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## **Systems Change in Employment Services for Persons With Serious and Persistent Mental Illness in Maine: Status Report 2006-2009**

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Prepared for:

**The Office of Adult Mental Health Services  
Maine Department of Health and Human Services**

**Systems Change in Employment Services  
for Persons with Serious and Persistent  
Mental Illness in Maine:  
Status Report 2006 - 2009**

**March 2010**

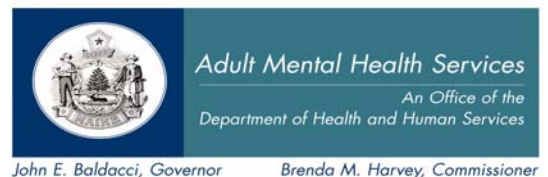
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# Executive Summary

Employment for people with serious and persistent mental illness (SPMI) is a complex issue impacted by numerous factors. Research studies have documented how integral employment is to recovery; nonetheless, employment rates among this population remain low. Additional studies have documented the barriers to achieving successful employment outcomes, yet resolving these barriers remains a compelling challenge. Compounding this, the national economic recession has brought unemployment rates to extremely high levels for everyone. Maine is faring a bit better than the national average but Maine's unemployment rate has increased each of the last three years to its current 8.1 % level. Coupled with this, the state's budget crisis has resulted in cutbacks in services to vulnerable citizens. It is in this context that Maine's Office of Adult Mental Health Services is working to address the obstacles to employment for persons with SPMI served through the public mental health system.

Late in 2009, OAMHS asked the Muskie School of Public Service to review qualitative and quantitative data and other sources to determine the array of employment services needed for persons with severe and persistent mental illness (SPMI), the resources currently available and potential solutions to obstacles. This report documents the progress OAMHS has made between 2006- 2009 and offers possible next steps.

## Identified obstacles to employment

The literature cites numerous obstacles to successful employment outcomes for people who have serious and persistent mental illness. Research in Maine has produced results that mirror these national findings. Mentioned time and again, stigma and discrimination top the list. Six other barriers commonly identified are: fear of losing benefits; lack of work experience; poor job match; concern about mental health symptoms; need for long-term support services and transportation. None of the barriers have simple solutions.

## Employment resources

Maine has in place an array of services designed to support persons with serious and persistent mental illness in finding and keeping jobs. In 2008, OAMHS made a significant investment in expanding employment services for people with serious and persistent mental illness. Through a contract with Maine Medical Center's Vocational Department, employment specialists were hired and placed in seven mental health agencies in each of the corresponding Community Service Networks. This program, intended to complement existing vocational services provided through Department of Labor's Bureau of Rehabilitation Services, aims to support OAMHS's clients efforts to secure competitive employment.

For over fifteen years, OAMHS has funded long-term employment supports (LTES). These Community Rehabilitation Providers offer on-going support to individuals in maintaining a job. This important service is a component of the evidence-based Supported Employment model and is well established in Maine.

Another key element of the employment service system is the availability of benefits counseling. This service is offered in Maine through Community Work Incentive Coordinators (CWICs). Funded partly by OAMHS, benefits counseling gives jobseekers accurate and specific information about the impact of earnings on their disability benefits so that they can make informed choices.

Taken together, these services form a strong foundation of employment services currently available to OAMHS clients.

## **Aligning systems and next steps**

In the past 2 years, OAMHS has strengthened the partnership with the Department of Labor's Bureau of Rehabilitation Services (BRS). Their combined efforts to align their systems and braid funding and activities to better serve mental health consumers will likely improve employment outcomes through systemic change. New procedural changes to align certification and training of employment specialists and job coaches across VR, OAMHS and the Office of Adults with Cognitive and Physical Disabilities (OACPD) are notable. These efforts, along with expanded access to training and professional development are improving the skills and knowledge of the workforce. Concurrently, VR is engaged in a major initiative to improve services for all jobseekers with disabilities. Mental health consumers will benefit from the elimination of a wait list for VR services as well as a shortened length of time in the plan development stage. This will allow jobseekers to enter the job search more rapidly. Rapid job search is an evidence-based practice, which has been shown through research to lead to more successful employment outcomes.

## **More to come**

While there is considerable effort and progress being made, in order to meet the compliance standard of 13% employment set forth in the Consent Decree, OAMHS will likely need to expand the capacity of several employment services. This report includes calculations to develop a target number of consumers (both Class members and Non Class members) to enter competitive employment to meet the compliance standard. Current capacity of the key employment services is unlikely to achieve this target.

Possible next steps to continue to strengthen the vocational service system are divided into four categories: education and changing attitudes; fidelity and supporting best practices; data; and effective partnerships. OAMHS has built a solid foundation to tackle these challenges. The vocational services system will be improved over time by targeting resources effectively, maintaining partnerships and focusing on outcomes.

# **Systems Change in Employment Services for Persons with Serious and Persistent Mental Illness in Maine: Status Report 2006 - 2009**

## **Overview**

The Maine Department of Health and Human Services, Office of Adult Mental Health Services (OAMHS) asked the Muskie School of Public Service (Muskie) to review qualitative and quantitative data and other sources to determine the array of employment services needed, the resources currently available, and potential solutions to obstacles. This report includes findings for the calendar years 2006 through 2009. A wide array of data and documents were reviewed. OAMHS staff and providers as well as Maine Department of Labor staff added clarification and detail to the information. Sources of data are noted in the endnotes.

Employment for people with serious and persistent mental illness (SPMI) is a complex issue impacted by numerous factors. This report documents the progress that OAMHS has made toward improving the system of employment services for people with serious and persistent mental illness and suggests possible future steps. It is worth noting that this report is being written at a time of economic recession when the nation and Maine have been losing jobs. Unemployment rates for the general population in Maine have continued to climb over the past 3 years to a high of 8.1% in December 2009<sup>1</sup>. As a result of the recession, services are being cut as the state struggles with declining revenues. It is within this context that OAMHS has undertaken significant steps to improve the array of employment services for persons with serious and persistent mental illness.

## **A. Qualitative and Quantitative Data about Obstacles to Employment**

There is a growing awareness that employment is both possible and has a positive impact for persons with serious and persistent mental illness.<sup>2</sup> Studies have consistently demonstrated that a majority of people with mental illness want to work.<sup>3 4</sup> \* Many studies have demonstrated that for individuals with serious and persistent mental illness, employment

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\* Nationally in 2008, the percent of persons in state mental health systems who were employed was 21%.

- promotes recovery and positively impacts mental health<sup>5</sup>
- improves finances<sup>6</sup>
- builds self-esteem and positive attitudes about the future<sup>7</sup>
- fosters a sense of empowerment and self-sufficiency<sup>8</sup>
- may decrease reliance on mental health services<sup>9</sup>

The following section identifies obstacles that make it difficult for persons with serious and persistent mental illness to find and maintain employment. Each obstacle has been determined through documented qualitative and/or quantitative research to be an important factor.

