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Status and Evaluation of Employment and Support Services for Persons with Mental Illness

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I. EXECUTIVE SUMMARY AND RECOMMENDATIONS

Minnesota Statute 268A.13 directs the commissioner of employment and economic security, in cooperation with the commissioner of human services, to develop a statewide program of grants to provide supported employment services for persons with mental illness. Minnesota Statute 268A.14 describes the service requirements of the grants funded under this authority, and Subdivision 2 mandates the following report in preparation for the 2009-2010 biennial budget request:

> Subdivision 2 [Report]
>
> Before preparing a biennial budget request, the commissioner of employment and economic development, in cooperation with the commissioner of human services, must report on the status and evaluation of the grants currently funded under section 268A.14 to the chairs of the policy and finance committees of the legislature having jurisdiction. The report must also include a determination of the unmet needs of persons with mental illness who require employment services and provide recommendations to expand the program to meet the identified needs.

This report was prepared by Rehabilitation Services (RS) of the Minnesota Department of Employment and Economic Development (DEED) in collaboration with the Adult Mental Health Division (AMHD) of the Minnesota Department of Human Services (DHS). It summarizes the results of the Extended Employment-SMI Program a public-private partnership, which assists persons with serious mental illnesses (SMI) to obtain and maintain employment and the results of the Johnson and Johnson Dartmouth Community Mental Health Program pilot projects in Minnesota.

Through an Interagency Cooperative Agreement, in place since 1985, RS and AMHD have successfully worked together to improve the quality and quantity of employment services in the community for persons with SMI. (Appendix A) As a result of this collaborative effort, the agencies have developed model employment programs at the local level called the Coordinated Employability Programs which are funded by the Extended Employment-SMI program. These projects were initiated with time-limited Vocational Rehabilitation funds and continued with

state and local funding sources. The Projects' employment outcomes continue to demonstrate that with ongoing employment and job retention services, persons with SMI can successfully access and maintain employment in the community.

Recommendations

- Although demographic estimates vary, there are substantial numbers of Minnesotans with mental illness who will require specialized employment services in order to seek and succeed in employment. Population surveys combined with prevalence estimates suggest that, at a minimum, there are over 151,000 Minnesotans with serious mental illness who could work if ongoing employment and job retention services were available.

- Individuals with mental illness possess a wide range of skills and represent an untapped resource for Minnesota employers.

- Key components of an effective employment service system for people with mental illness include:

    - Individualized support in choosing and finding employment;

    - Supportive ongoing training and assistance for job retention and advancement;

    - Assistance to employers in understanding and making reasonable accommodations for employees with mental illness; and

    - Development of providers with the specialized expertise to serve people with serious mental illness.

- Minnesota's EE-SMI Projects have proven to be highly successful models for providing employment services to individuals with mental illness as evidenced by the following:

    - People with mental illness are a stable workforce when provided with ongoing employment support services and have a job tenure rate comparable to persons without disabilities in entry level jobs.

- Most participants work part time and received an average of five hours per week of employment support, counseling, and/or job coaching. Their average wage is $8.97 per hour. This compares favorably to the average median wage for job vacancies in Minnesota (2nd quarter of 2008) of $10.58. Combined earnings of program participants total over $2.3 million annually.

- Projects serve people with a range of psychiatric disabilities including Bipolar Disorder, Major Depression, and Schizophrenia or other thought disorders.

- Minnesota's Extended Employment-SMI (EE-SMI) Programs have a comprehensive longitudinal employment outcome tracking system and achieve employment results that are equivalent to national benchmarks.

- The Extended Employment-SMI Projects build local collaborative relationships between persons with mental illness, community mental health programs, community rehabilitation programs, employers, WorkForce Centers and county social services.

- Much of the cost benefit of supported employment programs is derived from decreased use of alternative services, such as hospitals, crisis services, and day programming.

- Given the broad dimensions of the unmet employment needs of people with serious mental illness and the limited resources available for this purpose, agency strategies for implementing this statewide system of grants have been incremental; developing new projects and service capacity as resources have become available.

