given work setting is more effective than programs that emphasize skills development as a prerequisite for seeking and finding work.[10] First, the types of occupational skills taught in employment programs may not be relevant to either local employer hiring needs or consumer job preferences. Second, some "soft" employment skills, such as organization, setting priorities, time management, anger management and accepting criticism, are among the most difficult and important skills that all individuals, regardless of disability, must master. These are learned best in actual work situations, with natural, peer, and professional support services to assist in the learning process.

Vocational growth, including perception of oneself in a worker role, is built over time and with experience. This growth process occurs not only through the ability to perform a job, but also through success at assimilating and/or acculturating to the employment environment. Vocational services should be dynamic and reflective of an individual's particular needs, expectations, and goals at a particular time of life. Services also should be adaptable to meet the changing needs of the individual, and should define success in more flexible ways, including modifying standardized measures of achievement, a threshold of hours worked per week, and job retention milestones. For example, the ability to work for one hour a day for two days per week may be a valid measure of success when an individual has been unable to work for more than 30 minutes in any given week. Endorsing successes, no matter how small, is an essential element to help consumers rebuild the confidence, self-esteem, and trust necessary to achieve advanced employment.

At the same time, consumers with mental illnesses who want to pursue a career should be encouraged to do so under the right conditions. Many individuals, even those without disabilities, leave entry-level jobs that provide few benefits, little opportunity for advancement, and a lack of stimulation. An individual who changes jobs frequently threatens his or her residential stability and recovery process. Providers help individuals who want to pursue more demanding work set realistic goals to prepare fully for the challenges of career opportunities.

The following program elements can help facilitate worker role recovery:

- **Consumer/practitioner partnerships –** participation in decisions regarding an individual's own career future;
- **Focused skill development –** developing the skills and resources required to be successful in a particular job;
- **Support consistent with individual choice –** active consumer participation in finding, retaining, or changing a job;
- **Ongoing assistance as needed –** ensuring that the person receives ongoing support services to maintain employment and facilitate job and career growth;
- **Provision of holistic, comprehensive support services –** assisting the individual in achieving a sustainable, satisfying life in his/her community as a productive, contributing member. This includes services that address needs beyond employment, such as housing, treatment, opportunities to develop meaningful friendships, socialization opportunities, etc.;
- **A hopeful, supportive environment –** encouraging the consumer to consider the future; respecting his/her needs and aspirations; providing tangible assistance that enables the individual to meet job and career goals; and
- **A culturally, linguistically appropriate environment –** providing services that are accessible to and appropriate for individuals of diverse racial, ethnic, and cultural backgrounds and sexual preferences; respecting different cultural views about help-seeking behavior, mental illness, and employment.

Conceptual Framework for Providing Employment Services

Offering options for work throughout all stages of contact between consumer and mental health provider can facilitate worker role recovery. The four-phase model below describes the stages and objectives of consumer-practitioner contact, incorporating work-related services that respect consumer needs, interests, and growth potential. This menu of services does not constitute a step-wise continuum; any or all stages may be revisited over the course of an individual's working life.

Engagement

The purpose of engagement is to connect with individuals and establish trust, rapport, and information-sharing that could lead to involvement in employment services. Successful engagement requires development of a relationship built on empathy and respect; it should not be perceived as coercive or considered a prerequisite to gaining privileges or services. People diagnosed with mental illnesses, especially those with co-occurring substance use disorders, have significant barriers to overcome in order to recover a worker role. However, the goal of getting and keeping a job can help motivate change. Providers can help individuals move through the stages of change (from pre-contemplation to contemplation, determination, action, maintenance, and relapse)[11] that will help stabilize symptoms and recover a valued social role.

Elements that support engagement in work-related activities during this early stage of contact can include:

- Conversations recognizing and supporting the possibility of work as a current option, including discussions with individuals who have made the transition to work;
- Building partnerships with individuals by validating their perspective, exploring their vision of the future, and establishing a sense of hope that employment is achievable;
- Recognizing and reinforcing that past work experiences, no matter how brief, have value;

- Building desire to consider employment as a rehabilitation goal; and
- Identifying and accepting individuals' strengths, abilities, and perceived barriers as they relate to employment.

Exploration

Practitioners can help individuals choose to participate in employment services, though such efforts should not be used as a prerequisite for obtaining other services or privileges. Techniques of motivational interviewing[12] can be especially useful here. To help individuals move through the stages of change, counselors who employ motivational interviewing avoid argumentation, express empathy, support self-efficacy, "roll with resistance," and help consumers develop a discrepancy between where they are now and where they want to be. Tools that can be used in this phase include:

- Meeting and discussing with peers how participation in employment services has made a positive difference in their lives;
- Visiting employment sites to view work environments and to talk with workers and supervisors;
- Reading and discussing written program materials, such as training schedules, job descriptions, etc.;
- Testing an employment service by sitting in on a skills-building group session, or briefly partnering with a peer or staff mentor; and
- "Job shadowing" that pairs a consumer with a staff person for a short period of time, enabling the consumer to observe, and possibly assist, in a real work setting.

Exposure

Exposure to employment at the earliest opportunity helps test job choices. It combines involvement in the real-life demands of work with insight and evaluation, examination of barriers, and assessment of possible alternative job choices. Practitioners must help create opportunities for people to succeed and help them see the strides they have already made. Activities that build exposure to the world of work may include:

- Experiencing work for short periods in a supportive setting to build confidence and motivation. Settings can include residential programs, drop-in centers, and mental health programs;
- Discussing elements that contributed to past job success and reinforcing them, while participating in the current work experience;
- Discussing elements that impeded past job success, and developing plans to address them in current or future jobs;
- Enhancing knowledge of alternative job options sharing information, visiting other work sites, and planning to acquire a more preferred job; and
- Reinforcing the hope and belief that employment success is possible by emphasizing current successes (e.g. increased work hours, productivity, attendance).

Experience

Supported work experiences are jobs in integrated work environments that help participants gain skills and experience, and allow them to test job goals. Supported work experiences should include assistance in retaining a job, and also should address non-work critical services (e.g., housing, mental health treatment, and family/friend relationships). Among the objectives of supported work experiences are:

- Building increased tolerance for work demands;
- Increasing proficiency in general work skills (e.g. attendance, co-worker interactions, concentration, task completion);
- Establishing proficiency in specific, needed work skills;
- Developing a record of work accomplishment and a resume of recent work experience;
- Continuing the goal development, including awareness of alternative, more fulfilling, and/or higher paying jobs with career opportunities or increased hours;
- Acquiring additional training, education, or experience to obtain a better job and advance in a career;
- Employing job retention services that include working with employee and employer to sustain employment;
- Identifying and utilizing natural workplace supports, including co-workers and supervisors; and
- Evaluating skills and abilities, identifying those that need to be strengthened to meet a particular job or career goal.

Worker role recovery, like the process of recovery from mental illness, is a complex, often circuitous path. Understanding the relationship between these two dimensions and adapting services that accommodate both the progress and setbacks on the journey towards recovery, can help facilitate employment success.

Cultural and Environmental Considerations

This discussion would not be complete without considering cultural and environmental factors that affect the design and delivery of employment services. To facilitate successful worker role recovery, employment programs must incorporate sensitivity to these critical personal dimensions.

Cultural Considerations

Practitioners need to recognize that each individual they approach may be culturally different from themselves in ways not always obvious. Becoming culturally competent provides the knowledge, skills, and attitudes to enable administrators and practitioners within systems of care to provide effective services to diverse populations, i.e., to work within the person's values and reality conditions.[13] A number of essential ingredients are needed to develop employment services sensitive to consumers' ethnic and cultural needs and issues:

- **Hire staff who reflect the language, ethnicity, and culture of the persons served.** The value of a common culture and language cannot be underestimated in engaging and supporting consumers in the worker role recovery process. Work has different priorities in different cultures; barriers to work may be unique as well. Practitioners need to be sensitive to these issues and understand that what may appear to be a lack of motivation or unwillingness to work may have a cultural basis, and may mean something else altogether.

- **Recognize that peer support is fundamental.** Staff who also are mental health consumers share the language of their peers—they can better understand the neighborhoods in which consumers live, are sensitive to their cultural needs, and serve as powerful and positive role models. Moreover, peers as staff are living proof that success is possible. It is important to acknowledge, however, that not all consumers are prepared to serve in this role.

- **Meet with consumers who have varied ethnic/cultural backgrounds and listen to how they perceive their employment goals, barriers, and issues.** Employment program strategies cannot take place in a vacuum. Conversations with small groups of consumer stakeholders may generate valuable information regarding family support for work and what types of jobs are acceptable and non-acceptable in a particular culture. For example, in some cultures, particular jobs are viewed as appropriate for one gender and not the other. Other important considerations in facilitating employment success are: how mental illness is viewed and accepted; factors related to pride, honor, and self-worth; and how biomedical and alternative treatment approaches are used.[14]

Every organization has its own mission-driven "internal cultures" that often can lead to cultural dissonance between consumers and employment programs. For example, the culture of state vocational rehabilitation (VR) emphasizes independence, individual uniqueness, and person-centered planning. However, some cultures view the individual as an interdependent part of family and community. Consumers from a background reflecting this view may find themselves caught in a clash between vocational rehabilitation cultures and their collectivist culture. Strategies should be developed to address this issue, such as training VR counselors in more effective counseling approaches that facilitate the provision of services to persons with disabilities from diverse cultural backgrounds; developing new assessments of independence and interdependence; and exploring how VR could consider interdependence as an equally viable philosophy and practice.[15]

In addition, the culture within an organization may not place an emphasis on "work first." Front line providers who are expected to advance this concept with their clients may need additional training in the value of this approach, as opposed to more traditional pre-vocational training.

A recent report describes programs that provide culturally competent mental health services throughout the country.[16] While not limited to employment programs or emphasizing people who also are homeless, the report offers many valuable lessons and examples of ways to improve the ethnic and cultural relevance of mental health services. For example, the Muscogee Creek Nation Behavioral Health Services of Oklahoma, serving Native Americans, utilizes a variety of culturally appropriate strategies when providing treatment, including a focus on traditional values and coping skills training exercises. These are augmented by employment services that include career counseling, vocational assessment and vocational rehabilitation counseling, delivered by a predominately Native American staff who are sensitive to cultural norms.

Casa Primavera, a subsidiary of Bay Cove Human Services in Massachusetts, operates a Fountain House model clubhouse. It is language- and culture-friendly, and is staffed and managed by Latinos. Casa Primavera is focused on a work-ordered day. Members and staff work together in teams at in-house food service, office support, and maintenance employment programs ("La Cocina", "El Kiosko," "Oficina," and "Mantenimiento"). Members are helped to move into regular jobs through a transitional employment program. The African-American Counseling Center in Minnesota recognizes that the anxiety associated with racial discrimination and prejudice can be a barrier to getting and holding a job. By acquainting people with others who have faced and overcome the same challenges, they help clients achieve their employment goals.

Chapter Summary

Persons with mental illnesses face the challenge of recovery on multiple levels. The first is the internal struggle to come to terms with, accept, and move beyond the devastating consequences of severe mental illness. Second is the task of recovering the skills needed to meet the demands of everyday life. Third is the challenge of transferring survival skills to new life roles, including the role of worker. These challenges can be met through a partnership between consumer and practitioner. By recognizing and supporting consumers' inherent strengths and aspirations, practitioners can facilitate the training, advocacy, and resources necessary to attain employment goals. With assurance that work-related services are a constant option throughout all stages of the recovery process, worker role recovery can become both a possibility and a priority.

Chapter 2 Notes

[1] This chapter contains original material authored by Gary E. Shaheen, M.P.A., Advocates for Human Potential, Delmar, NY.
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Chapter Three

Approaches to Employment for People with Serious Mental Illnesses[1]

A recent report documented and described program-level factors affecting outcomes in various types of employment program models that serve people with severe mental illnesses.[2] Five major factors related to employment success cut across all program types: (1) organizational climate and culture that support work; (2) facilitation of employment; (3) emphasis on consumer preferences and strengths; (4) ongoing, flexible, individualized support; and (5) re-placement assistance.

This chapter provides an overview of the most frequently utilized employment approaches to help people with mental illnesses obtain and maintain employment. While many mental health consumers acknowledge that, at some point in their recovery, a structured/sheltered work setting was needed, the merits and disadvantages of sheltered employment are not discussed in this volume. Rather, this discussion begins with the premise that long-term worker role recovery is possible through integrated employment that provides work at competitive wages, offers the opportunity to work with non-disabled co-workers, and offers long-term, post-placement support.

When deciding to adopt a particular employment program, agencies must consider how the particular model chosen is relevant to the needs, interests, and cultural values of their constituency; whether a particular strategy will work in both urban and rural settings; and whether types of funding and staff expertise required match agency capacity. The strength and diversity of the local employment or business market and its ability to meet the job placement and job creation objectives of the agency, also should be evaluated. Finally, the culture of the agency and the importance it places upon employment must be evaluated. Valuing work as a priority may represent a significant change in an agency's culture.

Some agencies may find that the local employment market is sufficiently strong, that their Board of Directors or staff has established networks with employers, and that their constituency prefers a supported employment option. They may decide that a "place/train" strategy would be most appropriate. Another agency may have a history of risk-taking and entrepreneurship, in which case social enterprise development might be more consistent with their orientation.

The goals of each of the employment approaches in this chapter are summarized in Table 3.1. Many providers have recognized that job and career growth is tied inextricably to job training and education. It therefore is worth noting that job training and education are essential components in the array of employment-related services. This includes helping individuals obtain their GED, college diploma, or certification through a trade school; and providing or linking individuals to appropriate educational services, including supported education, described briefly at the end of this chapter.

Transitional Employment

Fountain House Foundation in New York City implemented the first Transitional Employment Program (TEP) in 1964.[3] Fountain House developed a Clubhouse Model, offering day treatment based on a specific psychosocial rehabilitation approach. Today, TEPs remain one of the primary vocational services offered to their members by psychosocial clubs in the Nation. In addition to providing organized individual and group activities, psychosocial clubs afford community members the opportunity to socialize, support, and advise each other.

Often the setting for job clubs, temporary labor, and work readiness services (e.g., resume writing, job searches, visiting speakers, etc.), psychosocial clubs provide safe environments for consumers to begin exploring the notion of returning to work.

TEP participants work in a series of time-limited, competitive jobs to gain employment experience and skills, and to identify job preferences. The jobs, usually entry-level, are developed through an agreement between the rehabilitation agency and one or more private businesses. The agency commits to filling the job slots with trainees on a continuing basis, while the business commits to providing the slots. The designation of a specific staff liaison by the agency can help assure the employer that the agency is reliable.[4] On- and off-site job coaching is provided to participants by club staff. Trainees usually participate on a part-time basis for four to six months, after which they are transferred to another job placement.

While the desired outcome is the eventual acquisition of either full- or part-time permanent employment, the results are mixed with regard to the effectiveness of TEPs in helping individuals achieve permanent, competitive employment. Although evidence exists that TEPs can have a significant impact on employment outcomes as length of the follow-up or job coaching period increases,[5] a recent study found that longer involvement in TEPs actually can result in lower rates of competitive employment.[6] TEP participation can be a useful form of situational assessment for many people with serious mental illnesses, and can help some individuals establish an integrated work experience, test work goals, and develop interaction skills with coworkers who are not disabled—often the most difficult challenge faced by trainees.

Table 3.1 Overview of Employment Program Approaches

Type of Employment Approach						
Approach	Transitional Employment programs. (TEP)	Supported Employment.	Program of Assertive Community Treatment. (PACT)	Individual Placement and Support.	Social Enterprises.	Self-Employment.
Characteristics	Time-limited placements in competitive jobs. Agency commits to keeping job slots filled. Often clubhouse-based.	Direct placement into integrated competitive jobs with follow-along supports.	Integrates both clinical and rehabilitative services within a continuous or assertive community treatment team.	Emphasizes rapid job search. Continuous and comprehensive assessment that continues throughout employment. Time-unlimited supported.	Agency-sponsored businesses that provide affirmative employment.	Consumer-owned business (sole proprietorship/ partnership/ cooperative).
Objective	Build experience, competence, and job goals with the objective of attaining a permanent job.	Part- or full-time employment at prevailing wage.	Work as a long-term process to aid in recovery. Individualized assessment, placement, follow-along, and reassessment.	Replace traditional day treatment programs with those focused on work to achieve better vocational outcomes.	Job goal and skills development, work experience, transitional/career employment.	Employment as full-time/part-time self-employed business owner.
Possible Funding Sources	State VR, HUD, MH, Foundations.	State VR, MH, HUD, DOL (wage subsidies, employer hiring incentives), foundations.	MH, State VR, Medicaid/Managed Care.	State VR, MH, Medicaid.	VR, MH, business revenue, economic development, HUD, foundations.	VR, SSA, MH Federal, SBA, State community business lenders, private capital.
Staff Expertise Required	Skills teaching, job development, placement, support, ability to perform job in consumer's absence.	Skills teaching, job development, placement, intensive/extended support, re-placement.	Interdisciplinary treatment team with vocational specialist.	Employment specialist to coordinate services with case management or mental health treatment team.	Business/ production experts, training/job coach staff, job development placement staff.	Business-related TA/support, MH support.
Advantages	Basis for establishing links with employers. Builds credentials, experience, and resume.	Employee hired by the employer, not by the MH program. Works with non-disabled co-workers. Salary, growth potential like co-workers.	Work as an important and integral component of clinical treatment.	Integrates mental health and rehabilitation services through regular meetings between MH clinicians and employment specialists.	Adds to the available jobs in a community. Has economic development potential. Agency "owns" jobs.	Responsibility for success relies upon the individual. Independence, control.
Disadvantages	Time limitations not always congruent with consumer preference. Staff may need to fill in for absent worker. Unclear outcomes re: how TEP facilitates competitive employment.	Clash between long-term job coaching needs and short-term VR support, individual's discomfort with being coached on the job.	Direct placement approach contains similar disadvantages as supported employment; e.g., funding for long-term follow-along and re-placement assistance.	Providing time-unlimited supports contains similar disadvantages as noted for PACT and supported employment, e.g., funding for long-term follow-along and re-placement assistance. Need support for people who cannot or do not find jobs through IPS.	Requires sound business planning. High business risk factor. Start-up capital needs.	Responsibility for success relies upon the individual. High financial risk factors. Requires sound business planning.