## Obstacles to Employment

### Stigma and discrimination

#### Employers' attitudes

Stigma and discrimination are consistently identified as obstacles to obtaining successful competitive employment for people with serious and persistent mental illness. Employers may erroneously believe that it is not appropriate for people with disabilities to be in the workplace or may be fearful about accommodations that would be necessary.<sup>10</sup>

A 2007 study completed by Planning Decisions (funded by the Maine DHHS federal CHOICES CEO grant) echoes this. The 2007 report used qualitative research generated from focus groups and survey groups with a variety of constituents and concludes that *“nothing matters as much as changing employer attitudes...So long as over half the employers think that people with disabilities can't perform at work, high unemployment levels among people with disabilities will persist.”*<sup>11</sup>

#### Mental health services providers' attitudes

Employers are not the only ones who may have reservations about people with mental illness entering the workforce. More than one study revealed that mental health consumers experienced the mental health service system as having low expectations, providing little advice about work and focusing on medical issues.<sup>12</sup> An August 2009 report prepared for Maine Medical Center's Department of Vocational Services by Hornby Zeller, (and funded by the OAMHS) entitled, *“Improving Employment Outcomes for Adult Mental Health Consumers”* references the work of Casper and Carloni<sup>13</sup> in noting that consumers often have a desire to work that the practitioner may not be aware of. The Maine report finds that this issue is also present in Maine, noting that *“the majority of staff in one of the [mental health] agencies was still operating under the theory that work is something you do after you get well.”*<sup>14</sup>

The Hornby Zeller report asserts that in the past Maine practitioners referred consumers to employment services based on their assessment of the consumer's mental health status. Yet, supported employment research shows that the most important factors for successful employment outcomes are the consumer's desire to work and their work history rather than their mental health status.<sup>15</sup>

### **Consumers' attitudes**

The literature typically finds that 50% -75% of persons with mental illness want to work.<sup>16</sup> Some people who state that they desire to work are in fact looking for work, but most are not. Their own fears and attitudes can be a barrier to beginning the employment process.<sup>17</sup> Again, the Hornby Zeller Report about Maine's new CSN Employment Services Program confirms what the literature shows. The report notes that "*We thought we weren't allowed to work.*" was probably the most frequent response consumers had to hearing about the CSN employment initiative.<sup>18</sup>

### **Fear of losing benefits**

The disincentives associated with the Social Security Administration benefit system can be major barriers to work for a person with a disability.<sup>19</sup> A person's income supports through Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI), and his or her health insurance (usually Medicaid) may all be affected by employment income<sup>20</sup>. These concerns are frequently cited as significant barriers to consumers seeking employment. The literature cites fears related to losing benefits<sup>21</sup> and/or health insurance<sup>22</sup>, concerns about lack of reliable benefit advice<sup>23</sup> as well as fear about what will happen if benefits need to be re-instated in the future.<sup>24</sup> Research has shown that when benefits counseling is available recipients become informed about the actual effects of working on income and health benefits, and are then more likely to become employed<sup>25</sup>

### **Lack of work experience/confidence**

Another barrier for many people is a lack of work history. Many consumers have not worked in years and/or have significant gaps in their employment history. Some consumers have worked primarily in "under the table" work, which is problematic in reporting on a job application or a resume. The Coordinator of Maine's CSN Employment Services Program reports that among their clients who have not worked for five years or more; it has been an average of thirteen years since they have been employed.<sup>26</sup> Clearly, this long period of time out of the workforce presents a barrier to successful employment.

### **Poor job match**

Sometimes, there is a mismatch between the type of job a person would enjoy and perform well, and the type of work that is actually obtained. A poor job match can be a barrier to maintaining employment. One article suggested placements in dishwashing, janitorial and other low paying jobs occur because of a high demand in the job market for unskilled labor<sup>27</sup> rather than individuals' interest in this work. But this type of work may not be a good job match for some people with serious and persistent mental illness. This bears watching in Maine as well. If the results of the first year of CSN Employment Services Program are an indicator the preponderance of jobs secured are in the category of low skilled labor. Matching job development to individual consumer choices is a key element in an effective supported employment program.



## **Concern about mental health symptoms**

For some people another obstacle is the fear that symptoms associated with their mental illness will be exacerbated if they work. However, a 2007 study by Becker et al found that over 80% of clients who received appropriate employment supports were able to manage their symptoms and use coping skills to maintain work. Becker writes, “*The successful management of symptoms and the deployment of appropriate coping skills appeared to play an important role in finding and maintaining work.*”<sup>28</sup> This study also suggested that high fidelity supported employment programs help consumers successfully achieve employment outcomes.

## **Long-term employment support**

For a minority of persons with serious and persistent mental illness, structured ongoing long-term vocational support may be needed for a few months or years depending on individual employment needs. Multiple studies have concluded that employment programs that have high fidelity to the evidence-based practice model of Supported Employment are more effective for people with mental illness than other types of support or no support at all.<sup>29</sup> The Maine Office of Quality Improvement’s fidelity review of Maine’s Long Term Supported Employment Program (LTSE) used both quantitative and qualitative data analysis to study the adherence to the evidence based supported employment services. Their study concluded that the high fidelity programs in Maine had a combined employment rate of 77% while low fidelity programs had an average of 23%.<sup>30</sup> Thus, low fidelity programs can be an obstacle to employment.

## **Transportation**

It has been documented that lack of transportation is a major barrier to successful employment outcomes in rural areas.<sup>31</sup> According to a 2006 report, only 16 cities and towns in Maine have fixed route transit systems.<sup>32</sup> Without adequate public transportation, most people in the state need a car to get to and from work. Medical transportation options that people with mental illness and/or other disabilities use to get to medical appointments are not available for people commuting to work. Other solutions to this problem are lacking.

## B. The Need for Employment Services

To determine the array of employment services needed, this report looked at Consent Decree Standards related to employment as well as other measures of need for employment services. The October 2006 Consent Decree Plan set the following standards for compliance to the Consent Decree with regard to employment for Class Members.

- 10% or fewer consumers identified as having ISP identified unmet vocational support needs
- 13% or more consumers employed in competitive employment in the community<sup>33 †</sup>

Although these standards apply only to class members, this report looks at how these standards would apply if used for all persons with SPMI in OAMHS services.

The results for the first measure are positive. The latest State Unmet Needs Report for FY '10 shows that 2.1% of distinct individuals with SPMI in OAMHS services (both class members and non-class members) have an unmet need for vocational services. This figure is well below the 10% Consent Decree Standard. Using that measure, 199 persons statewide have unmet needs for some type of vocational services.<sup>34 ‡</sup> As the table below shows, the majority of the reported unmet resource needs are for Vocational Rehabilitation Services.

### Statewide Reports of Unmet Needs for Vocational Services Quarter 1 FY '10<sup>§</sup>

Type of Vocational Service	Reports of Unmet Needs
Vocational Rehabilitation	108
Competitive employment (no supports)	42
Supported employment	18
Benefits counseling related to employment	15
Club house and/or peer vocational support	2
Other vocational/employment needs*	57
<b>Total reports of unmet needs for vocational services</b>	<b>240**</b>

\* Most 'other needs' are goals, client descriptions, needs (not resource needs), needs listed a 'none' or 'other' and resource needs that fit within an existing category.

\*\*The total number of reported unmet needs is more than 199, since some persons reported multiple unmet needs within the category of employment services.<sup>35</sup>

<sup>†</sup>To comply with the Consent Decree, 13% of class members need to be employed. However, the Consent Decree Standard for percent of the class members to be employed is 15% in competitive employment and a total of 20% in competitive or supported employment.

<sup>‡</sup> Data is compiled through the Maine DHHS Enterprise System (EIS) for individuals who indicate a need on their ISP (individualized support plan) for a resource that is not available within prescribed timeframes. Some needs classified as unmet may have subsequently been met before the end of the quarter. Compiled data is based on: client zip code, completed RDS (Resource Data Summary) reports by case managers (CI, ACT, and ICM) and includes both class members and non-class members. Enrollment and RDS data is entered by providers into APS Healthcare's CareConnection at the time of the initial Prior Authorization (PA) request and at all continuing stay reviews.

<sup>§</sup> See footnote above for how the data is compiled.

An alternative measure of unmet need for employment services comes from the report about the CSN Employment Services Program initiative entitled “Improving Employment Outcomes for Adult Mental Health Consumers”. That report noted that 230 individuals are waiting for assistance from the seven CSN employment specialists.<sup>36</sup> Though each measure has its limitations, these snapshots suggest that at those given points in time 199 – 230 people with SPMI have some type of unmet resource need for employment services.