- Base appropriations for these projects do not provide a cost of living increase or service expansion capacity for existing grants. Eighteen percent (18%) of Minnesota counties do not have access to the EE-SMI program. Even in areas served by existing projects, significant service capacity issues are present, especially in the Twin Cities metropolitan area.

- Unique and urgent needs for these services exist in special population groups, such as persons experiencing long term homelessness, immigrants and refugees and returning veterans.

- RS and AMHD are working collaboratively to implement the National Evidence Based Practice of Supported Employment in partnership with the Johnson and Johnson Dartmouth Community Mental Health Program.

- Additional projects and new service capacity can be added as resources become available. Grants for these projects average $75,000 and provide the capacity for ongoing employment support services for approximately 50 individuals at any one time.

II. INTRODUCTION

Over the past 20 years, there have been a number of reports and plans issued that address workforce development in Minnesota. For the past 24 years DEED-RS and DHS-MHD have been addressing workforce issues for persons with serious mental illness. Together the agencies have articulated a shared vision and responsibility for employment of people with mental illness. This work is central to workforce development in Minnesota.

> *Minnesota's quality of life is linked to the strength of our business climate, particularly its supply of well-educated and motivated workers. Our agency will continually strive to improve links between businesses and job seekers, strengthen our economic base, and work with communities to ensure that Minnesota is "the place to live, work and succeed!"*
>
> -Dan McElroy
> Commissioner, DEED

> *"Work is a critical element in the recovery of people with mental illness. It offers more than a pay check, it boosts self-esteem and provides a sense of purpose and accomplishment. Work enables people to enter, or re-enter the mainstream after psychiatric hospitalization. Unfortunately, too often these individuals are prevented from finding employment because the supports they require are lacking." -Joe Rogers*[1]

An outcome measurement system for the Extended Employment-Serious Mental Illness (EE-SMI) projects has been in place since 1999. The data currently collected for this performance measurement system is longitudinal and one of the most comprehensive for similar programs of this type in the nation. This report summarizes data from this performance measurement system in Section V on page 27.

The Coordinated Employability Projects operate as complimentary aspects of the RS Vocational Rehabilitation (VR) and Extended Employment (EE) programs. Projects were initiated with VR grant funding for Innovation and Expansion. The state EE-SMI funds provide for the continuation of the projects after they are successfully implemented and stabilized under the grant authority in Minnesota Statute 268A.14. Because the need for ongoing employment support services normally extends well beyond the scope of the time-limited services that VR provides, this continuation funding has been administered through the RS Extended Employment program and is referred to as Extended Employment for Persons with Serious Mental Illness (EE-SMI). Because these projects utilize a unique collaborative service model intended to meet the specific needs of people with serious mental illness, the projects are administered separately from the Extended Employment program under Minnesota Statute 268A.15 (EE Basic).

In 1999 the Legislature passed language requiring this summary of results of the Coordinated Employability Projects, a joint public/private partnership between the MDES-RS and MDHS-MHD.

Summary of Employability Grant Purpose as Outlined in Legislation

The RS-AMHD Interagency Agreement leverages the combined resources of Minnesota's workforce development system and public mental health system to address the unemployment and underemployment of Minnesotans with mental illness. These projects build local collaborative relationships between persons with mental illness, employers, WorkForce Centers, community mental health programs, community rehabilitation programs and county social services. This local interagency collaboration is unique and accounts for the considerable success of the projects.

The Coordinated Employability projects were developed as distinct entities with targeted funding because of the necessity of building new service capacity for Minnesotans with mental illness, who historically have been un-served or underserved by the existing VR and EE programs, community rehabilitation programs, community mental health programs, and the generic workforce development system.

In order to put the status and evaluation of the Coordinated Employability Projects in perspective, it is important to have an overview of National data on employment of persons with serious mental illness.

Overview of National Data on Employment of persons with Serious Mental Illness

Mental Health: A report of the Surgeon General defines mental illness as "a term that refers collectively to all of the diagnosable mental disorders." Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning. [2] Mental disorders can range from mild to severe. For most mental disorders the signs and symptoms exist on a continuum, with no clear line separating health from illness. The threshold of mental illness has been set by convention, based on the severity of symptom, duration, and functional impairment.