Using a Transitional Employment Approach

Community Access, Inc. has been providing supportive housing to people discharged from psychiatric hospitals in New York City since 1974. Over the past 25 years, Community Access has continued to expand its residential services while adding case management, social clubs, advocacy, consumer-operated programs and services, and employment and education services.

The Cooper Employment and Training Center is one of two psychosocial clubs the organization operates. Begun in 1995, the Center specializes in services leading toward employment, including GED and college preparation, computer skills, job readiness, benefits counseling, on-site internships and volunteer positions, and on-site transitional and permanent employment placements. The Center's 250 members are people with serious mental illness, the majority of whom are single, African-American adults, approximately 50% of whom have recently been homeless. Members take job readiness classes for five weeks and then volunteer in various club positions. At the end of 12 weeks, a determination is made for continued job readiness, entry into a transitional employment slot, or a permanent employment opportunity. The Center works to place members with various employers in the business community with on- or off-site job coaching provided as necessary.

Supported Employment

Supported employment became popular in the mid-1970s as a way to improve the employability of people who historically had experienced high unemployment rates, particularly people with physical or developmental disabilities.[7] It also was developed as an alternative to sheltered workshops. Supported employment is defined by Federal statute as "competitive employment in an integrated setting with ongoing support services for individuals with the most severe disabilities."[8] The purpose of supported employment is to provide employment success and integration using a wide array of short- and long-term supports after placement. From the beginning, this "place, then train" approach has differed significantly from the pre-employment testing and pre-vocational work that were previously widely used for people with disabilities.

Making Use of Supported Employment

Life Link, a not-for-profit corporation founded in Santa Fe, New Mexico, in 1987, helps homeless individuals and families find affordable housing and achieve self-sufficiency and community integration. It operates two housing projects and has achieved recognition as an exemplary supported employment program. Life Link believes that everyone can be employed in some way, and has achieved a 50% job placement rate, with nearly half of those individuals placed remaining employed for six months or longer. Its supported employment program, Employment Connections, serves about 120 people annually, approximately 40-50% of whom are dually diagnosed with mental illness and substance abuse disorders, and 20% of whom have had prior criminal justice system involvement.

By creating an ongoing Business Advisory Committee, Life Link stays attuned to employer training and hiring needs, and, therefore, can facilitate employee/employer matches more quickly. The program reflects a quasi-Individual Placement and Support (IPS) approach that includes case-sharing and coordination with other members of the integrated treatment team. The team makes referrals to the employment program based upon criteria mirroring that of the State VR, including: 90 day sobriety, motivation to work, ability to keep appointments, and personal responsibility. Staff act as counselors for job placement and long-term, post-placement support. Assessments are ongoing during the vocational counseling, job search, and job placement phases. Consumers are employed by the agency as supported employment specialists, case managers, licensed therapists, secretarial staff, drop-in center staff, and housing specialists.

Increasingly, supported employment principles and practices have been adapted to meet the needs of a wider population with disabilities. Adaptations to the original program model are evolving to address the specialized needs of people with serious mental illnesses.[9,10,11,12] An important modification acknowledges that many people with mental illnesses need assistance to establish job preferences and career goals, and both get and keep jobs.[13] As the field expands, a wide variety of strategies have been adopted to modify this approach and increase job success for people with severe mental illnesses. Some of the most common adaptations include:

- Active consumer involvement in identifying personal job goals;
- More time educating employers and coworkers;
- Recognition that some consumers choose not to disclose their disability;
- Increased training in emotional-interpersonal skills development;
- Increased levels of support;
- Re-placement services;
- Wider variety of jobs, with greater emphasis on professional/technical options; and
- Emphasis on career and opportunities for advancement.

The effectiveness of supported employment has been demonstrated by evidence from eight randomized controlled trials and three quasi-experimental studies and fidelity measures.[14] Supported employment programs demonstrated improved employment outcomes across a range of client characteristics and community settings. A recent study demonstrated a strong correlation between overall program fidelity and higher rates of competitive employment outcomes compared to non-supported employment approaches.[15] However, a prime barrier to its use was a lack of access and availability. Further, fewer than

25% of people with severe mental illness receive any vocational assistance; only a fraction had access to supported employment.[16]

The PACT Vocational Model

The Program of Assertive Community Treatment (PACT) was established in 1984 to provide comprehensive, community-based clinical and rehabilitative services for discharged state hospital patients identified by outpatient mental health centers as requiring extensive and intensive support.[17] PACT addresses these needs with a continuous treatment team approach that has a low staff-to-client ratio. The team includes nurses, social workers, psychiatrists, peer specialists, substance abuse counselors, and employment specialists who provide community-based symptom monitoring and management, 24-hour crisis intervention, and assistance in areas of improved functioning in critical life skills areas, including work.[18]

Though few PACT programs include vocational or employment specialists on their teams, the PACT approach recognizes work as integral to the treatment process. It also helps to promote a positive self-concept as a worker or valued and productive member of society. PACT programs that address employment emphasize helping people get jobs as an individualized, long-term process built through trial and error. There are no readiness prerequisites; individualized assessment, placement, follow-along and reassessment services are provided on an as-needed, ongoing, basis. One of the major distinctions between PACT and step-wise employment programs is PACT's perspective that the best way to address people's strengths and limitations is within a normalized work setting. The PACT model emphasizes rapid placement into competitive work rather than extended involvement in pre-employment testing and assessment. Assessment is ongoing; growth and job stability are outcomes, and "failure" can be one of the keys to success.[19]

Individual Placement and Support

One of the most recent and well-studied adaptations of supported employment is the Individual Placement and Support Program (IPS), developed and researched at the New Hampshire-Dartmouth Psychiatric Research Center and Dartmouth Medical School.[20] IPS makes employment a high priority in the consumer's treatment and rehabilitation plan by including employment specialists, who assist with rapid job searches, as part of the case management or mental health treatment team.[21]

Drawing from the PACT vocational model, IPS emphasizes the integration of vocational and clinical services, minimal preliminary assessments, rapid job searches, normal work settings, matching consumers with jobs of their choice, and ongoing support. Work is considered treatment, in which employment outcomes and vocational rehabilitation become vital components of a client's ongoing treatment regimen.[22]

Elevating work to the same priority as mental health services can change the way clinicians and employment specialists view their roles. In a New Hampshire study, IPS was compared to step-wise employment services provided by a day-treatment provider. The results were dramatic. The competitive employment outcomes of people attending IPS improved significantly (33%-56%), while people attending day treatment showed no significant change in employment outcomes (9%-14%).[23] Furthermore, IPS clients obtained competitive employment faster, were more likely to be employed every month of the 18-month study, worked more total hours, and earned higher wages than those in the

rehabilitation agency program.[24] Key program principles identified as related to better vocational outcomes include:[25]

- Competitive employment as a primary goal;
- Integration of rehabilitation with mental health services;
- Rapid job searches;
- Continuous assessment; and
- Unlimited support.

An IPS Approach

The Community Counseling Center, based just north of Providence, Rhode Island, provides a wide range of mental health and other behavioral services designed to meet the specific needs of each individual, and is aimed at bringing services to the neighborhoods where clients live and work. Employment services are provided in accordance with the Individual Placement and Support (IPS) model and offer the full range of vocational services including assessment, job development, job matching and placement, on-site support, and follow-up services on a time-unlimited basis. Benefits counseling and assistance with income reporting and tax preparation are provided. Educational goals are identified and actively pursued. Partnerships with state and private agencies maximize consumer options.

Consistent with the IPS approach, the focus is on rapid placement of consumers in a wide variety of competitive community positions, based on a comprehensive assessment and the person's preference. Whenever possible, services are provided in the community rather than at the Center. Assessment is a continuous process, and all job experiences are viewed positively as part of the recovery process. The key is individualized planning based on stated desires and goals, and a recognition that change is a natural process, as consistent as it is unique to each individual. The seven, full-time employment specialists function as part of a multi-disciplinary treatment team including case manager, counselor, nurse, and psychiatrist. They are physically co-located with case managers to enhance communication and service coordination and actively participate in weekly planning meetings, as well as in separate staff meetings, to foster a unique identity and to keep their role focused on employment issues.

The emerging PACT and IPS employment approaches recognize the complex, ongoing support requirements of people with mental illnesses and the need to address those requirements simultaneously to achieve work success. Consumers have expressed their preference for rapid work placement to respond to their work needs and interests rather than pre-vocational services where they may spend years without ever working at a real job. IPS recognizes and incorporates those preferences as an underpinning of its approach. In randomized, controlled trials in a limited number of test sites, IPS showed better employment outcomes with 58% of participants, compared to 21% achieving similar outcomes through traditional programs.[26] Adoption and testing of the IPS approach is occurring throughout the country, including a number of projects funded through the Federal Community Action Grant Program supported by SAMHSA. The results of those programs should help increase knowledge of how IPS can be even more effective in assisting consumers to get, keep, and advance in employment compared to more traditional step-wise options.

Social Enterprises and Affirmative Businesses

A social enterprise is a business venture created specifically to provide employment and career opportunities for people who are unemployed, disabled, or otherwise disadvantaged. Social enterprises seek to achieve social change through the economic empowerment of individuals and groups who have been disenfranchised. While the term "social enterprise" is used throughout Canada and Europe, in the United States, the term "affirmative business" is used when the business primarily employs people with disabilities.

Each year, new social enterprises are created throughout the United States and in other parts of the world. An increasing number are being developed with the express purpose of employing people who previously were homeless.[27,28,29,30,31,32] A social enterprise has a dual purpose: to operate a viable, sustainable business and to help people who face multiple barriers to achieve success and satisfaction in a real work setting. To operate as a viable business, a social enterprise must adopt standard business practices, employ experts, and expect all employees to practice the technical skills that will enable the business to offer a competitive product or service.

Current or former recipients of mental health services also own or manage and operate social enterprises formed as worker cooperatives, a model more common in Canada.[33] Examples include ABEL Enterprises in Simcoe, Ontario, and Fresh Start Cleaning in Toronto. These businesses receive some government subsidy and provide permanent part-time employment to individuals with serious mental illnesses, some of whom also have histories of homelessness.

Social enterprises should look like businesses, act like businesses, and provide products and services of comparable price and quality as those of other businesses. If these goals are achieved, the potential exists to overcome the stigma and misconceptions faced by people with mental illnesses in their communities. They can be seen, not as patients in a treatment program, but rather as workers in a local business. In addition, these businesses can contribute to the local economy and demonstrate how people with mental illnesses can provide quality products and services when given the opportunities to do so.

Realistically, not every mental health provider has the commitment or capacity to develop an effective social enterprise. Similarly, not every person with a mental illness who has been homeless may choose employment in a social enterprise. However, a social enterprise can add to the jobs available within a locality without relying on the existing job market to meet the employment needs of consumers.

For a social enterprise to be successful, certain key elements beyond financial viability must be in place:[34]

- **Capacity:** What compels the organization to go into business? What organizational strengths, assets, and experiences will prepare the agency to become social entrepreneurs? What are the organization's weak points? What are the indicators of success?

- **Fit:** Is this business compatible with the agency's goals, needs, interests, values, risk tolerance level, and other organizational/program criteria?

- **Viability:** Can the proposed business provide quality products or services at competitive prices to an identified group of purchasers who can afford to purchase these products/services at the price the agency must charge?

In essence, the rigorous business planning process for social enterprises involves a thorough assessment of the organization and the business, and the potential interrelationship between the organization and the business and the business and its market environment.

While there is no one social enterprise program model, those that have successfully blended economic development and social service aspects can serve as examples of "best practices." They often exhibit the following characteristics:

- Are market- and profit-oriented;
- Access technical expertise and capital resources;
- Establish linkages with individual support services for employees;
- Involve participants in the establishment and/or management of the enterprise;
- Utilize a business planning approach;
- Are driven by the provision of quality products/services to their customers;
- Provide competitive wages and fringe benefits;
- Achieve a social purpose by hiring, training, and employing people who have been typically unemployed or underemployed as a result of a disability or other disadvantage;
- Consider workers as employees, not clients; and
- Provide either an integrated workforce or a community-integrated setting.

Using a Social Enterprise Approach

Established in San Francisco, California, in 1986, Community Vocational Enterprises (CVE) is a private, not-for-profit agency that provides training and employment for San Francisco residents with serious mental illnesses and for other disenfranchised populations. Through assessment, training, transitional employment, community placement, and follow-up, the agency helps consumers recognize and realize their potential.

All individuals enrolled in the program complete an evaluation with an occupational therapist, who helps them identify their interests and skills, effectively matches them to the kind of job or career in which they are interested, or identifies the need for additional training. This assessment process takes a "no fail" approach; it is not used for screening, but rather for self-awareness and planning. CVE offers a comprehensive range of employment services before, during, and after individuals start work. A clerical certificate program and occupational skills training program is staffed by business school graduates, and transitional employment is available in one of the agency-sponsored businesses, including two cafes that operate at public office complexes, a temporary clerical employment agency, a driver/messenger service, and a janitorial business. Professional development seminars also are provided, covering such topics as interaction in the workplace, balancing work with outside interests, job retention, legal issues, career exploration, dress for success, and benefits management. Support services include case management, counseling, social support, and leisure activities.

Self-Employment

Though often overlooked as an option for people with serious mental illnesses, self-employment—or entrepreneurship—is firmly embedded in the American dream, and, for many, can be a successful step toward self-sufficiency. Many people who have experienced a major mental illness have developed or operated a small business at some time in their lives. Despite the obstacles, self-employment is becoming an increasingly desired work option for many individuals with disabilities. Self-employment provides a high degree of independence and control over one's economic future, and satisfies a personal work objective. For individuals with disabilities who believe that traditional vocational programs promote "learned helplessness," self-employment can be an opportunity to control their own vocational future, independent of the vocational service system.

An Institute Supporting Self-Employment

The Adult Community Services and Supports Department of the Rural Institute at the University of Montana provides training and technical consultation on Social Security Administration Work Incentives, supported employment, and self-employment. The staff works throughout the country and around the world with organizations, self-advocates, and systems to create employment options for people with disabilities. It provides assistance in organizational development and systems change to help agencies create the necessary infrastructure to develop, manage, and grow their employment services.

The Rural Institute is a cross-disability organization whose services address the needs of people with developmental, mental, physical, and sensory disabilities. It develops and manages numerous grants and contracts that support employment development. For example, a new five-year initiative: the "Rural Entrepreneurship and Self-Employment Design Project (RESEED)," is supported by the Rehabilitation Service Administration of the U.S. Department of Education. RESEED proposes, in each of its five project years (2000-2005), to select four rural community-based rehabilitation agencies that will help four of their consumer constituents develop their own business. In addition to seed funding, RESEED will provide technical assistance and training on entrepreneurship, business planning, financing, and long-term support strategies. The Institute also has an extensive publications list on supported self-employment principles and practices.

Small business development is a blend of art, science, and passion. To be successful, a business must be economically viable, meet its business operating expenses (e.g. salaries and fringe benefits, rent, utilities, production costs) through sales revenue, and generate a return on investment for its owners. Not everyone, however, has the capacity to build an enterprise with the characteristics necessary to be a sustainable business. Among the personal attributes needed to create and sustain a business venture are creativity, dedication, self-sacrifice, business acumen, technical and marketing skills, and a desire to be self-employed.

Utilizing one's inherent skills, motivation, and talents to develop a meaningful and rewarding career reflects the cornerstones of recovery—hope, willingness, and responsible action.[35] InCube, Inc. was an early pioneer in efforts to help consumers develop their own businesses. Established in 1990 in New York City, this consumer-managed and staffed organization helped more than 30 small business enterprises that provided full or part-time employment to more than 70 consumers.

InCube's work inspired similar efforts throughout the country and worldwide. The organization helped aspiring entrepreneurs assess their skills, interests, experiences, financial resources, and family and collateral supports. People received help to develop a business plan, obtain start-up funds, acquire equipment, access training needs, and market their products or services. The InCube strategy tightly linked business development assistance to peer and self-help supports to help people balance and strengthen both their recovery and their self-employment priorities. While InCube has reduced its services in recent years, its founder remains active in both national and international forums promoting the possibilities and best practices of supported self-employment and inspiring consumers to take charge of their own economic futures through entrepreneurship.

In rural locations, where both employers and jobs may be scarce, self-employment may be a viable work option where few large employers exist.[36] However, vocational rehabilitation (VR) support for self-employment varies throughout the country. In 1988, for example, only 2.6% of all successful VR case closures were to self-employment. A more recent study suggests that the variation across state VR policies is one reason for low utilization of the self-employment option.[37] However, with the 1998 amendments to the Vocational Rehabilitation Act that reaffirm the value of self-employment as a viable employment goal, this trend may begin to change.

While no single approach to supported self-employment exists, currently successful methods and their implementation have been described, including those related to helping people own equipment, computers, etc., needed to start and operate their business.[38] In addition, rehabilitation staff must acquire new skills and assess their own personality traits in order to help people with disabilities achieve success as small business owners.[39]

A Range of Employment Options

Established in 1967, Project Renewal is a New York City-based not-for-profit organization serving 11,000 homeless men and women with substance abuse and/or mental illnesses each year. The program provides extensive street outreach, crisis, transitional and permanent housing, and a variety of employment services to meet the diverse skills, experience, and expectations of its clientele.