However, many more people with SPMI are looking for work than are being counted as having an unmet need for employment services. Using the same database system that tracks unmet needs based on individual service plans, (ISPs) as of 12/31/09, 1,641 people with SPMI in OAMHS services were looking for work.<sup>37</sup> Some of these people may be looking for work actively on their own, some may be using mainstream employment resources, and some may be using resources such as Vocational Rehabilitation services for people with disabilities. Others may be taking a more passive approach but would be open to working if an opportunity presented itself. The table below provides additional information about the employment status of persons enrolled in ACT, CI, ICI or PNMI services: services that are only provided for those with SPMI.<sup>38</sup>

<b>Employment Status on 12/31/09</b>	<b>People</b>
Not employed - not looking for work	5,993
<b>Not employed - looking for work</b>	<b>1,641</b>
<i>Subtotal: Not employed</i>	<i>7,634</i>
Part-time (less than 32 hrs per week)	619
Full-time (32 or more hrs per week)	107
Self-employed	41
<i>Subtotal: Employed</i>	<i>767</i>
Receiving vocational rehabilitation services	601
Volunteer work	167
Other	83
<i>Subtotal: Other</i>	<i>851</i>
<b>Total</b>	<b>9,153**</b>

*Note: The total exceeds 100% as a few persons checked multiple categories.*

Based on this information, the percentage of people with SPMI who are working is currently below the 13% compliance standard. This table shows that 767 persons with SPMI receiving OAMHS services are working. Other enrollment data compiled by APS (an administrative service organization contracted by OAMHS) note that 96% of the persons with SPMI in OAMHS services are between the ages of 18 to 64<sup>39</sup>. Using this percentage, it is estimated that 8,787 of the

\*\* This table shows the employment status of all persons receiving CI, ACT, ICI services on 12/31/09 whose data is entered into the EIS system. Agencies enter data by completing a Resource Data Summary (RDS) on specific individuals.

population served are of working age, (96% of 9,153). Thus, the employment rate for working age adults with SPMI in OAMHS services is approximately 9% (767 of 8,787).

### **Determining the array of employment services needed:**

To achieve the 13% standard among all persons with SPMI enrolled in OAMHS services, **it is estimated that 375 more persons with SPMI who are not working would need to find and maintain employment.**<sup>40 ††</sup>

These calculations do not take into consideration that people enter and exit OAMHS services with great frequency. One estimate suggests a turnover rate of approximately 25% over a six-month period.<sup>‡‡</sup> Also, not factored in is the issue of job retention. Nationally, a person with SPMI typically maintains a job for less than a year.<sup>41 42</sup>

How many people would need to enter either the VR employment services or the CSN Employment Services Program or work with ACT team employment specialists in order to achieve the stated employment goal is also subject to uncertainty. Some people with SPMI find work with the help of informal supports or mainstream resources such as the CareerCenters. Two other important factors are the length of time to achieve a successful employment outcome and the job placement rate. On these two measures, the three employment service programs are different.

The services provided by the Maine Bureau of Rehabilitation, including the services provided by its Division of Vocational Rehabilitation (VR) are long-term. Clients in VR spent an average 39 months from application to closure receiving services under an employment plan, including education and training. VR defines a successful closure of a case if the individual successfully completes at least 90 days of employment in an integrated, competitive setting. Using this measure, during fiscal 2008, there were 174 persons with mental illness who had successful closures. Based on BRS' recent needs assessment report, 39% of persons with mental illness who enroll in Maine VR services achieve a successful closure.<sup>43</sup>

In its first year of operation, the CSN Employment Services Program achieved a placement rate of 46 persons out of 336 who entered services, or 14%. In this service, success was defined as getting a job. The CSN Employment Services Program does not track whether an individual maintained employment ninety days, but instead keeps a cumulative total of how many persons secured employment through the program. Many of the people who entered the CSN Employment Services Program last year remain in the service this year. As the program matures and the clients in the program complete education/training and other employment support services, more and more of these clients are likely to become employed. For example, 15 people secured employment in the quarter ending 12/31/09.<sup>44</sup> In its contract with Maine Medical Center's Vocational Services OAMHS has established a number of performance targets, including that

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<sup>††</sup> 13% of 8,787 persons = 1,142 persons. 767 people are already working.  $1,142 - 767 = 375$  persons. To achieve 15%, calculate 15% of the population of 8,787 minus the 767 already working =  $1318 - 767 = 551$ . To achieve 20% of the working age population working, the calculation is  $(20\% \text{ of } 8787) - 767 = 990$  persons.

<sup>‡‡</sup> Turnover is not a statistic OAMHS monitors. APS Reports provided to OAMHS for period July '09 – December '09 show that 12,563 people were enrolled in services between 7/1/09 – 12/31/09. OAMHS reports that using the data entered into APS CareConnecton@ there were 9,153 records in the RDS system on the day of 12/31. Thus, one estimate for turnover in a six-month period is 27%, which is calculated as  $(12,563 - 9,153) / 12,563$ .

between October 2009 and October 2010 at least 100 people served through the CSN Employment Services Program will enter the workforce.

In October 2009, OAMHS also added contract language to the ACT teams related to the work of the employment specialists on each ACT team. OAMHS has set a standard that at least 15% of the clients served by each ACT team be employed at any given time. The first quarter in which data was collected on this measure showed that statewide 94 of 830 ACT team clients were employed or 11.3%.<sup>45</sup> If the ACT teams are able to meet their targets, 125 of the 830 clients will be employed. This would mean 31 more people with serious and persistent mental illness would be employed than is the case currently.

If VR continues the same rate of successful employment of individuals with mental illness among those already enrolled in their system, and if both the CSN Employment Services Program and the ACT teams meet their respective targets, approximately 305 persons would be placed in employment through these employment service programs in one year. **This is approximately 80% of the level of service necessary to meet the Compliance Standard that 13% of persons served be employed.** To achieve compliance, 70 more people would need to be successful in these employment services than is currently anticipated.

## C. Overview of Employment Resources Currently Available

This section outlines resources currently available to support people with serious and persistent mental illness to succeed in competitive employment.<sup>§§</sup> Some services are available statewide and others are more limited geographically; some are sponsored wholly by OAMHS; others are funded by other agencies or programs. Employment resources for people with serious and persistent mental illness are available in traditional mental health agencies as well as in employment services programs that serve people across a range of disabilities. A comprehensive list of employment resources listed by the seven geographic areas that match the seven Community Service Networks (CSNs) is available in the appendix. The CSN Employment Services Program will be publishing a Guide to Employment Resources by CSN within the next six months. This resource will identify available employment services at the local level.