Mental illness is a serious public health problem that hurts Minnesota's workforce and economy today and in the future.

Mental Illness Affects Minnesota Businesses

Mental illness has a significant impact on business and the labor force. These impacts occur for several reasons:

1. Some individuals develop emotional problems while employed and experience difficulties with productivity, attendance, concentration and decision-making; putting their jobs at risk if not provided appropriate supports.

2. Individuals who have work skills and have dropped out of the labor force due to mental illness are subsequently not reflected in unemployment statistics. These individuals become part of a hidden potential labor pool. Many of these individuals could reenter in employment if appropriate services and supports were available.

3. Individuals with mental illness who have never worked are a large untapped labor source. It is estimated that only 15-20 percent of persons with serious mental illness are employed. [3]

People with mental illness are part of the solution to predicted future labor shortages. However, these opportunities will not occur unless the State of Minnesota is willing to make investments in the strategies that are proven effective in attaching persons with mental illness to the workforce.

Many persons with disabilities, including significant numbers of persons with mental illness, are not in the labor force, are not seeking work and are, therefore, a hidden and untapped labor resource. For persons with mental illness this mismatch is further compounded by a lack of appropriate services and supports to retain and advance in employment. Approximately one-third of the persons served by the EE SMI program have a post-secondary education in addition to diverse skills and experiences to contribute to the labor force.

Employment of persons with mental illness contributes to a reduction in poverty, decreased reliance on public assistance, increased standard of living, and improved self-esteem. Even for those persons who work part-time and retain some public benefits, such as those who participate in Minnesota's Medical Assistance for Employed Persons with Disabilities (MA-EPD) Medicaid Waiver, the state receives additional revenue in the form of co-payments toward Medicaid costs. In addition, the state receives the benefit of income and sales tax revenues derived from wages earned and spent.

Unemployment and poverty among those with serious mental illnesses is higher than for any other group of people in the nation. Employment of people with mental illness contributes to a reduction in poverty, decreased reliance on public assistance, increased standard of living, and improved self-esteem.

Notes

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[2] U.S. Department of Health and Human Services, Mental Health: A Report of the Surgeon General (1999), Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institute of Health, National Institute of Mental Health.

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III. PREVALENCE AND NEEDS ASSESSMENT

Diagnosable mental illness is surprisingly common in the general population. For one in four Americans, adulthood--a time for achieving productive vocation is interrupted by mental illness. Twenty-six percent of the adult population uses some form of mental health service during the year. [1] Though mental illness is quite common, the main burden of illness is concentrated in a smaller population of people 5.4 percent or 1 in 17 who have a serious mental illness. [1] According to the National Institute of Mental Health (NIMH) serious mental illness can be defined as a broad category of illnesses that includes mood and anxiety disorders that have seriously impaired a person's ability to function for at least 30 days in the past year. When applied to the 2006 U.S. Census population estimates for ages 18 and older in the United States, this translates to over13 million people who experience serious mental illness. [2]

Mental illness costs our society billions of dollars every year. The burden of mental illness on health and productivity has been well documented. Studies conducted by the World Health Organization, the World Bank and Harvard University reveal that mental illness is the leading cause of disability in the U.S. for persons age 15-44. Mental Illness accounts for over 15 percent of the burden of disease in established market economies worldwide. [3] This figure is greater than the disease burden caused by all forms of cancer.

The latest study published in the American Journal of Psychiatry (May, 2008) indicated that lost earnings alone for persons with SMI costs at least $193 billion annually. [4] These costs are considered to be an underestimate, since the studies do not take into account persons who are institutionalized or incarcerated. Additional costs associated with treating coexisting mental and medical conditions, social security payments, homeless and incarceration are just some of the indirect costs associated with mental illness that are not included in the $193 billion dollar figure.