Rather than using a single approach to employment, Project Renewal offers rapid competitive job placement with long-term follow-along services (based on the IPS program model), as well as various educational and in-house employment services. Consumers also have access to training in "life skills" and literacy and math skills, which are necessary for getting and advancing in employment. Specific job-skills training is provided in a number of in-house social enterprises. Imprints, an in-house commercial printing business, helps people to develop self-confidence and job skills through employment. The Culinary Arts Training Program offers an intensive six-month training program in commercial food preparation that has graduated 40 people since its inception in 1995 with an 85% placement rate. Renewal Farm and Comfort Foods catering services provide job skills training opportunities for approximately 25 homeless men per year. Fundamental to each employment option is Project Renewal's commitment to providing after-care services as long as needed to help people strengthen the skills required to sustain their jobs, housing, and mental health recovery.

A Note about Supported Education

Mental illness often manifests itself in late adolescence and early adulthood, critical years when important decisions concerning education and careers are made. People whose jobs and career development have been interrupted by serious mental illnesses must have opportunities to regain exposure and experience in the world of work. Similarly, people whose education is interrupted must obtain assistance to reconnect and continue with their educational development.[40]

Through supported education, people receive help to define their educational objectives, such as getting their high school GED or a post-secondary degree. Support and assistance for education can be provided in a number of ways. For example, some programs use on-site support in which people receive individual counseling, college placement, and support from an educational coach who provides ongoing assistance both on- and off-campus. Other programs utilize a mobile team similar to the on-site model except that services are provided at more than one post-secondary site by a mobile team, usually from the community mental health center. Another strategy is to provide remedial education and educational readiness services in on-campus, self-contained classrooms to ease the re-entry into the college mainstream.

Two Federal statutes—the Individuals with Disabilities Education Act (IDEA) and the Carl D. Perkins Education Applied Technology Education Act—have language addressing the coordination of vocational and educational planning for people with disabilities. Educational institutions maintain an Office of Disabled Student Services (ODSS) which handles issues related to accommodations under the Americans with Disabilities Act (ADA) and can be a valuable partner in a supported education program. ODSS often has contact information for mental health treatment services, as well as for counseling services to help with adjusting to college life. These offices also work with academic staff to raise awareness about disabilities and provide support and accommodations to help students meet classroom requirements.

Support needs of consumers re-entering school can be similar to those for people acclimating to a competitive work environment. That is, consumers may have greater difficulty managing and negotiating the interpersonal relationships at school than they do in meeting their class requirements. Helping people accept praise and criticism, attend to tasks, work with classmates and instructors, and identify and acquire natural supports, are often critical skills needed for success. Mainstream public and private sources, as well as state departments of vocational rehabilitation, can provide tuition assistance, and mental health departments often support case management and educational counseling. The challenge is to coordinate all the funds needed to pay tuition, provide support while in school, ensure a safe, affordable place to stay and study, and offer ongoing support as needed.

Barriers to supported education, in many respects, are similar to those for supported employment. The stigma associated with mental illness, the side-effects of medication that affect concentration and functioning, poor support systems, the need to manage a job and one's recovery process, in addition to school demands, are among the barriers faced by consumers. Since many people were in school or about to enter school when their mental illness began, there may be the corresponding fear and lack of confidence in resuming a path that may be associated with the onset of the illness. Still, supported education may be an essential element to address for many consumers who are attempting to achieve their employment goals.

Chapter Summary

During the past two decades, a number of best practices have been developed to increase employment success for people with serious mental illness. While particular approaches may differ, the essential and common elements include a focus on helping people meet their stated goals for employment and/or education, and providing the ongoing support to grow and sustain their efforts. Individuals may require different services at different times, with varying levels of intensity. Whether a person participates in employment goal-setting, rapid job placement, or addresses worker role recovery through return to school, the right to choose and participate in planning one's own employment future must be respected and nourished. It is recommended that this person-centered and recovery-focused approach be the foundation for whatever type of employment service is developed and offered.

Chapter 3 Notes

[1] This Chapter contains material adapted from: Shaheen, G., Bianco, C., and Falco, A. "Employing people with mental illness who are homeless: Surveying the field." Paper prepared for the CMHS Sponsored Employment and Vocational Rehabilitation for Homeless People with Serious Mental Illnesses Workshop, Washington, DC, September 1999; and Bianco, C. and Shaheen, G. *Employing Homeless People with Mental Illness: Principles, Practices and Possibilities*. Unpublished draft prepared for the CMHS PATH Program. Albany, NY: Advocates for Human Potential, July 1999.

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Chapter Four

The Impact of Homelessness on People with Serious Mental Illnesses who Are Seeking Employment[1]

Addressing homelessness requires more than securing housing and access to treatment. Employment often becomes a priority for individuals once they are housed. Yet, many housing and other service programs are not equipped to address the need for job training and assistance. Moreover, vocational approaches developed for individuals in the mental health service system often are insufficient to address the specific needs of people who are both homeless and have serious mental illnesses.

The same factors that place people with mental illnesses at increased risk for homelessness are challenges to employment as well.[2] The lack of safe, affordable housing for individuals with mental illnesses, income levels that are below the Federal poverty level, and fragmented and under-funded service systems that often do not provide the full array of needed community supports, all make successful employment more difficult. In addition, despite statutes protecting the rights of people with disabilities, the effects of stigma and discrimination make it difficult for people with mental illnesses to find housing and jobs, maintain social networks, and gain acceptance in their communities. People with serious mental illnesses who become homeless also are less likely to have contact with family members and, therefore, lack this essential resource for support. Finally, problems related to untreated mental symptoms and/or drug and alcohol abuse make it difficult to maintain stable housing and employment.

Stand-alone services that fail to take these factors into account will not be able to prevent homelessness and break the cycle of unemployment for people who have serious mental illnesses. This chapter

addresses personal, program, and system-level challenges to employment for people who are homeless and also have serious mental illnesses.

Personal-Level Challenges

People who are homeless and have serious mental illnesses often face major obstacles to employment. Table 4.1 provides an overview of some of the factors related to homelessness and mental illness that affect employment and potential service strategies for addressing these issues.

These and other barriers to employment in many cases can be addressed through the key program elements identified in Chapter 5, as well as through some of the strategies noted here.

It also is important to remember that in addition to barriers, people with serious mental illnesses, especially those who have been homeless, have significant strengths on which providers and employers can build (see Figure 2.1 in Chapter Two). Individuals who have negotiated life on the streets and the mental health system have resiliency, strength, patience, courage, and humility. They can tolerate anxiety, negotiate systems, and adapt to adverse conditions. Some of their skills can transfer directly to the workplace, while others will help them handle the significant changes inherent in worker role recovery.

Meeting Personal Needs

LAMP, Inc., established in 1985 in the Skid Row District of Los Angeles, California, provides social, vocational, and supportive housing services to more than 1,800 adults who have been homeless and are diagnosed with serious mental illnesses. The majority are single, African-American adults, 80% of whom have substance abuse issues and are either currently using drugs of abuse or are in recovery. Frequently, these individuals also are living with HIV/AIDS, or have criminal histories. LAMP's emphasis is on building a sense of intentional community among guests by providing resources and a safe, accessible environment. Among the array of services LAMP provides are: on-the-job training in LAMP businesses; supportive counseling and job coaching; self-help groups; benefits management; a drop-in center; an emergency shelter; and transitional and permanent supportive housing. Mental health services are provided by partnerships with other community-based agencies.

LAMP has made a commitment to hiring guests/graduates of its programs to work within the agency, and approximately one-third of staff are prior guests of LAMP. Under the auspices of "Village Industry," LAMP operates a cluster of small businesses in the Skid Row neighborhood. These include LAMP Linen Services, LAMP Public Laundromat, and LAMP Public Toilets & Showers. In addition to providing much-needed services for members of the community, these businesses produce income for LAMP programs and offer a source of job training and entry-level employment for guests. Screening for work in one of the businesses involves an assessment of the individual's motivation to work and willingness to perform the necessary tasks. Assessment is ongoing, and success is measured by the individual's ability to experience change and contribute to the lives of other community members.

Table 4.1 Addressing Personal Challenges to Employment

Challenge	Impact Upon Work	Service Strategy
Lack of permanent address and telephone number, lack of bathing and laundry facilities	Potential employers or employment specialists cannot contact the applicant. Applicant prefers not to leave shelter phone number with the employer. Personal hygiene more difficult.	Establish community voice mailboxes. Establish times when applicant can pick up messages or make calls from the program site. Offer showers and laundry services in shelters or local drop-in programs.
Lack of personal documentation	Without identification, social security number, or birth certificate, employers cannot hire.	Case management and advocacy services to acquire the personal documentation needed.
Poor self-esteem, confidence	Reluctance or fear of trying employment.	Vocational counseling, providing work at the shelter or residence with job coaching services that endorse successes, no matter how small.
Undeveloped vocational goals	"Impulse shopping for jobs," unclear knowledge of personal skills relevant to available jobs.	Use involvement in part-time, transitional, or volunteer work to develop/reinforce goals.
Skills mismatch	Skills needed for survival on the streets not necessarily those needed for work.	Skills identification and sorting to assess skills needed for success at a particular job.
Mobility	The "hook," or possibility of employment is not discussed prior to the individual's departure from the shelter. Once employed, the person breaks contact with the employment specialist.	Introduce the possibility of work at the earliest possible contact. Respond to consumers' expressed desire to work with rapid placement and follow-along. Arrange times and places to meet away from the employment office.
Functional illiteracy and educational deficits	Individual cannot meet basic hiring requirements.	Include both formal (GED, classroom) and informal (on-the-job), educational (reading, math, etc.) opportunities as part of the employment service package.
Functional disabilities caused by psychiatric symptoms or other physical health conditions	Individual cannot meet the physical or cognitive demands of work or manage work-related inter-personal relationships, including those with supervisor.	Ensure access to integrated treatment and rehabilitation that includes medications, mental health counseling and support services, and case management. Cognitive remediation services and physical therapy may also be needed.
Alcohol or drug dependency	Alcohol/drug use violates drug-free workplace rules, increases absences from work, impairs physical and cognitive functioning, and increases the likelihood of criminal charges, errors or injury on the job. Provides just cause for termination from employment.	Ensure access to alcohol/drug treatment, recovery/motivation support groups and peer and family support networks. Include case management support as part of an integrated planning strategy that addresses an individual's needs at various stages of recovery.
Criminal justice system involvement	Criminal record can exclude eligibility for some jobs and questions regarding past criminal involvement in the hiring process are not precluded under the ADA.	Vocational case management that builds motivation for change, addresses worker role recovery, and focuses on acquiring or retaining work to rebuild an acceptable work history. Enrollment in job training or educational programs that provide credentials which employers need and indicate the person's motivation to succeed.
Fear of losing entitlements	Decision not to work, or to limit hours worked per week, or reluctance to accept wage increases for fear of losing entitlements.	Work incentives benefits management counseling on an ongoing basis. Utilize/advocate for options that ensure retention of health care benefits.

To help people at risk for homelessness overcome barriers, recognize their strengths, and become successfully employed, employment services must be offered as part of a larger set of services that address the housing and support needs of individuals with serious mental illnesses. This "three-legged stool" approach suggests that agencies focus on three critical elements to maximize the well-being of consumers and reduce their risk of recurrent homelessness:[3]

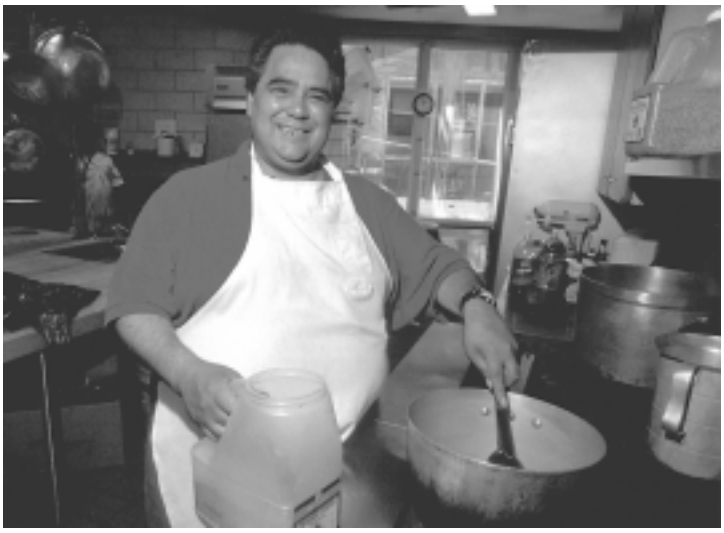
- **Housing** that is safe and affordable, consistent with individual preferences, and with support services as needed;
- **Coordinated and integrated mental health/substance abuse treatment and other support services** that are based on consumer needs and preferences, and are recovery and outcome-focused; and
- **Growth-oriented jobs** that are consistent with consumer goals, growth-oriented, and provided in integrated community settings, with other support services, including ongoing job support, as needed.

Substance abuse deserves special mention because it is a common barrier to employment for people regardless of whether or not they also have serious mental illnesses. It can have a negative impact on job performance, timeliness, and attendance. The stigma of co-occurring mental and substance abuse disorders also is a powerful barrier to employment. It is present not only in the way society views people with co-occurring disorders, but also in the negative views an individual may have about his or her place in the workforce and as a member of society.[4]

Linking Housing, Supports and Jobs

Founded in 1979, Rehabilitation Support Services, Inc. (RSS) operates supervised and supported housing programs for 800 people in 10 counties of New York State. It also operates 16 affirmative businesses that provide training and jobs for people with serious mental illnesses. These include a bakery, two construction companies, a movie theatre, and a bagel shop. While most of the agency's housing and employment programs serve people with recent histories of homelessness, the COACH program was designed specifically for this population. Funded by HUD's Supportive Housing Program since 1996, the program provides 16 units of supported housing, case management, and employment services to people with mental illness coming from shelters or the streets.

COACH has been successful because it links a home, a job, and support services. This tends to strengthen and support individual motivation to work and helps people to see the immediate benefits of work: having a home. The COACH participant is the leaseholder on a supported apartment. Criteria for success include working at least 10 hours per week and meeting treatment and rehabilitation goals. If a person cannot work 10 hours per week, school or volunteer work can be substituted. Most COACH participants get jobs in one of the agency's affirmative businesses, primarily either Teamwork Remodelers or the Pie-in-the-Sky Bakery. Having the ability to respond rapidly to a person's desire to work by providing a job in an agency-owned business provides opportunities to develop work readiness and skills in real work situations.



Employment programs must be designed with recognition and consideration that ongoing treatment for both mental and substance use disorders is an essential component of any program serving individuals with mental illnesses who are, or have been, homeless. In addition to ensuring ongoing treatment and support for substance abuse, employment programs should incorporate early assessment so behaviors associated with substance abuse that create obstacles to sustained employment can be addressed. Because employment may contribute to sobriety for some individuals, sobriety should not be a necessary prerequisite to receive employment services.

Program and Services Provider-Level Challenges

Consumers may encounter a number of service provider level barriers to employment. Table 4.2 highlights some of these program-level challenges. When creating employment programs, providers should begin by taking an inventory to determine their own readiness and capacity to make employment an organizational priority. Agencies may begin by assessing the staff's ability to challenge traditional concepts of work readiness for its clientele, and identifying and acquiring the resources and technical assistance to help them firmly establish and sustain vocational programs. This may require a fundamental shift in agency priorities.

Agencies also must develop clear and reasonable expectations for both staff and clients about the services offered and the people they are able to help. If an agency cannot "keep the promise" it makes to its clients, both staff and client morale will suffer. Individuals with serious mental illnesses, especially those who also have been homeless, have suffered numerous setbacks and losses. An agency must ensure a good fit between the services it offers, and the clients it accepts, if participants are going to experience the success that is so critical to their recovery.

Table 4.2 Addressing Program-Level Challenges

Challenge	Impact Upon Work	Strategy
Lack of knowledge and experience	Unclear goals, expectations, funding sources, strategies to use to meet the employment needs of their constituency.	Build awareness through training, visits to other programs, program development consultations.
Staff "paradigm paralysis"	Generally held belief among staff that consumers are too disabled to work, work is too stressful, and lack of prior success impedes future success.	Develop new assessment tools that provide a wider measure of inherent skills and competencies, incorporate consumers who achieved work success as trainers.
Stringent readiness prerequisites	Assessments screen out rather than include, requirements that people are abstinent or symptom-free conflict with consumers' wish to work.	"Meet the person where they are" with jobs that they can do safely and wish to do, with case management support. Replace preoccupation with the disability with a new purpose and build motivation for treatment and advanced employment.
Failure to acknowledge cultural and ethnic needs	Employment services conflict with the consumers' cultural orientation.	Include culturally competent, multi-lingual staff (including consumer staff) on the team. Familiarize families with services, provide staff cultural sensitivity training, review and adapt program outcomes to meet individual needs.
Milestone disparity	Success (and funding) is determined by achieving outcomes that fail to endorse small steps and successes.	Adopt milestone-based outcome system that included flexibility, rapid re-placement, and short-term goal attainment.
Compartmentalization	Employment seen as the responsibility of the vocational staff only.	Adopt a "jobs are everybody's business" approach that includes roles for housing staff, facility support staff, treatment staff, etc., to contribute to the employment process.
Funding inadequacy or fragmentation	Funding sources serve "one slice" of the population with different requirements, funding is short-term, out of step with consumer need.	Cast a "wide funding net", utilizing HUD, MH, VR, Substance Abuse, earned business revenue, DOL, and private sources with strategic planning process that covers all of the needs.
Lack of coordination between employment services, case management, and treatment services	Clash of priorities viewed from different staff perspectives, broken links between work and non-work issues and services.	Adopt an integrated team approach to coordinate the full range of work and non-work services to meet consumers' comprehensive needs.
"Keeping the promise"	Lack of success for clients promised more than staff can deliver affects both client and staff morale.	Specify clearly what the program can and can't provide; be realistic and deliver what you promise to those you accept in the program.