For service recipients, the system can seem confusing, fractured and governed by many differing rules and regulations. OAMHS helps consumers access and understand services available in their area and minimize service disparities by working with consumers and service providers who are members of the seven locally based Community Service Networks. According to OAMHS, the

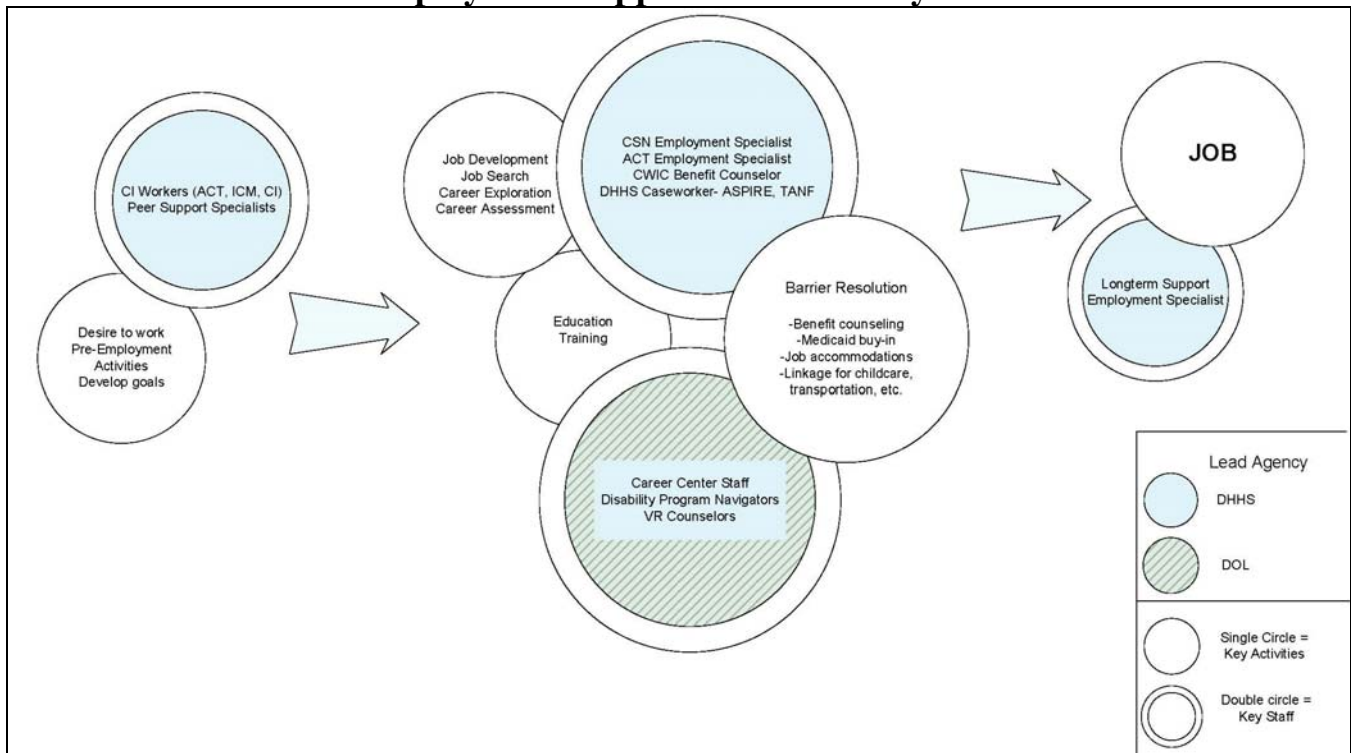
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<sup>§§</sup> The definition of a competitive job is that it must pay at least minimum wage and the employee must be fully integrated with employees without disabilities.

purpose of these CSNs is “to coordinate services among network providers so that consumers with serious mental illness can receive all needed mental health services [including vocational services] in their home network area.”

OAMHS supports its clients with SPMI as they begin to consider employment; when they are ready take concrete steps towards their employment goals; and after they become employed, if they need long term support. Community integration workers are particularly active in the first stage, employment specialists in the second stage and long term supported employment staff in the third stage. The graphic below illustrates the major steps for individuals with serious and persistent mental illness to secure employment and the key activities and staff to support those steps. This graphic is a high-level view of the services and supports available to individuals with mental illness who want to work.

### Overview of Employment Support Services: Key Activities and Staff



Graphic created by Vanessa Bell, Muskie School

\*CWICs are funded jointly, see page 16.

### OAMHS Sponsored Employment Resources

OAMHS purchases employment support services through its contract with Maine Medical Center for CSN Employment Services, through contracts with community mental health agencies that have ACT teams, as well as through contracts with Community Rehabilitation Providers that provide long-term employment support services to clients who are working. OAMHS also directly employs employment specialists at Riverview Psychiatric Center. Employment Specialists

are integral team members on ACT Teams and are co-located in mental health agencies through the CSN Employment Services Program. The number of staff who support employment goals and the number of people they serve are shown in the table below. The services and the staff roles are described in more detail in the rest of this section.

<b>Staff title</b>	<b>Clients</b>	<b>Staff</b>
Community Integration (CI) Staff on 12/1/09	7722	349 FTE*
ACT Employment Specialists on 12/1/09	830	15 FTE
CSN Employment Specialists on 6/30/09	172	7 positions
Benefits Counselors (CWIC) on 9/30/09.	94	5 positions
Long Term Supported Employment (LTES) Community Rehabilitation Providers on 12/31/09.	210	27 contracts**

\* FTE stands for full time equivalent. For example, an agency may employ four people part time for two positions. For CI and ACT, this table shows how many FTEs were employed on a given day, not how many positions there are if all positions are filled.

\*\*Some Community Rehabilitation Providers have not encumbered any funds in six months or more. Others employ multiple full time staff.

### **Community Integration Workers**

The CI staff in mental health agencies across the state play an important role in encouraging their clients think about work as an aspiration and a goal. One way they do this is to have ongoing discussions with clients about the importance of work to recovery, and what role clients want employment to play in their lives. When a client has an interest, an employment goal may be added to a client’s individual service plan (ISP). The CI worker may also refer clients to the CSN employment specialist, and/or a benefits specialist, to BRS vocational rehabilitation services or to other employment related resources such as the Career Centers. The CI workers support their clients throughout their journeys towards recovery and employment.

### **CSN Employment Services Program and the Employment Service Networks (ESNs)**

In February 2008, Maine Medical Center’s Department of Vocational Services was awarded a \$675,000 contract by OAMHS to hire and retain employment specialists in mental health agencies in each of the seven Community Service Networks as well as two statewide program coordinators. This contract represents a significant commitment to bolstering employment services for people with severe and persistent mental illness; indeed it is the largest commitment of new resources for vocational services that OAMHS has made in response to the October 2006 Consent Decree Plan. OAMHS chose to locate these employment specialists in mental health agencies, giving direct access to employment services within an array of mental health services. Research has shown that supported employment programs have better employment outcomes when employment services are integrated with the mental health treatment and employment specialists function as part of the mental health team.<sup>46</sup> In true collaborative fashion, each host agency provides office space and jointly supervises the employment specialist with Maine Medical Center’s regional project coordinators.

CSN employment specialists provide job development, career exploration, job search and other employment related services. Most referrals come from CI staff at host agencies or the consumers themselves. By contract, these employment specialists may have caseloads of up to 25 persons.

CSN employment specialists also serve as facilitators for the Employment Service Networks (ESNs) within each Community Service Network. Now functional in every CSN, these Networks ESNs are intended to build local partnerships among key stakeholders in employment services. ESN members include: a CSN employment specialist, an ACT Team employment specialist, a Vocational Rehabilitation Counselor, a Disability Program Navigator, a Community Work Incentives Coordinator (CWIC, also known as a benefits specialist), a Community Rehabilitation Provider (CRP) and a consumer, if designated, from the Consumer Council System of Maine. Employers are not members, but are welcome to participate. CSN employment specialists also make presentations about employment services to agencies other than their host agencies. These presentations are one way to bring current information about employment services and highlight the importance of employment to consumers' recovery to a broader audience. During a recent quarter, presentations were made at five local agencies.

### **Program Results**

The first step in the process is for an employment specialist to encourage both clients and mental health practitioners to think about work as a realistic goal. The CSN Employment Services Program uses the Need for Change Scale to do this. This scale was developed by Casper and Carloni in 2006 to “assess the felt need for employment among people with psychiatric disabilities.” The goal of using this tool was to reach all CI consumers who have a desire to make a change in their work status. In Maine, between April 1, 2008 and June 30, 2009, 1,075 persons completed the Need for Change Scale and 566 of these respondents indicated a strong or urgent need to change employment status. Of the 566 who indicated a strong or urgent need to change employment status, 336 enrolled in the individualized employment specialist services offered at host agencies in each CSN. These clients worked with their employment specialist in the following areas.