Substantial numbers of people with mental illness who want to work remain unemployed. Minnesota prevalence data estimate that 5.4 percent of Minnesota's working age population, which is approximately 178,261 adults, experience Serious Mental Illness. In addition, 2.6 percent of the working age population or 85,307 adults experience a Serious and Persistent (chronic/long-term) Mental Illness. It is further estimated that approximately 85% of persons

with SMI or 151,521 individuals are unemployed and could benefit from specialized employment support services if they were available. [5]

The unemployment rates of Americans with disabilities remains unacceptably high. According to a recent national study by researchers at *Cornell University*, only 38 % of people with disabilities in the U.S. population were in employment in 2006, compared with 77 percent of people without disabilities. [6] Moreover, surveys have consistently shown the average annual earnings of employed people with disabilities to be significantly lower than those for the non-disabled employee population. In 2000 for example, people with disabilities earned an average of $33,109 compared with $43,269 for non-disabled employees. [6]

People with mental illness have one of the lowest levels of employment of any group with disabilities-only about 1 in 3 is employed.

In 2003, The President's New Freedom Commission on Mental Health indicated that the low rate of employment for adults with mental illness was "alarming (p.29)." [5] National surveys conducted with persons with serious mental illness indicate that people with mental illness have the one of the lowest rates of employment of any group with disabilities-only about one in three is employed . [6] High unemployment occurs despite surveys that show that the majority of adults with serious mental illnesses want to work-and that many could work with appropriate services and supports. [7] Many recent studies have highlighted that generic employment programs and most traditional vocational rehabilitation services are ineffective for the small proportion of people with mental illness who manage to get them. [7,8]

National studies also indicate that many people with SMI are under-employed. [10] For example, 70% of people with SMI with college degrees earned less than $10.00 an hour. Nationally, people with psychiatric disabilities earn a median wage of about $6.00 an hour versus $9.00 per hour for the general population. [10] Mental illness often impacts individuals as they are finishing high school and disrupts participation in post-secondary education, or career track jobs or career building.

Workplace discrimination has not been alleviated by the Americans with Disabilities Act. Discrimination against persons with SMI, overt or covert, continues to exist. According to

national surveys, employers continue to express more negative attitudes about hiring workers with psychiatric disabilities than any other group. [11,12]

Many individuals with serious mental illness qualify for and receive either Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) benefits. SSI is a means-tested, income assistance program; SSDI is a social insurance program with benefits based on past earning. A sizable proportion of adults with mental illnesses, who receive either form of income support live at, or below the poverty level. For the last two decades, the number of SSI and SSDI beneficiaries with psychiatric disabilities has increased at rates higher than each program's overall growth rate. Individuals with SMI represent the largest single diagnostic group (35%) on the SSI roles and over a quarter (28%) of all SSDI recipients. [13,14,15]

Several recent programs implemented on the Federal level including the Medicaid Buy-In program and the recent revisions to the Ticket to Work and Work Incentives Improvement Act are attempting to address some of the long standing financial disincentives to employment for persons with disabilities, such as loss of Federal benefits and loss of Medicaid or Medicare coverage. Other financial disincentives to work continue to exist such as potential loss of housing and transportation subsidies. However, because they can not access the services needed to provide employment services and supports, and because these work incentives remain complex and poorly understood, many people with serious mental illness continue to rely on federal disability assistance payments in spite of their desire to work.

It has been projected that in the future economic growth will produce many jobs that will require on-the-job training. [16] With appropriate employment services and supports, people with serious mental illnesses, can actively contribute to our economic growth as well as their own independence. They could fully participate in their communities. Instead, as the National Alliance on Mental Illness (NAMI) points out in their 2003 national study titled: "Shattered Lives" the reality is that many persons with serious mental illness are forced to rely on disability income supports that leave them living in poverty. [17]

As Minnesota faces the challenges of economic development and preparation of its workforce, no one should be left behind.

Numerous national and international research studies have demonstrated that with appropriate services and supports, individuals with serious mental illness can be successful in obtaining and maintaining employment in the community. [18,19,20,21] Minnesota's Coordinated Employability Projects have consistently demonstrated they are effective in helping persons with mental illness to become employed.

Since 1992 the Coordinated Employability grants have demonstrated an average annual employment engagement rate of fifty-six percent, which means that in any given year, fifty-six percent of the participants engage in paid community employment. This rate of employment is comparable to the figures cited nationally for "state of the art programs" by psychiatric rehabilitation researchers. [22] In addition, these grants provide services to even more individuals who will be able to obtain employment in future years as they complete their individual rehabilitation plans. These programs move persons with serious mental illness into "real jobs for real pay" as quickly as possible and provide individualized job retention supports, either on the job or off the job.