The Corporation for Supportive Housing was established in 1991 to support the individual efforts of local nonprofit pioneers developing service-supported housing for those most in need: people coping with homelessness and extreme poverty, as well as chronic health conditions such as mental illness, addiction, or HIV/AIDS. They have identified three strategies to help develop effective employment programs: (1) establish employment goals as integral to the agency's mission; (2) make significant internal changes; and (3) integrate those changes into the existing system of agency services.[5] To make work a priority, agencies can:

- **Build collaborations.** Housing, employment, treatment, and support service providers need to develop linkages with one another. Mental health and homeless services providers can work as members of neighborhood-based initiatives to identify people in their communities who need jobs and housing, and to find ways to increase their access to those services. Working with Business Improvement Districts and police departments may be another way to link agency-sponsored jobs with outreach and jail diversion programs. Another way providers and mental health authorities can promote and develop comprehensive, wrap-around services that link work with economic security and health insurance for their constituents, is to encourage collaborations among state vocational rehabilitation, Medicaid authorities, and the Social Security Administration.

- **Avoid over-reliance on formal settings and approaches.** People who have been homeless often are resistant and distrustful of office-based services. Providing employment services in more informal settings can be a critical program modification. For example, meeting at a restaurant or a park instead of at the office to discuss work options, is just one of the many ways staff can help diminish the consumer's fear and increase trust.

- **Utilize non-traditional approaches.** When is the possibility of work an option? Where should employment services be delivered? What staff is responsible for employment programs? Challenging traditional assumptions in each of these areas can result in the creativity and flexibility needed to adopt effective employment strategies. For some, it may mean that people are engaged in some form of work—even for an hour or two—shortly after street engagement. For others, it may mean that housing staff are trained in employment assessment and supervision of job crews. Committing to work as an agency priority means jobs are the business of everyone.

- **Think creatively about funding.** Agencies sometimes need to blend funds from multiple sources to support employment programs. State and local mental health and alcohol/substance abuse agencies often include employment as one of their priority funding areas. HUD Supportive Housing funds, as approved and submitted through the local continuum of care process, may be another source for employment services funding. Investment by businesses and consortiums of businesses, including Business Improvement Districts, can be matched with other dollars to support employment services, specifically work crews and small businesses. State VR funds may help pay for situational assessments, on-the-job training, job coaches, and, in many cases, assist those interested in self-employment. HUD Community Development Block Grants (CDBG), usually administered through municipalities and often used for economic and business development, can be another funding source for small business start-ups. Public housing authorities with access to HUD funds for housing development also can seek service dollars to increase self-sufficiency among tenants. Private foundations that support self-sufficiency for people with disabilities can be identified using online or published foundation directories. Foundations may be a good source of support for vehicles, equipment, and other program costs.

- **Hire consumers in staff positions.** Consumer perspectives are invaluable in developing employment services. As staff members with responsibility for developing and/or evaluating programs, they can help determine the relevance of proposed services. In addition, they can articulate the benefits of employment, how they addressed their own feelings of learned helplessness and disillusionment, and what staff supports were important to them.

Making Work A Priority

The Corporation for Supportive Housing's "Next Step Jobs initiative"[6] made employment a high priority for their nonprofit supportive housing providers nationwide. Each housing provider established employment services to engage tenants—approximately 65% of whom had histories of homelessness—in job opportunities through a "standing offer of employment" in businesses located within their housing or sponsored by the housing providers. Strategies used by providers to enhance work-related opportunities included:

- **Establishing activities and dedicating on-site staff to help residents develop skills, find jobs, and remain employed.**
- **Connecting residents of supportive housing with off-site employment and training services.**
- **Hiring residents, either as staff or paid trainees, within the housing program, the sponsoring organization, or the broader supportive housing industry.**
- **Developing relationships with employers, and encouraging them to hire supportive housing tenants.**
- **Creating and expanding businesses that train and hire disadvantaged people, including supportive housing tenants.**

An assessment tool helped supportive housing providers initiate and implement employment programs. This tool identified the "critical ingredients" for successful employment programs. By embedding employment services within housing programs, employment specialists have had unlimited opportunities to reach out and engage individuals. Most importantly, the project demonstrated the benefits of creating a culture and climate that supports work as a priority in residential settings.

Addressing Challenges In Service Systems

Individuals who are homeless and have mental illnesses face numerous service system barriers to employment; they often receive mixed or conflicting messages. For example, when seeking public assistance, they must portray themselves as needy and unable to live without assistance. Yet, when applying for work, they must portray themselves as motivated, skillful, and self-reliant. Role ambiguity is just one system-related barrier that consumers face when seeking employment. Other common service system barriers to employment and suggested ways to address them are found in Table 4.3.

Table 4.3 Addressing Service System Challenges

Challenge	Impact Upon Work	Strategy
Services fragmentation	Multiple funding sources, priorities, roles, reporting requirements, and regulations increase ambiguity and create overlaps and gaps in employment services for consumers.	■ Utilize HUD Continuum of Care process to integrate work in the community for homeless people. ■ Advocate for agreements between State VR, Mental Health, and Substance Abuse agencies for blended funding.
Welfare-to-Work changes fail to meet the needs of people with persistent, multiple barriers including homelessness, mental illness, and substance abuse	Inability to meet stringent work requirements for those without disability exemptions results in sanctions/loss of benefits. Emerging Ticket to Work plans reward providers who move customers into employment and off benefits. People with chronic recurrent needs may not be well served.	■ Homeless services agencies should advocate for representation on Workforce Investment Boards and solicit contracts for employment services for their constituencies. ■ Develop vendorship with State VR, contracts with Departments of Social Services and Labor for hard-to-serve individuals.
Stigma	Results in fear and misconceptions regarding the nature of mental illness. Leads to wrong assumptions regarding their capabilities to perform work, limits job opportunities.	■ Develop Business Advisory Councils whose members provide written endorsements of the employment program, and advocacy and public information programs. ■ Familiarize staff and community members with ADA provisions. ■ Develop educational programs for businesses on the benefits of hiring underutilized workers.
Lack of provider agency coordination and collaboration.	Shelters, housing providers, crisis services, and employment service providers have differing views regarding employment, resulting in fragmented services and mixed messages to the consumer.	■ Engage shelters, housing providers, and employment services providers in a strategies planning process that offers consumers work with agencies that receive funding and technical assistance support.

Chapter Summary

People with serious mental illnesses who also are homeless face numerous challenges to achieving employment success, including the personal barriers resulting from the consequences of mental illness and/or co-occurring substance use disorders, and recurrent homelessness. Added to these barriers are program structures that may not address their needs, service system fragmentation, and societal factors such as stigma and discrimination. Breaking these barriers requires recognition of the various and often interconnected individual, organizational, and environmental factors that may impede employment.

Chapter 4 Notes

[1] This Chapter contains material adapted from: White, A., and Wagner, S. "Effective strategies: Employment for homeless people with serious mental illness" and Shaheen, G., Bianco, C., Falco, A. "Employing people with mental illness who are homeless: Surveying the field." Papers prepared for the CMHS Sponsored Employment and Vocational Rehabilitation for Homeless People with Serious Mental Illnesses Workshop, Washington, DC, September 1999; and Bianco, C., and Shaheen, G. *Employing Homeless People with Mental Illness: Principles, Practices and Possibilities*. Unpublished draft prepared for the CMHS PATH Program. Albany, NY: Advocates for Human Potential, July 1999.

[2] Lezak, A.D., and Edgar, E. *Preventing Homelessness Among People with Serious Mental Illness: A Guide for States*. Rockville, MD: Center for Mental Health Services, 1998.

[3] Whiting, B. *Employing the Formerly Homeless: Adding Employment to the Mix of Housing and Services*. New York, NY: Corporation for Supportive Housing, 1994.

[4] Ludet, A.B., Magura, S., Vogel, H., and Knight, E. Recovery challenges among dually diagnosed individuals. *Journal of Substance Abuse Treatment*, 18: 321-329, 2000.
[5] Corporation for Supportive Housing. *Work in Progress: An Interim Report of the Next Step: Jobs Initiative*. New York, NY: Corporation for Supportive Housing, 1997.
[6] Rog, D., Holupka, C.S., Brito, M.C., et al. *Next Steps: Jobs Second Evaluation/Documentation Report*. Washington, DC: Vanderbilt Institute for Public Policy Studies, Center for Mental Health Policy, 1998.

Chapter Five

Helping People who are Homeless and Have Serious Mental Illnesses Obtain Work[1]

The employment needs of people who are homeless and have serious mental illnesses cannot be met with a "one size fits all" approach. Often, to provide the array of services needed, approaches must be offered in combination. Providers need to be flexible, creative, and innovative in program design and delivery.

Many programs throughout the country are successfully addressing the housing, treatment, employment, and support needs of consumers who are homeless. In doing so, these programs embody the elements essential to help people with mental illnesses attain employment, including: integrating services, responding to individual preferences regarding employment, adapting employment service approaches to address the impact of homelessness, and managing the workplace support needs of people with mental illnesses who are, or have been, homeless. In this way, recovery from mental illnesses and addictions are supported as part of a larger strategy that cares for the whole person.

Underlying Principles

As described in previous chapters, employment programs that work with people who are, or who have recently been, homeless share a set of underlying principles, summarized in Table 5.1.

Table 5.1 Key Ingredients of Employment Programs for People with Mental Illnesses Who Have Been Homeless

Key Ingredients	
Underlying Principles	**Key Services and Supports**
✓ Listen to consumers	✓ Employment outreach
✓ Allow for the process of recovery	✓ Managing the transition to work
✓ Challenge traditional concepts of readiness	✓ Goal Setting
✓ Provide ongoing assessment	✓ Employment assessment
✓ Offer work in-hours	✓ Employment counseling and planning
✓ Address non-work issues	✓ Work readiness development
✓ Develop clear and reasonable goals	✓ Work experience
✓ Employ flexible outcomes	✓ Occupational skills training
✓ Redefine failure	✓ Job development and placement
✓ Integrate employment with case management and other supports	✓ Benefits management and advocacy
	✓ Creating employment opportunities
	✓ Developing new partnerships
	✓ Ongoing job support
	✓ Employment accommodations

Listen to Consumers

Employment programs are more successful when participants' interests are accommodated. While meeting individual preferences may not always be possible, consumers appreciate staff who offer employment services and opportunities consistent with the consumers' expressed short- or long-term goals. This can be as simple as listening carefully and responding directly to what consumers say, or as formalized as involving participants in program design, delivery, and evaluation. The well-known tenet of the self-help movement, "nothing about us without us," is a good guideline to observe.

Allow for the Process of Recovery

Employment programs designed for short-term interventions are not equipped to respond to the long-term and relapsing nature of many mental and addictive disorders. In general, they fail to recognize that change occurs gradually over time. Recurrence of symptoms or behaviors related to an individual's mental or substance use disorder should be acknowledged as part of the normal course of events; employment services should be flexible and adjusted accordingly.

Challenge Traditional Concepts of Readiness

Vocational training and rehabilitation programs typically exclude individuals exhibiting active symptoms of mental illness, difficult behaviors, and/or substance abuse because they do not meet "readiness" criteria for program participation. Yet, offering job options can provide motivation to address recovery in other areas of a person's life, even if that person has not indicated an interest in work on program entry.[2] The key is to strike a balance between requiring total abstinence or freedom from symptoms, and tolerating some substance use-related behaviors or symptoms of mental illness on the job. This can be done by widening readiness prerequisites without ignoring health and safety considerations.

Provide Ongoing Assessment

The Voice of Experience

"I am a former recipient of SSI/SSDI for a psychiatric disability. I transitioned off disability into full-time employment two times, most recently in 1998. My last period of disability lasted more than seven years, with periods of homelessness and substance abuse. I was seeing a psychiatrist regularly, but I had little hope of improving the quality of my life. I lived in shelters, welfare hotels, or with boyfriends. Luckily, I ended up in a transitional living community run by CUCS [Center for Urban Community Services in New York City] for women who are homeless and have mental illnesses, and I was placed in the Times Square SRO [single-room-occupancy residence].

"Living in supported housing offered me the combination of independence and support (when needed) that enabled me to focus on recovery rather than survival. When I first moved in, I started attending a MICA [mental illness/chemical abuse] day treatment program to give me something to do during the day and to help me adjust to my new environment. The thought of employment seemed far-fetched and out of the question. My mind was changed by seeing other tenants working at various jobs within the building. I thought to myself, "I can do that." I had seen flyers posted within the building and in the residence newsletter announcing the existence of the Times Square Jobs Program. One day I was brave enough to check it out.

"There were so many barriers I had to overcome during my transition to work. Fear of losing benefits was by far the most daunting, so knowledge about the policies of SSI/SSDI and Medicaid was crucial. Case management on entitlements where I could discuss the risks and my readiness would have been helpful, since the stress of handling these benefits oftentimes was greater than learning my new job and getting used to being at work."

Extensive readiness prerequisites can dampen motivation and discourage people eager to resume or begin work. While assessment of skills, aptitudes, and interests are valuable, they should be viewed as tools available, not only during the pre-employment process, but after a person has obtained a job. In fact, they may be most accurate in evaluating job skills and assisting in job goal development when a person is in a work experience that provides a real-time context for vocational growth.

Offer Work In-house

Offering options for work in jobs that the agency "owns" or controls is an effective means of responding to consumers' interests in rapid job entry. It provides the opportunity to assess job preferences and motivation, to regain exposure and experience in the world of work, and to develop a plan for job and career growth. Nevertheless, the goal and primary focus should be on competitive employment in integrated settings whenever possible.

Address Non-work Issues

Job success includes the ability to manage personal interactions in the workplace as well as the ability to perform work tasks. Gaining the support of co-workers can be critical to enable an individual to navigate the culture of the workplace. In addition, a person's life outside work often may "travel to work" with the employee, affecting job performance or attendance. Learning how to manage these issues and to use natural supports, such as the assistance of co-workers, is essential to helping people with mental illnesses retain employment.

Develop Clear and Reasonable Goals

Participants must be clear from the beginning about the services offered by the employment program, the possibilities and resources available, and the requirements for program participation. Skills and interests should be assessed at intake to ensure a match between applicant needs and expectations, and program services. Program goals should be achievable and appropriate for consumers served by the program. Staff must be clear about where they "fit" in the process of meeting program goals, and must have the skills and knowledge to successfully carry out their roles. Staff also must have expectations that participants can and will achieve their goals and be able to convey these expectations to participants.

Employ Flexible Outcomes

Commonly, employment programs are evaluated based on the number of people who achieve and retain full-time gainful employment. While a desirable goal, the path for people with serious mental illnesses with histories of homelessness may or may not lead to this outcome. When it does, the length of time to achieve this goal can vary. Individual employment paths usually include intermediate outcomes such as working part-time, increasing hourly wages, total income or the number of hours worked, or retaining a position over time. Where possible, providers should establish benchmarks that capture these important milestones and allow longer timeframes for success. For individuals who do not have full-time, competitive employment as their goal, providers need to recognize that alternatives, such as part-time work, can represent success for those consumers.

Redefine Failure

Despite thorough assessments and supports, individuals with serious mental illnesses may have setbacks, experience problems in the workplace, and sometimes lose jobs. Staff should prepare participants for these possibilities and explain that it is normal for most people to have some problems at work and occasionally to lose a job. By encouraging individuals to use the experience as a learning opportunity, staff can help participants determine what went wrong and how to better manage the situation in the future.

Integrate Employment with Case Management and Other Supports

Many employment programs offer other services through different programs within their organizations. While the specific services vary, coordination and integration across programs is critical to successful outcomes. In particular, if case management services are offered, employment goals should be integrated into the service or treatment plan. Case managers should be aware of a person's involvement in work and integrate that into the plan for obtaining or retaining housing, treatment, or other support. Case managers can be especially helpful in the critical transition period immediately after an individual first becomes employed, a period during which he or she may need considerable ongoing support. Also, the case manager may be in a good position to see how a person deals with non-work issues that may provide insight into strengths and weaknesses in an employment setting. For example, difficulty being on time may lend itself to training and reinforcement across a number of life activities, including work. Integration across programs can be achieved through regular interdisciplinary/departmental meetings, through coordination of documentation procedures, and through interdepartmental staff collaboration.

Key Services and Supports

In addition to working from a set of underlying principles, employment programs for individuals with serious mental illnesses who also are, or have been, homeless, offer a range of flexible, individualized services. Based on a review of the literature and conversations with others in the field of employment services for homeless people, these key services and supports are described in Table 5.1.

Employment Outreach

Offering vocational services in shelters, soup kitchens, or even as part of mobile outreach, can help people who are homeless and who have serious mental illnesses explore the possibility of rehabilitation and employment. The message at this stage is clear and simple, "If you believe you can work, we can help you get a job that works for you." However, agencies must be able to deliver on this promise. The importance of meeting individuals on their own turf cannot be overstated. This is widely accepted and practiced within the homeless services field; however it is less common for vocational rehabilitation to be part of the outreach process. It is also uncommon for mainstream vocational programs to offer services in places where homeless people are most often found.