Job development	Career Exploration
Reducing barriers	Education/Training
Job preparation	VR Progress
Post-Employment Support	Post-Education Support

Hornby Zeller's report notes that four of the seven CSNs achieved the goal set by OAMHS that 15% of those enrolled would become employed in the first year of the program's operation. In terms of what type of work was found, of the 46 people who found work, 5 located full time positions and the rest of the jobs were part time, seasonal or in a situational assessment. (A situational assessment is a trial job for a limited time in order for both the employer and the potential employee to assess whether the job is a good fit.) By far the most commonly held job was as a cleaner. Eleven people indicated they had employment as a janitor, cleaner, office cleaner or house cleaner. Other types of jobs held by two or more people included: general helper/laborer (4), store clerk (3), customer service rep (3), data entry specialist (3), artist/musician (2), office clerk/admin assistant (2), support worker/attendant (2), C.N.A. (2), dietary aide (2), dishwasher (2), harvester/picker (2), and stock room clerk (2).



For the 40 positions in which an hourly wage was reported, the median was \$8.00 per hour, with more than half of the successful consumers earning above the minimum wage of \$7.25 per hour. The highest wage reported for a regular employment position was \$14.00 per hour although one individual reported earning \$50.00 per hour for performing as a pianist one hour per week. Eight of the forty persons, or 20%, reported earning \$10.00 per hour or more. The median number of hours worked was 18 hours per week. The range of hours worked per week was a high of fifty hours a week in a seasonal job harvesting crops to a low of one hour per week performing as a pianist.

### **Assertive Community Treatment (ACT) Employment Specialists**

The Assertive Community Treatment (ACT) Team is a multi-disciplinary team of mental health professionals who work closely with persons with serious and persistent mental illness to provide a broad range of treatment and rehabilitation services. They are available 24 hours a day, seven days a week, and meet the person receiving services wherever he or she needs them. In addition to case management, the team provides psychiatric services, counseling, psychotherapy, housing support, substance abuse treatment, employment and rehabilitative services. Every ACT team has an Employment Specialist. There are ACT teams in every CSN except CSN 1 (Aroostook County) for a total of ten ACT teams statewide, including one at Riverview Psychiatric Center. Like their counterparts in other settings, ACT employment specialists at Riverview emphasize work as part of the recovery process.

### **Long Term Employment Support Services**

OAMHS has funded long-term employment support services (LTES) for over fifteen years. The purpose of the service is “to provide persons with psychiatric disabilities with the post employment support necessary to keep a job and/or tuition reimbursement necessary to increase career options.”<sup>47</sup> Eligible individuals receive services from one of twenty-seven LTES contractors (also known as Community Rehabilitation Providers). Eligibility for LTES is based on diagnostic and employment criteria. Before someone with a mental health related disability can enter vocational rehabilitation (VR) services, an assessment is conducted to determine if they would need long-term supports to maintain employment. If so, after the plan is developed with the LTES program, they can access VR services. Once an individual has secured employment, LTES provides long-term employment support for OAMHS clients working with Vocational Rehabilitation Services and in need of this service to maintain employment. Though most referrals to LTES come from VR, anyone with a diagnosed mental illness who already has a job may receive long-term employment support services if needed through OAMHS. These services are provided for as long as the client needs them.

At least two Community Rehabilitation Providers (CRPs) provide LTES services in every CSN in the state. On 12/31/09 there were 210 people receiving LTES.<sup>48</sup> There is currently not a waiting list for this service and no one has been turned away due to lack of capacity.<sup>49</sup>

The consumers who use this service have many good things to say about it. In September 2009, Maine Medical Center Vocational Services staff conducted a focus group for consumers who are currently working and receiving LTES.<sup>50</sup> As one person stated:

*“In the course of my employment I’ve had to deal with three different managers due to turnover and some of them do not have experience working with people who have*

*disabilities. My ES is an intermediary that helps me in communicating with the employer to make sure “we’re all on the same page.” Over the years my physical condition has changed and the ES has been a support to make sure I get accommodations as needed.”*

## **General Employment Resources for People with Disabilities**

This section includes an overview of some of the major resources available to persons with a disability of any kind. Two of these services are partially funded through OAMHS funds. Many of these programs report that mental health related disability is the most common disability among their clientele. Persons with mental illness in these programs are not necessarily enrolled in the publically funded mental health services that OAMHS provides.

### **Benefits Counseling (CWICs)**

Community Work Incentives Coordinators (CWICs), formerly known as benefits specialists provide benefits planning and assistance to people receiving SSI and/or SSDI income supports and other benefits.<sup>51</sup> This jointly funded project serves people across a range of disabilities including those with SMPI and is a critical service to improve employment outcomes. Funding for this program is shown in the table below.

<b>Funding Source</b>	<b>Amount</b>	<b>Type</b>
<b>Maine OAMHS</b>	<b>\$173,100</b>	<b>State</b>
Social Security Administration Office of Employment Support	\$122,600	Federal
Maine Bureau of Rehabilitation services	\$100,000	Federal
Maine DHHS CHOICES (Medicaid Infrastructure Grant)	\$75,000	Federal
Maine Medical Center	\$13,500	In-Kind
<b>Total</b>	<b>\$484,200</b>	

Maine Medical Center’s Department of Vocational Services (MMC) is contracted to provide the service. CWIC staff meet with clients over the phone and at any of Maine’s CareerCenters. While CWICs help anyone with a disability, mental health disabilities are the most prevalent.<sup>52</sup> Indeed, the CSN Employment Services Program reported that since their program started, CSN employment specialists have made 83 referrals to CWICS.<sup>53</sup> On 9/30/09, 94 clients with psychiatric disabilities were receiving benefits counseling services. According to Maine Medical Center’s webpage, “the CWIC can answer questions about and help people to utilize the SSA work incentives, assist in the development of return-to-work plans, and connect clients with needed employment services.” The website includes dozens of testimonials about how the CWIC program provided people with the information they needed about the effect of work on their SSI/SSDI benefits, Medicaid and other state and federal subsidies. As one person noted, “*It wasn’t until I met with a benefits specialist that I knew how the return to work would work alongside my disability benefits.*”<sup>54</sup>

### **Maine Department of Labor**

#### **Vocational Rehabilitation (VR)**

The Division of Vocational Rehabilitation (DVR) within the Bureau of Rehabilitation Services (BRS) provides people with significant disabilities a variety of services to help them get or keep a job. Services begin with an application, eligibility determination, and a

comprehensive assessment of rehabilitation needs. DVR services include counseling and guidance, development of an individualized employment plan, provision of services required to pursue a specific employment goal and support to move to a successful job placement.