Since there are over 13 million people aged between 21 and 64 in the U.S. who have serious mental illness, this group represents a potentially valuable source of recruitment that is likely to become increasingly important as the size of the working age population in the U.S. declines due to demographic change. On the other hand, if the labor force participation rate of people with disabilities does not rise, the pressures on the U.S. economy to support an increasingly large dependent population, consisting of non-economically active older people, children and the non-employed, will be exacerbated.

Clearly there are sound economic reasons why the U.S. labor market and economy would benefit from a higher rate of employment for people with disabilities. Yet there are also some significant barriers to be overcome if this is to occur.

Even though the Americans with Disabilities Act (1990) made it unlawful for employers to discriminate against a job applicant or employee with a disability, there is little evidence that the legislation has had much impact on the labor market situation of people with disabilities. Moreover, studies have suggested that although some discrimination against people in the labor

market does persist, this is often less due to direct prejudice than to misperceptions about this group on the part of employers, a lack of awareness about how to attract job applicants with disabilities or uncertainty about what would be expected of them as an employer of people with disabilities.

Although some people may be prevented from participating in the labor force due to the nature of their disabilities, this is not the case for a large number of people with disabilities: an National Organization on Disability (NOD) Harris Poll [23] found that more than two-thirds of all people with disabilities who were unemployed wanted to be employed.

Vocational rehabilitation is an essential component of recovery from serious mental illness. Supported Employment programs, like those described in this report, place people into competitive jobs and provide continuing support to ensure individual maintain and advance in employment. Extensive research shows that working provides both economic and personal benefits for persons with SMI that extend beyond a paycheck and belonging in the workplace; it helps people manage their own illness and return to community living. [19,20,21,22] Just like other people in our society, people with mental illness have the same aspirations including meaningful work, decent and safe places to live, financial security, good health and friendships. A majority of people with SMI want to be employed and rank employment as a primary personal goal. (24) Helping Minnesotans with SMI secure employment is sound public policy which can reduce the use of clinical mental health services and potentially reduce the number of persons receiving Federal and State disability benefits. [25,26,27]

Notes

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[14] Social Security Administration. Table 7.A1 Number of persons receiving federally administered payments, total amount, and average monthly amount, by source of payment, eligibility category, and age, December 2001. In *Annual Statistical Supplement, 2002* (pp. 76). Social Security Administration.

[15] Social Security Administration. Table 7.F1.Number and percentage distribution of blind and disabled persons under age 65 receiving federally administered payments and not transferred from prior state programs, by diagnostic group, December 2001. In *Annual Statistical Supplement, 2002* (pp. 294). Social Security Administration.

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IV. Evidence Based Supported Employment

The individual placement and support (IPS) model of supported employment is one of six Evidence Based Practices in Psychiatric Rehabilitation identified in the National Implementing Evidence Based Practices Project led by Dartmouth Psychiatric Research Center and funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMSHA). The IPS model of Supported Employment was developed at Dartmouth Medical School in 1989. Research on its implementation was conducted throughout the nineties and continues today. The IPS model is now referred to as the Evidence Based Practice of Supported Employment (EBP-SE).

Minnesota's Implementation of EBP-SE

Dartmouth's Psychiatric Research Center identified Minnesota as one of the states able to adopt the evidence based approach of SE in 2004. DHS-Adult Mental Health and DEED-Rehabilitation Services were invited to submit and were subsequently awarded a Johnson and Johnson Dartmouth Community Mental Health Program grant. This four year grant project began on July 1st, 2006.

The J & J Dartmouth Community Mental Health Program is a partnership between the Johnson and Johnson Foundation (a philanthropic grants giving organization) and the Dartmouth Psychiatric Research Center (PRC). Johnson and Johnson funds the programs and Dartmouth's PRC provides ongoing consultation, monitoring and oversight. Johnson and Johnson also has a role in facilitating dialogue among participant states' agencies to encourage sharing of best practice and new ideas.