A prerequisite for success is active collaboration with homeless shelters and soup kitchens, other homeless housing and service providers, peer outreach specialists, and welfare and social service staff. This is a slow process that works to build trust and credibility, and to overcome initial resistance and skepticism on the part of both recipients and professionals. One way to gain credibility is to hold meetings and orientation sessions at shelters rather than at the community mental health center or vocational program. In addition, the employment specialist should become a familiar face to the staff of homeless shelters and street-outreach programs. In this way, they may be seen as a resource when issues involving employment are raised, and as helpful in finding ways to engage those motivated by the possibility of work.

Linking Life Skills and Employment Skills Development

Building Opportunities for Self-Sufficiency, Inc. (BOSS), was founded in 1971, is the largest provider of SRO housing and homeless services in Alameda County, California. Its services link employment and education/living skills as part of a comprehensive package. It has developed an adult education center; social enterprises that include businesses providing light construction and window/door replacement; programs that help people choose, get, and keep jobs; and a HUD-funded Regional Employment Initiative with partners Rubicon and Juma Business Ventures that have resulted in the creation of over 95 new jobs for people with mental illness.

During the earliest stages of employment readiness, people get help in all skill areas (e.g., life, job, treatment stability, housing retention). Other pre-employment services address physical readiness for work, including classes to build physical strength, dexterity, and balance; socialization skills; and vocational interests through job club and vocational exploration groups. Concurrent with involvement in employment services, BOSS can help people set up savings accounts for home ownership, business development, and education. The overall objective is to link housing, case management, and work, so individuals can successfully re-integrate into their community.

Managing the Transition to Work

The transition in role from "consumer" or "homeless person" to "worker" is significant. Assistance in managing this transition is usually critical, particularly for those who have experienced repeated failure. Staff can help by understanding the work histories of individual participants, the meaning of work in their lives, and concerns about fulfilling the new role. Discussions about participant expectations and concerns, help in identifying achievable goals, and developing a career plan are important in facilitating the transition.

Goal Setting

Goal setting helps the consumer and practitioner examine the need for, and commitment to, change, and what it will take to achieve success and sustained employment. Goal setting has two main elements:

- Establishing personal insight into what jobs may be preferred and possible, why the jobs are important to the individual, where those jobs are located, and when the job acquisition process will begin; and
- Developing a plan to acquire the job-related skills and aptitudes to achieve and succeed at a chosen job.

Making the Transition to Work

Project Light is an interfaith volunteer caregiver program, established in 1998 in Wichita, Kansas, as a service of the First Metropolitan Community Church. Project Light identifies and links community volunteers from 10 congregations to work one-on-one with formerly homeless individuals. The mission of Project Light is to provide vocational, educational, and social support for people living with mental illnesses who recently have been homeless. The program's primary goals are: to make a positive difference in the lives of homeless people with mental illnesses; to help them return to work or school, thereby breaking the cycle of chronic poverty and homelessness; and help eliminate the stigma and public bias toward people who are homeless.

Project Light provides social support and assurance to build the self-esteem and confidence necessary for individuals to obtain and sustain jobs. Volunteers receive a three-hour training on stigma, mental illness, homelessness, helping people return to work, and lending other supports. A speaker's bureau operated by a consumer-run agency offers presentations for volunteers. Volunteers offer "soft-counseling," practice interviews and role-plays, suggestions for clothing and good personal presentation, help with job search, resume/application completion, and transportation. Literacy groups are an important component. All jobs offered to consumers are in community restaurants, grocery stores, the Botanical Gardens, or the local animal shelter.

Practitioners should resist the temptation to rush through this process and remember that goal-setting can and should be an ongoing process. The best approach is to let the needs and preferences of the consumer dictate the time frames for this process. For example, if an individual is anxious to start work but is likely to drop out of an extended planning process, help in obtaining a job as quickly as possible and ongoing assessment to enable him/her to develop long-term goals, may be an effective strategy. In contrast, another person might be nervous or reluctant to work at all, and would benefit from the time to prepare for the demands and expectations of a work environment.

Sometimes, during the goal-setting process, an individual may select an employment goal the practitioner believes is "unrealistic". Rather than trying to convince the person that the goal is unattainable, practitioners should help the individual focus on short-term steps to achieving the longer-term goal. Individuals should be free to choose, reconsider, and modify goals with the practitioner acting as navigator rather than as a captain.

Employment Assessment

For many participants, the concepts of a job path and career planning are new. Participants also may need general education about the world of work. Career planning includes an assessment of skills, interests, and work history, resulting in the development of an individualized employment plan. However, assessment services need not be limited to those provided in classroom settings. Often, the best way to assess a person's skills, work tolerance, and work adjustment ability in a mainstream work environment is through situational assessments in a real work setting. These assessments can occur during the course of transitional employment placement[3] or as part of short-term supported assessment.

Whether provided in classrooms or on the job, an essential aspect of the employment assessment is examining and understanding the individual's interests, skills, strengths, and knowledge as they pertain to a particular job. When making an assessment, program staff should pay attention to aptitudes that may not relate directly to a particular job, but that may be transferable to the work place, such as navigating the shelter or entitlements systems and managing bureaucracies. A thorough assessment should examine an individual's situation regarding:

- Adaptive capabilities (verbal, cognitive, time management, problem solving, etc.)
- Aptitudes
- Preferred learning styles
- Life and work experiences
- Occupational skills and interests
- Formal education
- Literacy and academic skills
- Hobbies and accomplishments
- Resources
- Functional capacities and limitations
- Support needs

Employment Counseling and Planning

As part of a comprehensive plan that addresses the housing, treatment, employment, and support needs, a case manager also may provide employment counseling to people who are homeless. A rehabilitation counselor may provide specialized vocational counseling.

Career plans delineate specific employment goals and the tasks required to achieve these goals, and provide participants with a clear sense of the path to work and advancement. Additionally, plans identify needed educational or skills training as well as supports that can help with maintaining employment. The plan should be assessed with participants over time and, similar to service plans, reviewed and modified on a regular basis, especially in the early stages of the job placement process. Revisiting an individual's work goals periodically helps incorporate new experiences and insights gained while working and also helps avoid the risk of failure.

Work Readiness Development

Readiness development includes all activities that help an individual to improve his/her likelihood for employment success. While work readiness services often are termed "pre-vocational," they might more aptly be called "pro-vocational", because they often are needed on an ongoing basis. Such services are critical to successful employment for people with serious mental illness and may be provided by case managers or vocational counselors depending on the structure of the program.

Unlike other pre-vocational approaches, readiness services prepare people to achieve a specific job they will want to keep that will provide them with both desired income and satisfaction. Therefore, readiness services should be available for those who are unemployed as well as for those who are dissatisfied in their current working environment. For people who are homeless, this can include individuals in

temporary, transitional, or day labor employment; or workfare positions. Readiness activities may encompass:

- Assisting with resume and job application preparation;
- Simulating job interviews;
- Learning effective communication and workplace behavior;
- Exploring the world of work;
- Supporting peer groups;
- Improving interpersonal, conflict management, and problem solving skills;
- Handling self-disclosure;
- Identifying personal skills and strengths;
- Building hope and motivation; and
- Recognizing successes and dealing with setbacks

Work Experience

Work experience means all activities, paid and unpaid, that help individuals learn more about the world of work and refine their interests and vocational goals. The best way to gain experience in competitive employment is to work in competitive jobs. However, volunteer work, mentoring/internships, temporary employment, and transitional employment also can help individuals gain experience.

Volunteer work is unpaid and performed for a community or charitable organization. Internships generally are also unpaid, although stipends or paid internships sometimes are available. It is important to be fully aware of, and compliant with, Department of Labor wage and hour standards in all situations involving unpaid internships.

Transitional employment usually lasts three to six months and is provided or arranged by a rehabilitation agency. Temporary employment includes day labor or other short-term employment for a pre-determined duration. Transitional and supported work experiences provide workers with extra support and training, and may offer opportunities for advancement. The amount of time participants need in transitional positions varies, emphasizing the need for flexibility.

Occupational Skills Training

Occupational skills training helps participants develop or upgrade their skills in a particular trade or occupation. Skills training increases the opportunity for higher paying jobs with more career potential than does entry-level, unskilled employment. In particular, the presence of skills linked to specific jobs, rather than general skills, is a better predictor of employment success. Many programs have developed a variety of ways to meet the need for skills training, including traditional training programs, supported and transitional employment opportunities, and in-house positions within their organizations.

For several reasons, skills training may be most successful after an individual has obtained recent work experience. First, many people need or want to get a job quickly, whether due to financial demands or welfare sanctions. They cannot wait to complete a training program. Second, if unemployment has been long-term, most likely the individual will need to re-establish positive work habits, social behaviors, structured learning skills, and stamina. A classroom setting, with the pressures of coursework and tests, may not be effective for someone in the early stages of re-engaging in work. Third, once individuals have experienced some vocational success and are more aware of their current abilities, interests, and potential work opportunities, they are more likely to be motivated to successfully complete occupational training.

Finally, employment can help an individual identify the specific job or field in which he or she is interested and the types of skills training needed for that position.

In many cases, the best strategy is a combination of part-time employment and part-time training after some period of successful employment has been achieved. If tuition or training subsidies are required, VR financial assistance is available for occupational education. In addition, educational institutions and trade schools often offer scholarships, some of which are funded by the Department of Labor, to provide low-cost or free training to various target groups, including individuals who were recently homeless. In addition, SSI recipients may include the cost of education related to achieving a vocational goal as part of his/her PASS plan.

In general, occupational skills training, closely linked with existing jobs in the local labor market, can help people move from entry level jobs to jobs with advancement potential. Developing relationships with various businesses and business associations in the community may be an effective means, not only to identify potential job openings, but also to understand the skills needed by employers. Establishing close working relationships with specific businesses can have numerous other advantages:

- Placements into permanent employment are much easier when a partnership exists between the training program and the employer;
- Internships allow participants to work and practice newly acquired skills while receiving training;
- Business owners and managers become familiar with the needs and potential of participants, have a realistic understanding of costs and benefits, and are prepared to offer the accommodations most frequently needed; and
- Trust and rapport increase between work-site supervisors and support services staff, such as case managers or job coaches.

Job Development and Placement

Employment and training agencies serving people who are low income and disadvantaged have emphasized job placement services as the next step after assessment and training. This is particularly true for those who may be unlikely to obtain or sustain employment on their own. Job placement assistance becomes the point at which an individual's experiences, goals, and support needs are matched, to the greatest degree possible, with the conditions and demands of the local labor market.

An effective job development and placement strategy combines knowledge of the real-life demands of business and industry with an understanding of the preferences and skills of the job applicant. A successful job developer has strong relationships with both employers and program participants. In an ideal job placement situation, the participant has been actively involved in the process of selecting and securing a job, even if a job developer or placement specialist made the initial contact with the employer. Similarly, the employer sees the intrinsic advantages of hiring this individual, and appreciates the extra support offered by the job developer.

Effective job development and placement for individuals with mental illnesses who are or have been homeless involves special attention to activities that meet their specialized needs. Such activities include job re-placement assistance, specialized case management, peer support, and education concerning the rights of disabled workers, and employer incentives.

Re-placement. Many people will need several work experiences before they find the right "fit". Job loss and the need for re-placement assistance should not be considered a failure. Instead, it should be

reinforced that most people have to try several jobs when first entering the workforce, and that each experience can contribute to understanding what it takes to be a happy and successful employee.

Specialized case management. Job development also addresses barriers to employment posed by homelessness and poverty. Many people who have been homeless have been unable to maintain their health and appearance. For example, dental care may be necessary to improve self-esteem and appearance. Job placement specialists must ensure the individual is able to meet the dress and grooming code for the workplace, and should help the individual obtain the appropriate clothing for job interviews and work.

People living in shelters may have limited access to a telephone, and some may not want to list the shelter's phone number as their own. A job developer may serve as a communication link between the prospective employer and job seeker. Alternatively, the job developer may help the individual acquire a community voice mailbox where they can receive messages. The latter option allows the individual to take more responsibility for follow-up.

Peer support. Some people prefer to obtain their own jobs while maintaining some degree of program support. Peer support may be obtained through job search workshops or "job clubs" where job seekers come together to learn and share information on job leads, interviewing techniques, networking strategies, and applications and resume development. Job clubs or support groups can add structure to the job search process, with placement specialists helping individuals according to their particular needs and challenges. Though job clubs can be a valuable way to facilitate peer support, no clear evidence has shown that they deliver better outcomes than people seeking jobs on their own.[4]

Rights, incentives, and disclosure issues. Effective job development also involves a thorough understanding of the incentives available to employers, including Work Opportunity Tax Credit and economic development-related tax credits or incentives. Job developers should be experts in these incentive programs and should help employers obtain them. As discussed in Chapter Seven, the landmark Americans with Disabilities Act of 1990 (ADA) provides extensive protection and accommodation for people with disabilities during the employment process.

The stigma associated with mental illness and homelessness often is compounded by a criminal record and/or a history of substance abuse. Participants may need counseling to make decisions about what and how much to disclose. With guidance, the individual can decide whether the benefits of on-site support from staff, along with employer accommodations, outweigh the risk of being stigmatized. Whether helping individuals understand the implications of disclosure or helping employers understand the benefits of the ADA, it is essential that employment specialists be knowledgeable about and comfortable discussing these issues directly.

A Job Development and Placement Approach

Boley Centers for Behavioral Health Care, Inc. in St. Petersburg, Florida, provides a wide array of clinical and psychosocial rehabilitation programs and services that include residential, vocational, case management, clinical treatment, and juvenile justice services. Boley's supported employment program serves many individuals with serious mental illnesses who are, or have recently been, homeless.

Through intensive outreach to shelters, a strong relationship with State of Florida Department of Vocational Rehabilitation, and referrals from Pinellas County, the supported employment program helps individuals who want to work. While individual work-readiness is variable, and work-motivation fluctuates, job coaches and follow-along staff develop and place people in jobs with local employers and help them stay employed. Of the individuals referred to the program, 80% find employment. Success is measured when an individual has been employed 150 days, is no longer in need of job coaching, and receives only follow-along services.

The agency identifies two activities as key to its success. The first is a Business Advisory Council that meets quarterly to bring together business representatives currently employing consumers. The second is a Job Keepers Club that offers monthly opportunities for employed individuals to meet and discuss job issues, problem-solving techniques, and job-finding strategies.

Benefits Management and Advocacy

Many people with serious mental illnesses have relied on public benefits for much of their adult lives. Potential changes in these arrangements can generate fear and anxiety, making them reluctant to pursue employment at all. Despite numerous advance notices and repeated discussions about how their benefits will change as they earn other income, when they receive their first decreased benefits check, some people may consider quitting their job.

It is no small wonder that both practitioners and consumers are concerned about the potential loss of benefits resulting from earning income. Perhaps more important than the loss of cash benefits is the threat of losing medical assistance, especially since many of the jobs that consumers obtain are unlikely to provide health insurance benefits.

Peer Support as a Tool for Employment Role Recovery

Self-help can aid in the process of recovery,[5] helping to regain and to maintain a desired vocational role. Self-help or peer support can:

- ***Provide a social network based on shared experiences*. Discussing one's job is a way many people "break the ice" and build friendships and new resources for support both on and off the job;**
- ***Facilitate the move from help-recipient to helper*. Much of the experience of being a mental health services recipient is enduring helplessness. Helping another person deal with their work and non-work issues can be a source of self-esteem and a feeling of accomplishment;**
- ***Be a channel to share specific ways to cope, based on experience*. Hearing how one's peers have met and overcome job challenges can provide valuable lessons for others in getting and keeping jobs;**
- ***Offer role models.* The experiences of others can be a source of hope and inspiration that gives people who are uncertain about attempting employment the impetus to try and succeed; and**
- ***Instill meaningful structure generated by members themselves.* Having a place and a time to meet with peers, participating in discussions about work according to one's own pace and timetable, often is a first step in building the confidence and skills of owning and taking responsibility for one's future.**

These concerns have discouraged many consumers and their counselors from examining employment as a desirable, viable option. Thus, employment service providers need to hire or become experts in entitlement benefits, particularly Social Security. These individuals must keep abreast of changes in policies and programs to offer the most accurate and up-to-date information. In the early stages of returning to work, especially for SSI beneficiaries, part-time employment often is the preferred strategy to develop work experience and increase income without immediately losing benefits.

There are a number of additional ways to help people utilize the resources available to them, while continuing to move towards increased self-sufficiency. Unfortunately, many of those resources are poorly known and understood. For example, the Program to Achieve Self Support or PASS, a Social Security Work Incentive program, is estimated to be used by only .025% of eligible beneficiaries.[6] Similarly, many are unaware that, in some states, people on SSI may earn over $25,000 per year and remain eligible for Medicaid. The Work Incentives Improvement Act of 1999 (discussed in Chapter Seven) provides continued access to Medicaid and Medicare coverage while working, and addresses the earned income disincentives that are significant barriers to employment for people with mental illness.

To make informed decisions about work and entitlements, participants need:

- Instruction in the effects of earned income on benefits, including the implications of "substantial gainful activity," "trial work period", and "work activity" in Social Security regulations[7];
- Assistance completing necessary paperwork and reports;
- Help to establish and maintain a work schedule that does not exceed personal risk thresholds;
- Guidance in using SSA Provision 1619B to maintain Medicaid benefits while working[8];
- Assistance developing PASS applications;
- Advocacy and assistance with appeals as necessary;

- Help to understand the work requirements that can accompany receipt of public assistance;
- Information about statutory changes that allow a person to retain a greater share of earned income and/or retain Medicaid benefits; and
- Information on the Medicaid Buy-In option allowed by the Work Incentives Improvement Act of 1999.