During 2008, 3,604 persons in Maine exited VR services in one way or another. Of these “closures”, 1,289 had psychiatric disabilities.<sup>55</sup> Those classified as having psychiatric disabilities may or may not be receiving services from OAMHS. The persons with mental illness who successfully found and retained employment worked 24 hours per week on average and had average earnings of \$245 per week.<sup>56</sup>

In 2007, the Vocational Workgroup of the State Rehabilitation Council conducted a crosswalk analysis between consumers of OAMHS receiving community integration (CI) services and clients of Division of Vocational Rehabilitation. This Vocational Workgroup noted in their draft report that the length of time spent in plan development was a too long and was a barrier for OAMHS clients using VR services.<sup>57</sup> Since the fall of 2009, DVR is actively responding to these concerns. Dubbed “NoQ4U”, the initiative has a website and newsletter designed to communicate its’ activities. Per their website and newsletter,

*“Maine’s Division of Vocational Rehabilitation is in the process of embarking on a major initiative to eliminate the wait list and provide the “right service at the right time” to its consumers. Maine DVR plans to go “back to the basics” by evaluating each major process point with consumers. DVR has identified these points as “Entering the VR System”, “VR Plan Development”, “VR Plan Accomplishment” and “Exiting the VR System”. The goal is to provide services to all eligible clients at the time that they need them to achieve competitive, community-based employment.”*<sup>58</sup>

BRS has dedicated funds received from the American Recovery and Reinvestment Act of 2009 (ARRA) to this initiative to eliminate the wait for services for all VR clients by October 2010. Beginning July 1, 2010, OAMHS is supporting BRS by transferring funds for vocational services to BRS. This will allow BRS to meet requirements that federal funds be matched by state funds. Hiring additional staff for a limited amount of time is a major strategy to eliminate the wait list. The March “NoQ4U” newsletter reports that by April 2010 the wait list for Priority 1 clients (clients with the most significant functional limitations to employment) will be eliminated. It also stated that BRS remains on track to eliminate the waiting list for all persons eligible for VR services by October 2010.<sup>59</sup>

Both the Vocational Workgroup of the State Rehabilitation Council and BRS’s own Needs Assessment identified the need to speed up the plan development process. This is one of several areas of focus of BRS’s new initiative. To date a Steering Team has been formed, project planning documents and timelines are in place, initial project steps have been implemented, trainings have occurred and “a best practice protocol regarding how to best move clients into work plans, which may include a better use of situational assessments, has been developed.” The latest newsletter notes that implementing these practices “will help ensure that individuals will come away with clearer vocational goals, which will in turn require less time in VR, and ultimately help them make better job matches more quickly”<sup>60</sup>

### **Disability Program Navigators**

Four Disability Program Navigators (DPNs) and a Lead DPN work in CareerCenters across the state helping people with disabilities “navigate” the CareerCenters’ programs and services. In an article written by Libby Stone-Sterling, the State Lead for Maine’s Disability Program Navigators, it was noted that *“In August 2007, with funding from the United States Department of Labor and the Social Security Administration, the Maine Department of Labor launched a new effort to promote systems change in the employment of people with disabilities by increasing accessibility to programs and services at Maine’s CareerCenters.”*<sup>61</sup> Although statistics for this service are not broken down by disability, if it is similar to the other services offered to people with disabilities, half or more of those served may have a mental health disability. Recently, it was announced that federal funding for the Disability Program Navigators is ending nationwide on June 30, 2010. It remains to be seen if Maine’s DOL can find other funding to support the continued operation of this service.

DPNs also provide outreach to employers and the community. For example, as members of the Employment Service Networks, DPNs have provided technical assistance to CSN employment specialists especially in the areas of using CareerCenters for career exploration and accessing apprenticeship programs through the CareerCenters. The Maine Apprenticeship Program assists in facilitating a match between employers and potential employees through on-the-job training (OJT) and related classroom instruction

### **One-Stop CareerCenters**

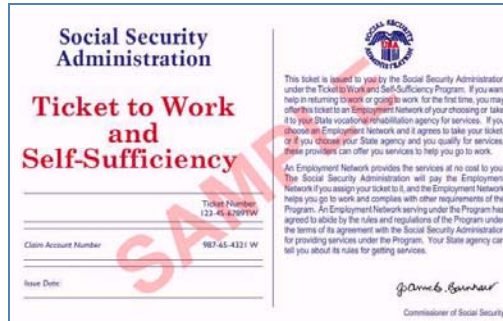
CareerCenters provide services to job seekers in the general population. Disclosing a disability is not required to receive the services, so there are no records for the number of people with SPMI who have utilize the general services of CareerCenters. Each of Maine’s twelve full service CareerCenters and eighteen satellite offices provide career counseling, resume assistance, direct job placement, classroom and on-the-job training, and information about local and national labor markets and unemployment compensation to anyone, disabled or not, who is seeking employment assistance.<sup>62</sup> The Department of Labor maintains a robust website for jobseekers including the online Maine Job Bank, as well as information about workshops, job fairs, online job search engines, typical wages for job categories and other resources.

### **MaineCare Workers with Disabilities Option (WWD Option)**

A documented barrier to entering the workforce is the concern about losing health insurance. Therefore, an important component of Maine’s employment service system for people with disabilities is the MaineCare Workers with Disabilities Option (WWD Option). This option, also known as the Medicaid Buy-In, allows low-income people with disabilities in Maine’s Medicaid program to keep their Medicaid health insurance coverage. There are caps to both earned and unearned income which effect eligibility, yet it remains a critical resource, especially for people who have SSI or SSDI.

## Federal Ticket to Work Program

To encourage recipients of SSI/SSDI to work, the Social Security Administration mails a ticket like the one shown in the graphic below to everyone between the ages of 18 and 64 who receives SSI/SSDI.



The "Ticket-to-Work" is a program from the Social Security Administration (SSA) for program recipients who want to work towards the goal of supporting themselves. The intent of the program is that people use their tickets to get the vocational rehabilitation services they need to go to work. For clients of OAMHS, receiving such a "Ticket to Work" in the mail, may offer the opportunity for the client and the CI worker to discuss employment as a goal and then to set about getting the employment services needed to realize that goal. However, the "Ticket to Work" program is complicated and has been underutilized in Maine and nationwide. As a result, in 2008, the federal SSA made the program more flexible and is currently conducting outreach among service providers and recruiting employment network providers (EN) to expand the utilization of this program. In Maine, DVR and the staff from the CHOICES project are leading outreach efforts. Also, the Maine Bureau of Employment Services has recently become an Employment Network under Ticket to Work and is offering employment services in three pilot CareerCenters.

**Other employment resources for people with disabilities are listed in: [Employment Resources in Maine](#) and [www.disability.gov](http://www.disability.gov) .**

## D. Steps Taken to Overcome Obstacles

This section outlines the steps that OAMHS has taken to improve the employment service system so that adults with SPMI can improve their employment outcomes. The activities are clustered into three major categories. Individual activities in each are distinct however they work together to improve the system.

### Research

As described earlier in this report, OAMHS has undertaken several studies to understand the barriers faced by people with psychiatric disabilities who want to work. As part of the DHHS CHOICES grant, OAMHS has participated in focus groups, interviews and other efforts to gather qualitative data regarding employment barriers. Additionally, the Vocational Workgroup of the State Rehabilitation Council studied data from a variety of sources and completed a draft report in 2008. Findings from this array of sources have informed the steps OAMHS has taken thus far in

training its workforce and can also serve to guide OAMHS in future activities. Success will depend heavily on strong, committed and ongoing partnerships with its key partners including clients of OAMHS, community service providers and the Department of Labor Bureau of Rehabilitation Services.

In an effort to hear directly from consumers, the DHHS Office of Quality Improvement, Office of Consumer Affairs, the State Rehabilitation Council and the Muskie School recently completed a report called “Competitive Employment Interview”. Sixteen consumers who were working part time or full time participated. Consumers spoke about how work history, use of benefits counseling, the management of their mental health symptoms, as well as their attitudes and internal motivations influenced their work status.<sup>63</sup>

Benefits counseling has consistently been identified as a critical element in an effective vocational services system. Numerous studies have shown that this service has a significant positive impact on employment rates among people with disabilities. The State Rehabilitation Council’s Vocational Workgroup in 2007 drew upon the work of a 2006 study in Vermont that found that “participants who received specialized benefits counseling achieved significantly greater improvements in earnings. The benefits counseling group increased its adjusted average earnings by \$1,256 per year in comparison with the two control groups<sup>64</sup>. In the Competitive Interview Report noted above, all of the Maine consumers interviewed stated that the benefits information received was helpful.<sup>65</sup>

## **Workforce Development**

A competent, well-trained and supported workforce is key to an effective service delivery system. OAMHS has promoted several initiatives since 2006 to train mental health and employment services staff to enhance their knowledge and skills regarding employment practices.

### **Community Integration Staff**

Community Integration workers serve a critical linking role for the mental health system. These workers have routine and frequent contact with individuals served through the public mental health system. All Community Integration staff are required to have the MHRT/C certification. In January 2009, a new requirement for MHRT-C certification was added, strengthening the vocational component of this certification. “Vocational Aspects of Disability”, a minimum 30-hour course, is now required for certification. Previously it was included as an optional course. The addition of this requirement underscores the importance of competencies in this area for all staff providing community support. Since instituting the new requirement, approximately 100 people have taken this course. In February 2007, over 550 CI workers, (including ACT, CI, ICI, ICM workers) attended a 3-hour workshop led by experts from University of Massachusetts Institute for Community Inclusion. The workshop entitled “Work and Recovery: Vocational Training” provided basic education about the value of work and its role in the recovery process. One of the workshops major goals was to ensure that participants left with specific strategies on how to support their clients’ vocational goals. This broad-based effort to train all case management staff was held in Portland, Augusta and Bangor.

### **Residential Staff**

Providers who work in residential programs also receive some training in supported employment as part of their certification requirements. This content was added to the Mental Health Support Specialist (MHSS) curriculum in 2005. A total of 1,145 people have taken the MHSS courses since 2006.

### **ACT Teams**

A fidelity review of Maine's ACT Teams completed in January 2008, revealed varying levels of fidelity to the evidence-based model. Since then, all 10 teams have received technical assistance from MMC's Vocational Services Program about best practices for promoting employment among ACT team clients. Beginning in October 2009, OAMHS added contract language requiring that ACT teams' employment specialists spend at least 90% of their time on employment related activities and that at least 15% of ACT team clients should be employed at any given time. In the first quarter in which this policy was in effect, four of the ten ACT employment specialists met the 90% threshold.<sup>66</sup>

### **Long Term Employment Support (LTES) staff**

OAMHS working closely with the Office of Quality Improvement conducted a fidelity review of these services against the evidence-based supported employment model. In January 2008, OAMHS held a meeting for all LTES providers to discuss the results of this review. Provider feedback and findings from the review revealed the need for certain policy changes. Since that time, policy changes have been implemented to facilitate more collaboration by allowing reimbursement for participation in team meetings and to allow quick access to related services if a person who had been receiving LTES loses or is in danger of losing a job.

### **Certified Intentional Peer Support Specialist Training Program (CIPSS)**

The Office of Consumer Affairs offers a nine-day course at no cost to consumers who want to work in peer support programs located in a variety of settings. The focus is on peers helping peers work towards their goals. The CIPSS course qualifies peers to secure paid employment as peer support specialists in Warmline programs, hospital Emergency Departments and ACT Teams. A total of 53 people have graduated from this program over the past 3 years.

### **Community Support Specialist Program (CSSP)**

This post secondary program has been funded by OAMHS for over 10 years. Developed in conjunction with University of Maine at Augusta, the CSSP is a college level supported education program for persons in recovery from mental health and or substance abuse disorders. The CSSP students complete five college courses, to earn the Provisional Mental Health Rehabilitation Technician/Community (MHRT/C) certification. This certification is a stepping-stone for graduates to work in the mental health field and continue their education for full certification (five additional courses are required) and/or a college degree. This unique program traditionally graduates 10-12 students annually.

Beginning, July 1, 2010 OAMHS is moving away from the separate classroom model towards a new model whereby persons in recovery are integrated within existing classes. OAMHS plans to continue to provide tuition support for students who have earned a provisional MHRT/C and is working closely with the University programs to inform students about learning supports, and financial aid and other resources available through the University.

## **Collaboration across Programs**

In November 2006, OAMHS and the Office of Adults with Cognitive and Physical Disabilities (OACPD) each entered into a Memorandum of Understanding with the Bureau of Rehabilitation Services, (BRS) within the Maine Dept. of Labor (MDOL). The purpose of both MOUs is to “guide [these entities] through a system change planning process for the purpose of implementing an aligned service delivery system that promotes evidence-based practices.”<sup>67</sup> These memorandums have the important function of formalizing the intent to work collaboratively to support improved employment outcomes for people with disabilities.

The OAMHS MOU with BRS sets out four major goals for the program areas. They are:

- Strengthen the partnerships between BRS and OAMHS in order to improve and expand employment services for our joint consumers, and to effectively implement the vocational components of the DHHS Consent Decree Plan in *Bates v. DHHS*.
- Ensure ethical best practices, particularly as they relate to consumer rights and meaningful choices.
- Maximize the utilization of employment and training resources and funds to support competitive employment for people with mental illness in Maine.
- Improve the rehabilitation rate and increase the number of individuals with mental illness who are successful in achieving a full-time competitive employment goal.

The CHOICES CEO grant has served as an important vehicle to spur collaboration among various stakeholders interested in improving employment outcomes for people with disabilities. The grant, awarded to DHHS, is overseen by an Advisory Council of key stakeholders including BRS, disability advocates, an employer and state agency staff who oversee employment services. The grant activities are implemented by staff from the Muskie School of Public Service, Catherine E. Cutler Institute for Health and Social Policy. Since 2005, this grant has been a significant resource to effect communication and collaboration toward a common goal and has undertaken a range of activities and research aimed at this shared goal.

The CHOICES grant has a growing initiative to engage businesses in a Business Leadership Network. A national model, this organization takes a business-to-business approach to promoting employment of people with disabilities. These educational approaches address employer concerns regarding accommodations and disclosure of disability as well as the positive aspects of employing a diverse workforce, including people with disabilities.

The CHOICES grant is also participating in a national media campaign designed to get employers to think about attitudes toward hiring people with disabilities. “Think Beyond the Label” takes an



edgy and humorous approach to challenging existing beliefs. OAMHS is in the early stage of developing additional efforts to address discriminatory attitudes toward people with mental illness. These broad educational efforts are an important focus for OAMHS.

OAMHS and its collaborating partners have undertaken multiple initiatives related to employment and training. During 2009, OAMHS, OACPD and BRS decided to align the training and certification requirements for employment specialists working across the service areas. Beginning January 2010, training requirements for employment specialists are the same for all three program areas. This consistent standard ensures that employment specialists receive training that meets nationally recognized standards and aligns practice across the employment service system. Approved programs are accessible as on-line courses, via ITV or as traditional courses. The Maine based Maine Employment Curriculum will be phased out for 2010 with the option of those who are in process of becoming certified completing this course without interruption. Tuition reimbursement is available for employment specialists in training. The CHOICES CEO grant provides partial payment for qualifying students and the Maine On-line Learning Initiative supports tuition for distantly delivered courses approved by Maine DOL.

Recognizing that employment specialists need on-going professional development, staff from BRS, OACPD and OAMHS have been working to develop a common framework for continuing education for employment specialists, again promoting best practices across the systems. Training and professional development materials are now posted on a website, [www.employmentforme.org](http://www.employmentforme.org) as a resource for all.

With funding from the CHOICES grant, OAMHS and these partners worked together during 2009 to develop and sponsor two 1-day training events for employment specialists in conjunction with the TACE Center at UMass Boston. "Building Relationships with Business: What You Can Do to Prepare for the Economic Turnaround" targeted employment specialists and job developers across the three program areas. An array of strategies, tools and information were presented to help build skills and knowledge. Panelists from businesses spoke directly about what practices they found to be most effective in forging and maintaining relationships with providers looking to secure employment for people with disabilities.

This face-to-face training was followed up by a webinar in which participants discussed their experiences in trying new approaches to business engagement. By using this distance delivery method, it is hoped that providers can continue to apply new knowledge and get feedback from both their peers in the field and experts without the expense of traveling long distances.