Creating Employment Opportunities

An increasing number of agencies are creating jobs for people with mental illnesses who are or have been homeless, by developing businesses. They may also choose to support consumer-run businesses and consumer-run employment support programs as a way to create jobs.

The Roberts Foundation Homeless Economic Development Fund (REDF) has been a leader in this field since 1990. Its progress report on non-profit business planning and start-up is considered by many to be the defining text on social entrepreneurship.[9] REDF's study of 22 social enterprises serving homeless people in the San Francisco area concluded that:

- Non-profit organizations have the potential to plan, create, and manage profitable business ventures;
- Non-profits need access to technical expertise and capital resources to support an effective planning and start-up;
- Successful job creation is linked with the provision of housing and support services; and
- Program participants want to play an active role in the success of social purpose ventures.

A Focus on Careers

The Center for Urban Community Services (CUCS) is a pioneer in developing creative and effective housing and service programs for homeless and low-income people. One such program is the CUCS Career Network. This program specializes in helping supportive-housing tenants who have multiple barriers to employment enter the workforce using an individualized, career-centered approach. Using a range of service modalities including paid internships, supported employment, direct placement, and career development, participants are prepared to access and/or advance in New York City's competitive labor market.

Participants receive ongoing support and assistance from a trained staff of vocational counselors and job placement specialists. Support services include remedial assistance, such as hard and soft skills training and cognitive remediation; individual vocational counseling for up to 18 months; support groups; job coaching as needed; individualized career and job development; entitlements planning and assistance; computer training; assistance with work clothing; access to transitional medical insurance; access to voice and e-mail; accommodation planning assistance; and licensing assistance.

The availability of immediately accessible jobs when consumers express a desire to work is a powerful tool to engage them in other services. Within the limits of the market, the agency as employer has control over jobs and makes the hiring and firing decisions. The agency also acquires direct experience in employing the target population and is in a better position to understand the various issues employers

face. The job creation approach can also use a range of incentives and financial support, including those targeted toward economic development.

Developing new partnerships for employment. Employment programs must be connected to the commercial marketplace. Many agencies have established strategic alliances with the private sector to support their programs. Employing people with mental illnesses who have histories of homelessness may offer opportunities to partner with groups that many non-profits have not yet considered.

Business improvement districts and public housing authorities are two non-traditional partners and funding resources for employment. In many downtown business districts, homelessness is viewed as an impediment to economic growth, resulting in the adoption of restrictive ordinances and forcible removal of street-dwelling homeless people in some cities. In other cities, human service providers and business improvement districts (BID) have been working in partnership to develop alternatives such as intensive outreach, hotlines for businesses to request assistance for someone on the street, drop-in centers, supportive housing and employment services.[10]

Partnerships with BIDs may include employing people with mental illnesses who are homeless in small businesses, such as street cleaning, security, distribution of sales, marketing, tourist and cultural information, property management, and maintenance services. With a steady source of transitional and day labor jobs at their disposal, providers can make the offer of work part of their engagement strategy for street-dwelling homeless people. By focusing first on services that homeless people want, a bond between case manager and consumer is established that may lead the consumer to treatment, shelter, and other services. Establishing a partnership with a local BID means developing conversations that acknowledge and respect each party's unique objectives, building trust among respective parties, and establishing a common purpose.[11]

Many people with mental illnesses and histories of homelessness are eligible to receive employment/self-sufficiency services through public housing agencies utilizing HUD-McKinney funds targeted to that purpose. To be eligible, individuals must be a current tenant, on a public housing Section 8 waiting list, or living in the neighborhood surrounding the public housing agency. Both the HUD Family Economic Development and Residential Opportunity and Support Services (ROSS) Program, and Hope VI Program can provide funds for employment and training services to increase the economic self-sufficiency of eligible individuals and families.

The Quality Housing and Work Responsibility Act of 1998 (QHWRA) reduces the concentration of poverty in public housing, protects access to housing assistance for the poorest families, and supports families making the transition from welfare to work. The Act also charges HUD with developing a mental health action plan for tenants of public housing and project- and tenant-based Section 8 programs. Housing and mental health advocates have encouraged HUD to consider employment one of the services under this provision. Mental health providers can become valuable resources for public housing authorities (PHAs), providing technical assistance, training, and collaborations that facilitate recovery and self-sufficiency for their tenants with mental illnesses.

Developing Community Alliances

Project HOME, a nationally recognized non-profit in Philadelphia, Pennsylvania, provides housing, employment, education, and health care to homeless and low-income individuals, a substantial number of whom have serious mental illnesses. The program identifies its best practices as building supportive relationships with participants, community building, and matching tasks and jobs to whatever level individuals have progressed in their readiness and recovery.

Project HOME operates The Back Home Café, a bookstore, a thrift shop, an art-related business, and a greeting card business. An in-house newsletter is also produced by participants. On a yearly basis, approximately 100 people receive employment services, and approximately 90% have a serious mental illness. Many of the people in Project HOME's employment programs also live in its permanent housing or early-stage recovery residences. To date, 94% of permanent housing residents and 87% of those in early-stage recovery residences have been stably housed for a year or longer. Among the wide range of services offered by Project HOME to the surrounding community's residents are free on-site medical care provided by area health care centers, adult learning classes with a welfare-to-work component, after-school programs, mortgage counseling, an emergency food pantry, a mentoring and college scholarship program for teens, and subsidized home repairs for homeowners on fixed incomes.

Ongoing Job Support

After people are placed in jobs, they frequently need help to manage and retain the positions. These services should be flexible as some people will need support weekly, daily, or some hardly at all. Further, practitioners need to help service recipients make choices about the kinds of support they receive on the job. Often, participants want assistance around particular challenges or problems and don't necessarily want to meet with staff when no issues are present. If staff is familiar with a participant's job environment they can anticipate problems and stresses that may occur. Additionally, case managers or vocational counselors should reinforce successes and skills developed, and help relate them to the individual's employment goals.

Some programs use on-site job coaches who periodically visit the work site to observe and coach participants. Often, the presence and assistance of a job coach is a valuable resource to employers and can improve the employee job tenure and success. However, some participants are embarrassed by the presence of a job coach at the work place. As a result, some programs have eliminated this intervention as long as the placement and participant are stable.

Employment Accommodations

Job accommodation often can be a critical factor in keeping a job. Some individuals may need help to negotiate reasonable accommodations with their employers (discussed in Chapter Seven). An important facet of employment counseling is to help the individual decide whether to request a job accommodation during the interview, after an offer to hire has been made, or after employment has begun. To request an accommodation, the job candidate/employee must disclose that he or she has a disability—something many mental health consumers are reluctant to do. There is no single answer to this issue. Each person

must address it from his or her own perspective. Table 5.2 highlights the most frequently requested accommodations.

Table 5.2 Reasonable Accommodations Frequently Requested by People with Mental Illnesses[12]

Key Ingredients			
Communication Facilitation	**Flexible Scheduling**	**Job Description Modifications**	**Physical Space**
✓ Job coach on-site per request of client	✓ Options to work part-time hours	✓ Gradual task introduction	✓ Access to water in workspace
✓ Permit calls to job coach as needed	✓ Time off for clinic or medical appointments	✓ Minimizing changes to job description over time	✓ Access to rest area
✓ Use of daily/regular task planning to set priorities	✓ Flexible work schedule	✓ Exchanging tasks with others	✓ Access to private space
✓ Use of written instructions	✓ Availability of time off without pay		✓ Access to refrigerator for medications
✓ Provision of co-worker buddy	✓ Use of vacation/personal time for medical needs		✓ Changes in spatial arrangements
✓ Increased supervisory time	✓ More frequent breaks		✓ Changes in noise levels
✓ Limiting supervisor/staff change			✓ Changes in lighting arrangements

Chapter Summary

The training and employment needs of people with serious mental illnesses who also are, or have been, homeless cannot be met by any single approach. By understanding and incorporating job-related service elements, from initial engagement through job retention, the employment specialist can more effectively help guide individuals toward a vocational future of hope and success. The task of increasing employment among people with mental illnesses cannot succeed if the mental health system acts alone. Collaboration with area businesses and public housing authorities is an effective way to expand and enhance jobs available to individuals with serious mental illnesses who are also homeless.

Chapter 5 Notes

[1] This Chapter contains material adapted from: White, A., and Wagner, S. "Effective strategies: Employment for homeless people with serious mental illness" and Shaheen, G., Bianco, C., Falco, A. "Employing people with mental illness who are homeless: Surveying the field." Papers prepared for the CMHS Sponsored Employment and Vocational Rehabilitation for Homeless People with Serious Mental Illnesses Workshop, Washington, DC, September 1999; and Bianco, C., and Shaheen, G. *Employing Homeless People with Mental Illness: Principles, Practices and Possibilities*. Unpublished draft prepared for the CMHS PATH Program. Albany, NY: Advocates for Human Potential, July 1999.

[2] Macias, C. "An Experimental Comparison of PACT and Clubhouse." *Final report of the Massachusetts Employment Intervention Demonstration Project*. Available at http://www.fountainhouse.org.

[3] Bianco, C., Shaheen, G., and Golden, T. *Integrated Employment for People with Serious mental illness: A Rehabilitation and Recovery-Based Approach*. Ithaca, NY: Cornell University, 1997.

[4] Ridgeway, P., and Rapp, C. *The Active Ingredients in Achieving Competitive Employment for People with Serious Mental Illness: A Research Synthesis*. Lawrence, KS: University of Kansas School of Social Welfare, 1998.

[5] Double Trouble for Recovery, Inc. Informational literature. Albany, NY: The Mental Health Empowerment Project, 2000.

[6] Corporation for Supportive Housing. *Work in Progress: An Interim Report of the Next Step: Jobs Initiative*. New York, NY: Corporation for Supportive Housing, 1997.

[7] For comprehensive information on these and other topics, including development of a benefits support plan, see McAlees, D.C. *Effective Strategies to Improve the Employment of SSI/SSDI Participants*. Menomonie, WI: Stout Vocational Rehabilitation Institute, 2000.

[8] Section 1619b is an extremely important provision of the Social Security Act as it not only protects an individual's Medicaid coverage, but also maintains their eligibility to receive SSI cash benefits in future months that countable income falls below the allowable limits, provided that they meet all other eligibility requirements for SSI.
[9] Emerson, J., and Twersky, F. (eds). *New Social Entrepreneurs: The Success, Challenge and Lessons of Non-Profit Enterprise Creation*. San Francisco, CA: Roberts Foundation Homeless Economic Development Fund, 1996.
[10] International Downtown Association. *Addressing Homelessness: Successful Downtown Partnerships. A Report of Strategies to Assist Homeless People with Serious Mental Illnesses*. Washington, DC: August, 2000.
[11] Ibid.
[12] Granger B., Baron, R., and Robinson, S. Findings from a national survey of job coaches and job developers about job accommodations arranged between employers and people with serious mental illness. *Journal of Vocational Rehabilitation* 9: 235-251, 1997.

Chapter Six

Working with the State Vocational Rehabilitation Agency[1]

The Federal/state vocational rehabilitation (VR) system has been in existence since 1920. The Federal Rehabilitation Act mandates funding for vocational and other state-administered rehabilitation. The VR program originally was designed to serve people with physical disabilities until the Federal statute was amended in 1943, allowing services for people with mental illnesses and developmental disabilities. However, the structure and guidelines of the current VR system remain better suited to the needs of people with stable, non-declining physical disabilities than to those with relapsing disabilities such as long-term mental illness.[2,3]

While people with mental illnesses present challenges that state VR agencies sometimes are unprepared to address, the current VR system is even less suited to meet the needs of people with mental illnesses who also are homeless. This chapter provides an overview of VR services available to help people with disabilities obtain employment, discusses its effectiveness in meeting the employment needs of people with mental illnesses, and suggests a number of considerations in the creation of effective collaborations between mental health and VR systems.

Purpose and Scope of VR Services

The Federal Rehabilitation Act defines a disability as any mental or physical condition that substantially interferes with a major life function. Areas of functioning identified in the statute include mobility, communication, the ability to set and pursue goals, work endurance, the ability to acquire and express work skills, and the ability to form and support interpersonal relationships.

At the Federal level, the VR program is administered by the Rehabilitation Services Administration (RSA), which awards annual matching grants to each state to operate its own VR program. In each state and territory a designated state unit administers the VR program, with considerable latitude in how these services are operated. State-employed vocational rehabilitation counselors determine eligibility for VR services based on Federal guidelines, provide vocational and supportive counseling and job placement services, purchase or locate alternative sources of funding for services to help people achieve vocational goals, monitor and coordinate the delivery of these services, and monitor individuals' progress. Among the services funded by state VR agencies are:

- Situational, on-the-job assessments of work performance;
- Personal adjustment training to assess and build the "soft skills" (e.g. co-worker relationships) needed for job success;
- Work adjustment training to build stamina, attendance, etc.;
- On-the-job training that pays the employee's salary for a limited time after job placement; and
- Time-limited job coaching to provide employee/employer support on and off-site.

In addition, supported employment, allocated to states on a formula grant basis, has been incorporated into the VR program as a supplement to services provided under the standard VR program. Supported employment closure is achieved when the person with the disability maintains employment for 90 days or more under Federal criteria. The key benchmark by which the Federal government judges the success of the state VR programs is the number of successful closures generated each year.

Since all categories of people with severe mentally or physically disabling conditions potentially are eligible for VR services, state rehabilitation counselor caseloads often are large and may include individuals with a wide range of disabilities. These include individuals with traumatic brain injuries, spinal cord injuries, HIV, histories of alcohol and substance abuse, neurological disorders, musculoskeletal disorders, cancer, heart disease, mental illnesses, developmental disabilities, those who are deaf and/or blind, among other disabling conditions. In addition, state rehabilitation counselors are expected to be conversant with a daunting array of technologies and with the professions that employ them.

According to Albrecht, the short-term goals of the national rehabilitation program are to "*enable people with impairments to function at their highest possible physical, social, and psychological level*."[4] The longer-term goals have to do with society's desire to increase an individual's ability to work or otherwise function independently, thereby decreasing public expenditures. Thus, rehabilitation counselors often face competing priorities in terms of furthering the social mission of the program within the context of the agency's competing political concerns and fiscal limitations.[5]

Effectiveness of the VR System for People with Mental Illnesses

VR often has been criticized as ill-prepared to cope with employment support strategies to help people with mental illnesses obtain and maintain jobs. Some suggest that the VR system's training programs have done people with mental illness a disservice resulting in pessimistic notions of mental illness.[6] Consumers and their families increasingly have become vocal in their dissatisfaction and disillusionment with the VR system, suggesting that it keeps people with disabilities trapped in lives of poverty.[7] Much of this criticism was summarized in a survey issued by the National Alliance for the Mentally Ill.[8] Based on

reviews of earlier studies examining the effectiveness of the national VR program and current state VR plans, the NAMI report concluded:

- The time-limited nature of VR services, predicated upon the perception that, once employed, VR customers no longer needed vocational services, was inconsistent with the realities of the fluctuating nature of severe mental illness;
- The emphasis on case closures provides incentive for state VR counselors to work with the easiest-to-place individuals as opposed to individuals with more complicated, long-term needs;
- Too many resources were devoted to the eligibility determination process, frequently using assessment methodologies such as paper-and-pencil tests that may not consider the cognitive and/or literacy skills deficits of some people with mental illnesses;
- State VR counselors and administrators lacked knowledge of the needs of people with severe mental illnesses, and too few opportunities existed to acquire this knowledge;
- Despite evidence that specialization produced better outcomes, most states had not designated VR counselors as mental health specialists;
- Little evidence was found of effective coordination between state VR and state mental health agencies; and
- The time-limited nature of VR funding served as disincentives for community mental health providers to contract with those agencies.

In response, the Rehabilitation Act Amendments of 1998 included a number of new provisions in accordance with advocates' recommendations:[9]

- Purchase of rehabilitation technology to assist people in compensating for physical disabilities that would otherwise preclude them from performing job tasks;
- Requiring trial work periods to determine eligibility before an individual is judged to be too severely disabled to benefit from VR services;
- Strengthening education and training for VR staff;
- Increasing the role of individuals in developing their own rehabilitation plans;
- Requiring agencies to report on the employment status of individuals six- and 12-months post-case closure; and
- Self-employment business planning and start-up funds, although this is not widely available.

In the past, the VR system has been slow to adapt and change. Factors inhibiting change include limited knowledge of mental health issues and effective employment approaches for people with mental illnesses, the inability to provide long-term supports, and natural resistance to change.[10] While the NAMI report does cite major improvements in the VR system that are better meeting the needs of people with mental illnesses, challenges still remain.

The results of a 32-state survey of VR programs conducted in 2000 revealed that a number of these programs have taken steps to address some of these challenges.[11] Sixteen states reported they had mental health specialist VR counselors. Six of those states indicated that they had a large number of these specialists, and three that they had some level of co-location of state VR staff in mental health agency settings. Fifteen of the states had agency-sponsored training on mental health rehabilitation available to their VR staff. Nine states reported that the training was in-depth. In four of the states, VR counselors underwent this training with their mental health counterparts.

Sixteen of the states in the survey had blended funding arrangements with the state mental health agency, with eight of those states describing highly integrated budget arrangements. In two of the states, these arrangements were mandated by statute and, in one state, by court order.

Similarly, 14 of the states reported a joint planning process between the state VR and mental health agencies, described by eight states as highly integrated. Six of the states reported they had made some effort to promote mental health consumer leadership, and five states described a significant effort to promote a recovery philosophy.

Despite remaining concern regarding the effectiveness of VR services for people with serious mental illnesses, intrinsic advantages that can be expanded exist within the VR system. First, and most obvious, VR can be an important source of funding for employment services where other resources are scarce or non-existent. Second, a wide range of potential services exist that can offer flexibility in meeting individual needs, including initial job testing and access to integrated work through situational assessments. In some states, VR will even fund business plans or provide business start-up capital for people with disabilities whose goal is self-employment.