OAMHS and its partners are planning to offer three more advanced training events for employment specialists during calendar year 2010. These activities, with funding and staff support from the CHOICES grant, include both traditional face-to-face training as well as on-line offerings. Topics identified include Advanced Skills in Job Customization and Job Carving and How Case Managers Can Support Employment Goals.

In addition to these training efforts, OAMHS and its partners are revising an electronic portal to provide accurate and timely information for jobseekers with disabilities, providers and employers. EmploymentforME, a website developed through the CHOICES CEO grant is being redesigned to provide a more robust web presence to facilitate the dissemination of information and promote

engagement among the three key stakeholder groups. The revised website is projected to launch in April 2010.

Significantly, OAMHS and BRS continue to partner in braiding systems activities to identify opportunities to leverage and maximize resources for consumers receiving both mental health and vocational rehabilitation services. The state legislature recently approved a process whereby OAMHS will transfer targeted funds to BRS. This will allow BRS to match and drawdown federal dollars to support specific VR program services. This closer collaboration and VR's substantial effort to improve services through eliminating the wait list and shortening the length of time in plan development should allow more people with SPMI to achieve successful employment outcomes more quickly.

These types of collaborations show that the two systems are demonstrating a commitment to continued alignment and coordination of services to mental health services consumers.

## **Possible Next Steps**

In the Need Section of this report, it was calculated that to achieve a 13% employment rate for the working age population of persons with SPMI receiving OAMHS services, 375 more people would need to secure employment. Since the major existing employment services (VR, the CSN Employment Services Program and the ACT team employment specialists) are expected to successfully place a total of 305 people, 70 additional persons would need to secure employment to meet the target.

While it is too soon to predict the effect of VR's service improvements, since it is such a long-term service, it is unlikely that 40% more persons with serious and persistent mental illness will achieve competitive employment in the first year or two through this avenue alone. Other pathways through which consumers may achieve competitive employment include finding jobs on their own and using natural supports. These numbers are not well documented but are likely small.

In order to achieve the 13% compliance standard, the analysis in this report suggests that OAMHS will probably need to expand its existing employment services of the CSN Employment Program and the ACT teams.

In addition, although LTES is not currently at full capacity, in the future, as more people with SPMI do become employed, OAMHS may need to expand the capacity of LTES program as well as develop other strategies to improve job retention. The following other possible next steps, if enacted, can strengthen the employment service system and lead to better employment outcomes for consumers with SPMI.

### **Education and changing attitudes**

1. In order to continue to make substantial progress in improving employment outcomes for people with mental illness, educational efforts need to be targeted to key stakeholders who influence employment.

- a. OAMHS should continue to implement multiple strategies to educate consumers about work as an important component of recovery. The Need for Change Scale is one tool that mental health staff can use with consumers to think about taking steps toward employment. For those consumers who choose to do so, the addition of an employment goal into an individual's individual service plan (ISP) strengthens the focus on this goal. Multiple pathways to employment are possible for consumers with mental illness. Effective education can help consumers select those best suited to the individual. OAMHS should continue efforts to enhance consumers' understanding of both the value of and the pathways to employment including using: traditional VR approaches, the CSN employment specialists, the CareerCenters, and other available employment resources as well as their own networks of support.
- b. Employers need accurate, relevant information regarding employing people with severe and persistent mental illness. Efforts through the CHOICES CEO grant to help employers see people with disabilities as viable candidates is ongoing through the end of this calendar year. OAMHS and partners should continue its efforts to build this business organization with an eye towards sustainability when the CHOICES grant ends.
- c. Mental health providers also need education regarding work as an integral component of recovery. Current research on employment for people with mental illness shows how work benefits recovery but attitudes and behaviors can be slow to change. Old beliefs and attitudes can be a barrier to successful employment opportunities. Therefore, it is important that providers understand that in fact, employment contributes to recovery and that they adopt practices to support these beliefs. Secondly, providers play an important role in helping service recipients manage the symptoms of their mental illness. Symptom management has been shown to be a major contributing factor to employment success.

## **Fidelity and supporting best practices**

2. OAMHS should continue to support and provide incentives for implementation of effective practices, particularly in this era of scarce resources. Using knowledge gained from proven evidence-based models, OAMHS should continue to routinely conduct program evaluations and measure Maine's services for fidelity and the desired outcomes.
  - a. Long-term supported employment programs that scored low on fidelity measures would benefit from support by OAMHS to more closely follow the evidence-based practices. Access to quality long-term supports is an essential component to an effective supported employment program.
  - b. Continued fidelity measurement of supported employment practices will inform directions for improved delivery of this service. Fidelity measures such as rapid job search, matching job searches with consumer's interests and employment supports integrated with mental health treatment are important elements to be assessed. The CSN Employment Services Program and the work of the ACT team employment specialists should be included in OAMHS's on-going program evaluation efforts. These assessments will identify strengths and challenges of each program.

- c. As job match is critical to an individual's success in employment, OAMHS needs to support job development activities that reflect appropriate matches between consumers' skills and interests and jobs. To accomplish this, employment specialists need on-going access to training and tools that will enhance their practices in assisting consumers to identify employment goals based on consumer choice.

## Data

3. Accurate data on employment outcomes for people with serious and persistent mental illness needs to be routinely collected and analyzed to inform future directions in employment services.
  - a. Integrated data collection and analysis will give a more comprehensive picture across systems, particularly BRS and OAMHS. OAMHS and its' collaborative partners have identified common measures including hourly wage, hours worked per week, and length of time remaining in employment. These data will provide a more detailed understanding of employment outcomes for consumers served.
  - b. OAMHS should consider adopting a consistent standard to measure retention rates among those who succeed in gaining employment. OAMHS then can use this data to continue to engage all stakeholders, especially consumers, providers and employers in discussions about improving employment practices. In particular, an analysis about how the differing typical lengths of stay in various OAMHS services affect design and capacity would be beneficial. For example, review data about how long clients usually receive job development services through the CSN Employment Program compared to how long clients remain in the long-term supported employment program.

## Partnerships

4. A continued focus on the partnership with BRS is essential to making the vocational systems more aligned for consumers and improving employment outcomes. Integrated policy approaches, a common vision, joint training of staff and common measurement of outcomes will lead to improved services for consumers served by both agencies.
  - a. The CSN Employment Services Networks have a role in enhanced system integration through partnerships at the local level. Although these efforts are in the early stages, facilitating local collaboration is an important strategy in a forging a better aligned system to support improved employment outcomes for people with disabilities. Effective engagement of all key stakeholders is critical.
  - b. OAMHS can build on the strong partnership it has developed with the Bureau of Rehabilitation Services. The efforts BRS now has underway to reduce the number of months to wait to begin VR services as well as reduce the months that clients of VR spend in the stage called "plan development" will certainly benefit OAMHS clients. If VR is able to achieve and maintain no wait list and significantly decrease the time clients spend in the stage of Plan Development, this will enhance the chances for

improved employment outcomes among OAMHS clients. As more people join the workforce, there may well be a need to expand both the LTES services and the CWIC benefits counseling. OAMHS should monitor availability of both services to ensure they meet both demand and access for mental health consumers.

- c. The revised Ticket to Work program holds promise as a resource for both providers and consumers. National consultants believe that Maine is a good environment for this program to be more of a resource than it is currently. Ticket to Work expansion strategies need to include both expanding service provider capacity as well as job seeker awareness of their Ticket as a resource to earn income. OAMHS should continue to partner with BRS as leaders in expanding this important resource.

The vocational services system will be improved over time by targeting resources effectively, maintaining partnerships and focusing on outcomes.

## Endnotes

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