Individual Employment Plans (IEPs) require active involvement of individuals and significant others and allow individuals to choose their vocational goals, the services needed to achieve them, and their preferred service provider. Since VR establishes contracts with private vendors, it can connect individuals with agencies offering specialized services. Linkages with mental health and/or homeless services providers familiar with their clients' specialized needs, could represent an effective investment of VR resources by increasing the likelihood for employment success. Furthermore, IEPs represent an effective way to ensure that services are appropriate to meeting personal employment goals and can be modified to incorporate new and improved vocational rehabilitation services.

Individualized VR services can be the basis of continuing system improvement.[12] Private community rehabilitation programs, in competing for VR funds, have a stronger incentive to seek more efficient and effective methods of helping consumers find jobs. VR counselors, impelled by limited budgets, are likely to select providers that offer the greatest chance for successful closures. This may make it difficult for providers of mental health services to access and utilize VR contracts to provide services to people with mental illnesses, given its cyclical nature.

Another VR attribute can be utilized to better address the work-related needs of people with mental illnesses, particularly those who are homeless. As the only government agency whose prime focus is employment for people with disabilities, including people with mental illnesses and histories of homelessness, VR has a singleness of purpose not shared by other Federal and state agencies. VR employment services can cut across disability groups and can be provided to individual agencies serving a diverse clientele with a range of disabilities. Its value cannot be overestimated as a potential partner with other Federal and state agencies (Substance Abuse and Mental Health Services Administration, Housing and Urban Development, Department of Labor, State Mental Health, and Alcoholism and Substance Abuse authorities, etc.) in reducing systems fragmentation and overlap in providing vocational rehabilitation services. For people with mental illness who are homeless and need to negotiate multiple social, mental health, substance abuse, and housing services, VR has the potential to be a common thread for employment supports throughout the individual's service planning process. **However, significant systems integration needs to occur at the Federal, state, and local levels for these benefits to be fully realized**.

Best Practices for People with Serious Mental Illnesses who are Homeless

As a group, people with serious mental illnesses who are also homeless present some of the greatest challenges to the VR service system. The VR system can better meet the employment needs of individuals who are, or have been, homeless, by making them a priority group, recognizing their specialized needs, combined with cross-agency/discipline collaboration in the development and delivery of innovative services.

Making People with Serious Mental Illnesses a Priority

The 32-state survey of VR agencies[13] indicated that people with mental illnesses were a priority population in most of those states, comprising from 18% to more than 70% of caseloads. The value of specialty caseloads is highlighted by the experience of one state that eliminated specialty caseloads in favor of a generalist approach. Within two years of making this change, this state experienced an estimated 20% decrease in the number of new cases and the number of successful outcomes involving people with mental illnesses.

Staff Training

The same survey found that some generalist VR staff were skeptical about working with people with serious mental illnesses, indicating that education and staff training is essential. The availability of training for VR staff on mental illness and psychiatric rehabilitation was found to range from ongoing coursework offered on a statewide basis to no available training at all. When offered, training reportedly was sporadic and, in most cases, did not include a focus on the needs of people who are homeless and who also have serious mental illnesses.

Of those surveyed, California was the exception. The State VR and Mental Health Authority (MHA) provided a total of $1.5 million in interagency support for training and technical assistance, program reviews, research, and Building Employment Service Teams (BEST) Network support. BEST Networks are county-based coordinating bodies that provide support in areas such as training, networking with employers, support services (e.g., housing and transportation), and with special populations (e.g. youth, homeless individuals) to county teams comprised of VR and MHA staff. Some Networks employ a BEST technician—a person with a history of mental illness who provides coordination and support services (e.g., training, event/meeting coordination, research, clerical support) to Network teams.

To enhance the services provided by VR practitioners, the Center for Psychiatric Rehabilitation at Boston University offers a part-time, one-year Certificate Program in Psychiatric Vocational Rehabilitation, funded by a grant from the Federal Rehabilitation Services Administration (RSA). Using training materials that include the “choose-get-keep” approach and other psychiatric rehabilitation technologies, the certificate program is offered as a series of six, two-day institutes. Program topics include partnering competencies; identifying vocational needs; facilitating vocational rehabilitation readiness; personalizing vocational assessment; achieving vocational placements; developing essential skills, supports, and accommodations; and meeting the needs of culturally diverse service recipients.

Federal Collaboration

A good working relationship between state VR and mental health agencies is key. State Mental Heath Authorities (SMHAs) that emphasize vocational services have been successful in finding ways to blend funds to create opportunities for individuals with mental illnesses. For instance, in California, several county mental health agencies and local VR offices have developed cooperative contracts to blend public mental health and vocational rehabilitation funds, resulting in significant positive outcomes.

The effectiveness of partnerships at the Federal, state, and local levels is further demonstrated in Illinois, in which the state VR and mental health agencies entered into regional agreements negotiated by consumers and specialist staff of state and community agencies. The agreements covered the responsibilities of all stakeholders regarding the scope of services, methods of referral, role of consumer leadership, and the process of dispute resolution. The participants to the agreement are surveyed and the agreements revised annually. Through Federal funding by the Social Security Administration, the VR program mental health specialists and some of their counterparts in community mental health agencies received 24 months of training and technical assistance in best practices in psychiatric rehabilitation from two training and research institutes. The grant also funded the development of two Internet sites, one that will feature interactive training software.

In addition, the Illinois State VR program provided 12 months of training in psychiatric rehabilitation philosophy and practices to 25 psychiatric residents of one of the major state medical schools. The VR program specialists are forming teams with these psychiatrists, with consumers, and with staff of the state mental health agency to provide outreach training in psychiatric rehabilitation to community physicians and other community leaders throughout the state. A major emphasis of this training will be the needs of people who are homeless and have serious mental illnesses. These teams will also support initiatives to link people with mental illnesses who are exiting the corrections system to community support and vocational services.

The Illinois VR program currently is working with the state mental health agency and the National Empowerment Center to develop consumer leadership training and consumer staffed outreach teams. Through its four-year co-sponsorship of a consumer advisory committee, the VR program has facilitated the development of a consumer-produced video series on work, recovery philosophy, and consumer rights.

Linking Supportive Housing and Vocational Rehabilitation Systems

Partnerships among various disciplines with differing philosophies can be an effective way to increase employment success for individuals with mental illnesses who also are homeless. In an effort to improve access to VR services and increase employment outcomes for tenants of supportive housing, the Corporation for Supportive Housing and the New York State Office of Vocational and Educational Services for Individuals with Disabilities (VESID) entered into a partnership with several non-profit providers of supportive housing between 1996 and 1999 to implement the Linking Supportive Housing and Vocational Rehabilitation Systems Project.[14] The Project, funded by the U.S. Department of Education, Rehabilitation Services Administration, sought to improve systems integration and establish collaborative relationships between the VR and supportive housing services sectors. The project increased VR eligibility and employment rates of tenants with mental illnesses who had histories of homelessness.

An important factor in the Project's success was its inclusion of an intermediary between the supportive housing providers and VESID that facilitated joint training, meetings, and problem solving. Another key element was the use of an on-line VR application system, which resulted in nearly three times the number

of tenants being referred to VESID than before, as well as a nearly 50% decrease in length of time between application and eligibility determination.[15] Other strategies emerging from the project included:

- New referral relationships between VR and supportive housing agencies to coordinate and expedite VR eligibility determinations;
- Expansion of local electronic training resources to include VR-funded programs and resources;
- Development of an electronic job bank enabling supportive housing agencies to access job leads for their tenants within the supportive housing industry; and
- Expanding and upgrading vocational and employment services provided by supportive housing agencies.[16]

Future Challenges in Building Successful VR/MH Partnerships

Despite evidence of the effective partnerships and strategies that have emerged, a number of changes can be implemented to enhance the ability of people with mental illnesses, particularly those who are homeless, to take full advantage of VR services.

Increased Collaboration

Interagency collaboration at the state level can help overcome systems integration barriers, clarify roles, and plan innovative service delivery approaches:

- **Designing and implementing VR/MH systems integration efforts.** VR counselors and mental health/homeless services providers need to be familiar with their respective policies and practices before dialogue and collaboration can occur. Use of the "Linking Supportive Housing and Vocational Rehabilitation Systems" project as a template for services integration could be a starting point. Utilizing the state budgets to blend VR/MH funding resources to support both intensive, time-limited supported employment services as well as extended, long-term post-placement supports also can help meet the long-term support needs of the population.

- **Establishing VR/MH agreements clarifying agency roles.** A number of states have developed interagency memoranda of understanding that underscore compatibility of mission, vision, and values in designing and delivering consumer-responsive supported employment services. They can include: (1) responsibilities of the state agencies involved in supported employment and the agreed upon definitions of terms and models of service delivery; (2) principles and operating guidelines intended to promote access to integrated employment, including supported employment; and (3) quality indicators for supported employment that serve as a guide for self-evaluation, quality assurance, and generally accepted best practices.

- **Joint planning to explore non-traditional approaches.** Non-traditional approaches may delineate: (1) supportive housing staff to complete some initial VR eligibility paperwork, and electronically transferring the data to reduce the time it takes to determine eligibility; (2) automatic VR eligibility when a consumer has established SSI eligibility due to disability; (3) mechanisms to support self-employment, including funds for business planning, equipment purchase, lease, etc; and (4) eligibility for VR on-the-job training funds or other employer work incentives for those involved with career-level competitive

employment. In addition, social enterprises or affirmative businesses might consider becoming VR vendors for training and out-placement into other community competitive jobs.

Staff Training and Incentives

A number of strategies may increase VR staff understanding and desire to meet the special needs of individuals who are homeless and have serious mental illnesses. These include opportunities for training and specialization, and incentives for serving this particular population:

- **Facilitating statewide cross-systems training initiatives.** Training for VR counselors should include orientation, not only to the functional implications of mental illness, but also to the psychological and physical implications of homelessness. It also should include an appreciation of the effects of co-occurring substance abuse and mental illness, as well as compounding factors affecting employment, including criminal justice system involvement. Since many mental health consumers with histories of homelessness possess a combination of these disadvantages, VR counselors should be aware that traditional employment services may not work, and that new approaches may be necessary. In the emerging workforce development system, VR counselors and administrators who are aware of the needs of people who are mentally ill and also homeless could act on behalf of homeless services agencies seeking contracts from the Workforce Investment Boards, and ensure that consumers' needs are met through the one-stop system.

- **Establishing VR mental health specialists.** VR counselors who also are specialists in mental illness and psychiatric rehabilitation can help improve employment outcomes for consumers. This approach has proven to be effective, and when withdrawn, leads to a drop in successful outcomes among people with serious mental illnesses.

- **Providing incentives for serving people with serious mental illnesses who are homeless.** Acknowledging that these individuals require intensive, ongoing, and often repeated services, counselors who commit to serving this clientele could receive a reduction in their total caseload.

Inclusion of Consumers

Involving consumers as providers helps to ensure that policies and services reflect consumer needs and priorities. Consumers should be included as representatives at the highest levels of VR/mental health agencies, both in key policymaking decisions, and as key policymaking staff. In addition, consumers should be included as VR Staff. Most states utilize special civil service classifications that waive competitive test requirements for applicants with disabilities. Providing training opportunities and earmarking a block of these staff lines for VR offices statewide could encourage consumers to consider careers as VR counselors and aid in changing the system from the inside-out.

Linking VR with Mental Health and Homeless Services

Providing access to VR services at the same places where people who are homeless and have serious mental illnesses receive other services, as well as providing training to staff who provide those services, is also recommended. Examples include:

- **Co-locating VR counselors.** Co-locating VR counselors with mental health staff at provider agencies can increase service access. VR counselors could visit shelters and drop-in centers, where many homeless people with mental illnesses receive services, to provide information and begin the eligibility determination process;

- **Linking outreach teams and VR.** Outreach teams can employ a vocational specialist as a member of the multi-disciplinary team to provide direct employment-related services and linkage to other services. By establishing a strong bond between the outreach team vocational specialist and VR counselor who is also a mental health specialist, issues such as rapid access, return eligibility, and better service coordination may be improved; and

- **Including shelters and drop-in centers in training.** Orientation to VR services should be made available to shelters, outreach staff, and drop-in centers, not only to encourage awareness of VR services, but as a tool to reinforce work as a priority. If shelters can become VR vendors for work readiness assessments, both an early-stage orientation to work and a new funding source for case management staff might be achieved.

Chapter Summary

State Departments of Vocational Rehabilitation can be powerful allies in efforts to ensure that people with mental illnesses who are also homeless obtain and retain integrated employment. While many challenges to systems and services integration exist, effective relationships between mental health and homeless services providers and state VR agencies are occurring throughout the country. These partnerships often are based on efforts to develop understanding of each sector to commit resources to staff training, and to explore new funding mechanisms that acknowledge and support the often long-term needs of people with mental illnesses who are also homeless.

Chapter 6 Notes

[1] This Chapter contains material adapted from: Oulvey, G. "Reconcilable differences: The Federal/state vocational rehabilitation system's ability to collaborate in serving people who are homeless and mentally ill." Paper prepared for the CMHS Sponsored Employment and Vocational Rehabilitation for Homeless People with Serious Mental Illnesses Workshop, Washington, DC, September 1999.

[2] Bond, G.R., Drake, R.E., Mueser, K.T., and Becker, D.R. An update on supported employment for people with severe mental illness. *Psychiatric Services* 48(3): 335-46, 1997.

[3] Noble, J. H., Honberg, R.S., Hall, L.L., and Flynn, L.M. *A Legacy of Failure: The Inability of the Federal State Vocational Rehabilitation System to Serve People with Severe Mental Illnesses*. Washington, DC: National Alliance for the Mentally Ill, 1997.

[4] Albrecht, G.L. *The Disability Business: Rehabilitation in America*. Newbury Park, CA: Sage, 1992.

[5] Tarvydas, V., and Cottone R.R. A four level model of ethical practice. *Journal of Applied Rehabilitation Counseling* 22(4): 11-18, 1991.

[6] Bevilaqua, J.J. The state vocational rehabilitation agency: A case for closure. *Journal of Disability Policy Studies* 10(1): 90-98, 1999.

[7] Keller, E. Testimony to U.S. House of Representatives Committee on Ways and Means, Subcommittee on Social Security, on H.R. 3433, the Ticket to Work and Self Sufficiency Act of 1998. Washington, DC, March 17, 1998.
[8] Noble, et al., op. cit. p. 67.
[9] Ibid.
[10] Conley, R.W. Severe mental illness and the continuing evolution of the Federal-state vocational rehabilitation program. *Journal of Disability Policy Studies* 10(1): 99-126, 1999.
[11] Oulvey, G. and Ingraham, K. *The 32-State Survey*. Unpublished document.
[12] Conley, op. cit., p. 68.
[13] Oulvey, G. and Ingraham, K., op. cit., p. 68.
[14] Rivard, J.C., Akabas, S. H. *Evaluation of the "Linking Supportive Housing and Vocational Rehabilitation Systems" Project*. New York, NY: Center for Social Policy and Practice in the Workplace, Columbia University School of Social Work, 1999.
[15] Ibid.
[16] Rivard and Akabas, op.cit., p. 68.

Chapter Seven

The Right to Work[1]

Several Federal statutes (discussed below) provide a foundation to help people with disabilities move from lives of dependency and despair to lives of independence and hope. A number of excellent resources provide detailed information about these statutes. The purpose of the discussion that follows, however, is to provide highlights of these key statutes. Readers are encouraged to consult the documents and Internet sites referenced for more information.

Rehabilitation Act of 1973

The Rehabilitation Act of 1973 (as amended in 1992) promotes the philosophy, principles, and practices of integrated employment for people with disabilities by affirming:

- Respect for individual dignity, personal responsibility, self-determination, and pursuit of a meaningful career, based on the informed choice of individuals with disabilities;
- Respect for privacy, rights, and equal access for individuals with disabilities;
- Inclusion, integration, and full participation of individuals with disabilities;
- Support for the involvement of family, advocates or authorized representatives, if desired or requested by the individual with a disability; and
- Support for individual and systemic advocacy and community involvement.

The 1992 amendments support the provision of individuals with disabilities with the tools necessary to help them make informed choices and receive equal opportunities in such areas as employment, independent living, finances, and self-sufficiency.

Rehabilitation Act Amendments of 1998

The Rehabilitation Act Amendments of 1998, part of the Workforce Investment Act of 1998 (see below), amended and extended the authorization of the Rehabilitation Act of 1973 for five years.[2] Key provisions of the new statute included expanded customer choice, streamlined administrative procedures, and increased employment outcomes. In particular, the Amendments called for the development of innovative approaches to expand and improve VR services, particularly for individuals with the most significant disabilities. Eligibility was streamlined by establishing presumptive eligibility for individuals who receive Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI). While this does not entitle individuals to services, it recognizes they are a group with the most severe disabilities who will apply for VR services.

In addition, eligible individuals have the option either to develop their own Individualized Plan for Employment (IPE), or request the assistance of a qualified VR counselor. To increase successful employment outcomes, the Amendments recognize telecommuting, self-employment, and small business operation as legitimate employment outcomes.

The Americans with Disabilities Act[3]

The Federal Americans with Disabilities Act of 1990 (ADA) is one of the most sweeping statutes for people with disabilities since the Rehabilitation Act of 1973. The law prohibits discrimination against, and guarantees equal opportunities for, qualified people with disabilities in employment, government programs and services, public accommodations and services, and in telecommunications. This statute is not an affirmative action law, but rather a Federal statute designed to guarantee qualified people with disabilities a "level playing field".

The ADA promotes full-inclusion for individuals with disabilities, and stresses empowerment, dignity, respect, and independence. As Federal legislation, the ADA has been developed to help people understand not just their responsibilities to individuals with disabilities, but also the rights with which every person with a disability is endowed.

The ADA has a number of key employment-related provisions and definitions:

- **Covered entities:** The ADA applies to employers with 15 or more employees, employment agencies, labor organizations, or joint labor management committees engaged in an industry affecting commerce. Employers with fewer than 15 employees are exempt.

- **Definition of "disability":**[4] Any physical or mental impairment that substantially limits one or more major life activities; a record of such impairment; or being regarded as having such impairment. Related definitions include:

  - **Physical or mental impairment:** (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin, and endocrine; and/or (b) any mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness, and special learning disabilities.

- **"Substantially limits":** (a) an inability to perform a major life activity (caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working) that an average person in the general population can perform; (b) significantly restricted as to the condition, manner, or duration under which an individual can perform a particular major life activity as compared to the average person in the general population.

- **Qualified individual:** An individual with a disability who, with or without reasonable accommodation, can perform the essential functions of the employment position. Essential functions are defined as tasks that are fundamental, not marginal.

- **Discrimination:** No place of employment shall discriminate against a qualified individual with a disability with regard to application procedures, hiring, promotions and transfers, training, compensation, fringe benefits, layoffs, terminations, or other terms, conditions, and privileges of employment.

- **Reasonable accommodation:** Modifications to the job application process, the work environment, or job that will enable the qualified individual with a disability to perform the essential functions and enjoy equal benefits and privileges of employment. Employers do not need to provide accommodations if they can demonstrate that doing so would result in an undue hardship.

- **Undue hardship:** The ADA requires that a reasonable accommodation be made, where requested, unless the employer can demonstrate that the accommodation would impose an undue hardship on the business (Sec. 102(b)(5)(A)). "Undue hardship" means the requested action will lead to significant difficulty or expense when considered in light of business size and type, number of employees, and nature and cost of accommodation.

On June 22, 1999, the Supreme Court's Olmstead v. LC ruling indicated that, in appropriate circumstances, the ADA requires the placement of people with disabilities in a community-integrated setting whenever possible. The Court concluded that "unjustified isolation," e.g., institutionalization when a doctor deems community treatment equally beneficial, "is properly regarded as discrimination based upon disability."[5]

Workforce Investment Act of 1998

The Workforce Investment Act (WIA) of 1998 is a landmark law that has changed the Nation's workforce preparation and employment system.[6] Together with the Personal Work and Responsibility Act of 1996—the centerpiece of welfare reform—WIA sets the stage to move thousands of unemployed or underemployed individuals back into the nation's workforce. It sets forth changes to funding streams, target populations, delivery systems, accountability, long-term planning, labor market information system, and governance structure, and gives states greater authority over training and employment programs. Responsibility for providing services under the Act is assumed by local Workforce Investment Boards (WIBs) which play a key role in identifying demand for occupations, linking employers and jobseekers, and contracting for services for special needs jobseekers.

A key provision of Title I of the Act is the establishment of "one-stop career centers," the focus of local workforce development services that replaces Job Training and Placement Administration (JTPA) "re-employment centers." Title IV links Rehabilitation Act programs to state and local workforce

development systems to facilitate access for people with disabilities to mainstream training and employment services. For people with mental illness who are homeless, the implications of the link and consolidation of local employment services are significant.

As the Workforce Investment system evolves, performance standards and accountability could help increase access to mainstream workforce investment services for people who are homeless and have serious mental illnesses. Areas for adaptation suggested by the Corporation for Supportive Housing include:[7]

- **Outcome orientation.** Such an orientation is essential for service providers to employ people with mental illnesses who are homeless and to participate in the workforce development system. However, the benchmarks used to measure vocational progress must account for the multiple barriers that challenge this population. For example, when measuring employment outcomes, benchmarks might include counting the number of hours worked per quarter (rather than measuring job retention in terms of months) and recognizing credentials acquired over an extended period of time.

- **Accountability measures.** One of the greatest obstacles for people with multiple barriers interested in accessing the workforce investment/JTPA system is the performance accountability required for service providers and participants. Providers that offer employment services to people with multiple barriers have been unable to compete for contracts because expected performance outcomes are unrealistic and do not reflect the pathway to success for this population. Furthermore, outcomes and indicators do not allow for flexibility or the more incremental process of most consumers. When employment programs are designed more specifically for people with multiple barriers and allow for slower progress, even those with long histories of mental illness, substance abuse, and/or homelessness, should be able to find and keep jobs.

  Partner agencies selected under the Workforce Investment Act (WIA) to deliver specialized one-stop services and training are held accountable for performance in entry into unsubsidized employment; retention in unsubsidized employment (six months after entry into employment); and earnings received in unsubsidized employment (six months after entry into employment).

- **Performance benchmarks.** To ensure strong performance success and labor market appropriateness, the local WIB, in partnership with providers, should review and evaluate performance rates of those agencies offering services to people with multiple barriers. The following provides recommendations for adjusted performance benchmarks in serving people with multiple barriers:

  - **Successful placement** into employment should include temporary and part-time work and should measure work hours on a quarterly basis. For example, a total of 100-130 work hours for the first quarter might qualify as a successful placement. This encourages incremental participation in the workforce for people who are not able to maintain full-time employment due to the range of issues associated with multiple barriers.

  - **Retention** in the same job for longer than six months may be unrealistic for many individuals with multiple barriers. A more appropriate benchmark must reflect the total number of hours worked per quarter over a four-quarter period. The total hours worked per quarter could be evaluated to determine the trend in hours worked by the

participant over time. Trends that show an increase in total hours worked per quarter beyond the initial 100-130 hours might qualify as successful work retention.

- **The definition of earnings** needs to be expanded to capture other critical components beyond wages. When evaluating earnings beyond the second quarter of employment, other areas to be reviewed should include: advanced employment status (e.g., advancing from temporary to permanent; from part-time to full-time); advanced benefits status (e.g., attaining medical coverage, paid sick leave and vacation, pension contributions); increased wages/earnings (e.g., increased earning rate, bonuses); and increased working hours.

- **Overall performance.** In addition to the short-term performance indicators WIA requires local communities to track, WIBs might also develop a tracking tool to monitor the progress of people with multiple barriers while in the labor market. This tool might include the WIA performance benchmarks measured over an extended period of time (e.g. 3-5 years), and might consider disincentives that now exist within government benefit structures and how they affect this population's motivation toward employment.

Ticket to Work/Work Incentives Improvement Act of 1999

Perhaps the most significant disincentive to work faced by people receiving Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) is the loss of cash benefits and medical coverage. SSI/SSDI cash benefits, even when combined with housing and medical subsidies, are insufficient to move individuals above the poverty level. Often, when individuals earn enough to make them ineligible for disability benefits, their income must be sufficient to replace both cash assistance and health care coverage. Because many consumers are employed in entry-level jobs that do not offer health insurance benefits, they are obliged to keep their income below a level that endangers their SSI/SSDI eligibility. Moreover, many are afraid to risk the loss of benefits, and therefore remain unemployed. Others will take jobs, even it means losing their benefits, in the hope that they will not need medical coverage, or will be financially able to purchase it if they do.

The Ticket to Work Program[8]

This statute directs the Social Security Administration (SSA) to establish the Ticket to Work program (TTW) enabling SSI and SSDI recipients to obtain vocational rehabilitation services, employment services, and other support services from a network of their choice. Individuals receive a "ticket to work" that they can assign to a network of providers offering services they wish to purchase. SSA enters into agreements with one or more organizations in the public or private sector that will serve as "managers" to assist SSA in administering the program in a given locality. These managers will recommend network providers (public or private entities) to SSA, which is then responsible for the selection and contracting process. After entering into agreements with SSA, the networks assume responsibility for coordination and delivery of services to consumers.

The network can be a one-stop delivery system established under the Workforce Investment Act of 1998, a single provider of such services, a consortium of a group of service providers, state vocational rehabilitation agencies, or other public or private agencies. The providers develop and implement individual work plans with each beneficiary that include a statement of the individual's vocational goal, services and supports necessary to accomplish that goal, terms and conditions related to the provision of

those services and supports, rights and remedies available to participants in the TTW, and the participant's right to modify his/her work plan if needed.

SSA makes payments to networks in one of two ways. It can use either an outcome-based payment system or an outcome-milestone payment system. Under the outcome-based payment system, an employment network is paid a percentage (not to exceed 40%) of the national average SSI or SSDI payment for each month the beneficiary does not receive a benefit payment due to work activity, for a period not to exceed 60 months. The outcome-milestone payment system combines outcome payments with payments for achieving one or more milestones toward assisting the beneficiary in achieving permanent employment. However, if the employment network is paid under the outcome payment system, the total amount of payments cannot exceed the 40% standard. A key provision of this statute prohibits SSA from initiating continuing disability reviews (CDRs) during the period that a beneficiary is utilizing the TTW.

State VR Participation

State VR agencies can elect to participate in the TTW Program as an employment network, providing services under Title I of the Rehabilitation Act of 1973. If VR is not the designated network, a written agreement is required between the VR agency and the network, prior to acceptance of any referral from the latter, assigned as the beneficiary's Ticket to Work. On the Federal level, the Secretary of Education and the Social Security Administration will jointly prescribe regulations that specify the terms of such agreements between VR agencies and employment networks. Without such agreements in place, payments to employment networks on behalf of individuals referred to state VR agencies as part of their IEP, will not be authorized.

Since, in the past, state VR agencies were responsible for the provision of employment services for those individuals receiving SSI/SSDI, the TTW/WIIA provisions will potentially heighten competition. While it is difficult to determine with certainty what impact the legislation will have upon VR service provision for people with mental illnesses, it may provide opportunities to implement local flexibility and include recommendations to improve the relevance and appropriateness of VR services for this group of individuals.

Elimination of Work Disincentives

The Ticket to Work/Work Incentives Improvement Act (TWWIA) addresses many of the work disincentives that people with disabilities have fund to act as barriers to obtaining, keeping, and advancing in jobs. SSDI or SSI beneficiaries using a TTW will not be scheduled for medical continuing disability reviews (CDRs) as long as they are using the TTW. In response to the extraordinarily long delays in re-establishing disability and health benefits after they have been terminated, TWWIA allows requests for reinstatement. Although benefits counseling assistance is available for individuals with disabilities, or providers who wish to help clients manage work and benefits, this assistance is often insufficient. As a result, SSA has been directed to establish a corps of SSDI and SSI work incentive specialists to provide accurate information to disabled beneficiaries about the full range of Social Security work incentives provisions, many of which have existed for some time but are largely unknown to providers and beneficiaries alike.[9]

Expanded Availability of Health Care Benefits

States now have an opportunity to implement a Medicaid buy-in program for working individuals with disabilities who are at least 16, but not more than 65 years of age. States can liberalize limits on individuals' resources and income without affecting their cash benefits or health care assistance, and can provide the opportunity for employed individuals with medically determinable impairments (as determined by the Department of Health and Human Services) to buy into Medicaid if they are no longer eligible for SSDI or SSI disability benefits due to medical improvement. For purposes of the Medicaid buy-in, states are required to collect premiums or other cost-sharing charges by use of a sliding-scale system. In addition, the Act provides a four and one-half year extension of premium-free Medicare Part A coverage beyond the four years provided under current law for SSDI beneficiaries who return to work.

Chapter Summary

These important statutes safeguard the rights of people with disabilities, including people with mental illness who are homeless, to access employment opportunities and advance in their jobs and careers. In addition to providing new hope and possibility for this population, these initiatives represent the Federal government's commitment to investing in the potentially powerful, yet underutilized, workforce of people with disabilities.

For more information on these important pieces of legislation, particularly those that have yet to be fully implemented, the following websites may be useful:

U.S. Department of Education, Rehabilitation Services Administration
http://www.ed.gov/offices/OSERS/RSA/

U.S. Department of Justice, Americans with Disabilities Act
http://www.usdoj.gov/crt/ada/adahom1.htm

U.S. Workforce.org
http://usworkforce.org

Social Security Administration
http://www.ssa.gov/work

Chapter 7 Notes

[1] This chapter contains original material authored by Gary E. Shaheen, M.P.A., Advocates for Human Potential, Delmar, NY and John Rio, Corporation for Supportive Housing, New York, NY.
[2] See http://www.ed.gov/offices/OSERS/RSA/Policy/Legislation/index.html.
[3] Bruyere, S. "Legislation Supporting the Rights of Individuals with Disabilities." In Bianco, C., and Shaheen, G. *Integrated Employment for People with Serious mental illness: A Rehabilitation and Recovery-Based Approach*. Ithaca, NY: Cornell University, 1997.
[4] The ADA is modeled after Section 504 of the Rehabilitation Act of 1973, which offers this definition of a disability.
[5] *"New Freedom Initiative."* President George W. Bush, Washington, DC, February 2001.
[6] U.S. Department of Labor Employment and Training Administration. *An Overview of the Workforce Investment Act of 1998*. Washington, DC: U.S. Department of Labor, 1998.
[7] In examining the impact of the WIA on people with mental illnesses who are homeless, the Corporation for Supportive Housing made the following set of assumptions and recommendations, which they provided specifically for this document.

[8] House of Representatives Passes H.R. 1180, The Ticket to Work and Work Incentives Improvement Act of 1999. *Social Security Administration Legislative Bulletin*: 106-11, November 24, 1999.
[9] For more information on work incentives, see MacDonald-Wilson, K.L. *Financial Empowerment for People with Serious Mental Illness: How to Use the Social Security Work Incentives*. Training Manual. (Eighth Edition, D.L. Nicolellis, Editor). Boston, MA: Boston University Center for Psychiatric Rehabilitation, 2001.

Appendix

The following persons either contributed original material or made editorial recommendations:

Gary Shaheen, Carol Bianco, Isaac Brown, Susan Cole, Judith Cook, Tony Falco, Carrie Kaufman, Mimi Kravitz, Ting Mintz, Gene Oulvey, John Rio, Eric Sells, Amy Shanty, Andrea White, Jim Winarski.

Employment Programs Cited in the Text

Additional information on related topics can be found at:

The National Resource Center on Homelessness and Mental Illness
(800) 444-7415
http://www.nrchmi.samhsa.gov

Please contact the agencies listed below for more information on the programs discussed in this toolkit.

Boley Centers for Behavioral Health Care, Inc.
1236 Dr. Martin Luther King St., N.
St. Petersburg, FL 33705
727-821-4819
727-822-6240 (fax)
Paula J. Hays, Executive Director

Boley Centers for Behavioral Health Care, Inc.
Supported Employment Program
2901 44th Ave., N.
St. Petersburg, FL 33715
727-821-4819
727-528-8511 (fax)
Curtis Anderson, Director of Vocational Services
Marlena Gallagher, Supported Employment Supervisor

The Employment Intervention Demonstration Program (EIDP) Coordinating Center
UIC Mental Health Services Research Program
104 South Michigan Ave., Suite 900
Chicago, IL 60603
312-422-8180
312-422-0740 (fax)
Judith A. Cook, Ph.D., Principal Investigator

Community Access, Inc.
666 Broadway, 3rd Floor
New York, NY 10012
212-780-1400
212-780-1412 (FAX)
Steve Coe, Executive Director

Community Counseling Center
101 Bacon Street
Pawtucket, RI 02860
(401) 722-3560 x244
Fax: (401) 724-3120
Michael Braet, Manager of Rehabilitation Services

Center for Urban Community Services
120 Wall St., 25th Floor
New York, NY 10005
212-471-0720, x7067
212-252-1741 (fax)
Andrea White, Associate Director

Community Vocational Enterprises
450 Sansome St., 10th Floor
San Francisco, CA 94111
415-544-0424
415-544-0351 (fax)
John Brauer, Executive Director

Corporation for Supportive Housing
50 Broadway, 5th Floor
New York, NY 10004
212-986-2966 X287
212-986-6552 (fax)
John Rio, Program Director, National Employment Initiatives

Double Trouble in Recovery
Mental Health Empowerment Project, Inc.
261 Central Avenue
Albany, NY 12206
518-434-1393 or 1-800-MHEP-INC
Howie Vogel, Program Director

Lakefront SRO
Employment Services
4753 N. Broadway, Suite 632
Chicago, IL 60613
773-506-8212
773-506-8655 (fax)
Nancy Isaac, Director of Employment Services

LAMP Village
527 S. Crocker
Los Angeles, CA 90013
213-488-0031
213-683-0969 (fax)
Mollie Lowery, Executive Director

Life Link, Inc.
2325 Cerrillos Rd.
Santa Fe, NM 87505
505-438-0100, x12
505-438-6011 (Fax)
Carol Luna-Anderson, Director
Joe Clark, Employment Programs Coordinator

Montana University Affiliated Rural Institute on Disabilities
Corbin Hall - Room 52
The University of Montana
Missoula, MT 59812
(406) 243-2454
Cary Griffin, Director of Special Projects

Project HOME
1845 N. 23rd St.
Philadelphia, PA 19121
215-235-3110, x19
215-235-4441 (fax)
Kristin Starr, Director of Adult Education & Workforce Services

Project Renewal, Inc.
200 Varick St.
New York, NY 10014
212-620-0340
212-243-4868 (fax)
Kiltie Bedford, Director of Program Administration
Michelle Fontaine, Supported Employment Program Coordinator

Rehabilitation Support Services, Inc.
COACH Program
314 Central Avenue
Albany, NY 12206
518-464-1511
518-464-9198 (fax)
Ed Butz, Division Director
Sharon Bellinger, Program Coordinator

For more information please contact:

SAMHSA's National Mental Health Information Center
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