Participation in the J & J Dartmouth Community Mental Health Program requires commitment and participation on the state level between the public Vocational Rehabilitation Program (operated by DEED-RS) and the state mental health agency/authority (DHS-AMHD). Minnesota is the 11th state/district to participate in the J & J Community Mental health Program. In addition to Minnesota, the program is active in Connecticut, Illinois, Kansas, Maryland, Missouri, Ohio,

Oregon, South Carolina, Vermont and the District of Columbia. More that 15,000 lives have been touched by the program.

The Johnson and Johnson Dartmouth Community Mental Health Program focuses on bringing state resources together (State VR and MH agencies) to create successful implementation of evidence based practice in supported employment. Goals of the initiative include: 1) Increasing access to supported employment; 2) Integration of supported employment into mental health services; 3) Illustrating the benefits of supported employment; 4) Implementation of evidence based supported employment that will be replicable; and 5) Employing fidelity scales to ensure adherence to evidence based practice.

What is Supported Employment (SE) as defined by this project?

SE is a specialized form of vocational rehabilitation practice that helps people with serious mental illness become part of the everyday work environment by helping them find and keep meaningful competitive jobs. People receive SE services from a community-based multi-disciplinary team consisting of clinical mental health providers and an employment specialist.

People choose work that fits with their individual strengths and abilities in settings in which they are comfortable. Jobs are in everyday businesses in a range of industries and people with SMI receive the same wages as other people who perform similar jobs. The multidisciplinary team and the employment specialist continue to provide employment supports to people who are working to help them retain their jobs and advance in employment. Work is viewed as an integral part of a person's recovery from serious mental illness.

How is this different from other types of supported employment?

SE as an evidence based practice is a scientific approach which has been validated by more than a dozen quantitative research studies. The research clearly shows that programs that follow the principles of the model have better outcomes; more people working. The employment rate nationally for persons with mental illness served by EBP-SE projects is 50 percent, far above the national average of 10 percent.

All of the principles of EBP-SE are consistent with national recognized best practices in the field of supported employment, with the exception of the emphasis on integration of clinical mental health services and employment services which is unique to this model. In EBP-SE, community-based multidisciplinary treatment teams help individuals identify and apply for jobs, learn job skills and integrate work into their daily lives.

Longstanding and emerging data show that people with serious mental illness benefit from employment, reporting fewer symptoms and increasing self-esteem. In addition, successes in the workplace reduce the stigma associated with serious mental health conditions, changing the minds of many employers who no longer hesitate to hire someone enrolled in a supported employment program.

There are seven key practices inherent in EBP-SE:

1) Everyone who wants to work gets a chance: Eligibility is based on consumer choice. No one is excluded from the program, nor are there any standards of work readiness before seeking employment. This principle is also known in the SE field as "Zero Exclusion".

2) Vocational rehabilitation and mental health treatment are integrated with one provider. The employment specialist who provides supported employment works as an active member of a multi-disciplinary mental health treatment team. Generally, a team includes: psychiatric prescribers, mental health professionals and case managers who work with an employment specialist and a state Vocational Rehabilitation Counselor. Frequent service coordination meetings are held between team members.

3) Competitive employment is the goal. Individuals work in integrated positions that pay at least minimum wage, in jobs that exist in the everyday business environment, not jobs that are set aside for persons with disabilities (like sheltered workshops or "created" jobs within a treatment program/center).

4) Rapid engagement and rapid job search allows for quick progress. Unlike traditional VR approaches there are no delays for pre-employment assessment, training or

transitional work settings. Candidates immediately begin examining their job prospects and have contact with employers in the community about applying for a job soon after entering the SE program.

5) Follow-along supports are continuous. Employment support services are offered on a time-unlimited basis; available for as long as a person needs them. The team and the employment specialist remain involved with the person to promote success. The employment specialist may have direct contact with the employer when desired by the employee.

6) Work is based on the preferences of the person. Customers determine their preference for job type, industry, location, schedule and responsibility. A good fit ensures long-term success and satisfaction.

7) Benefits Planning. The impact of job earnings on a person's public benefits are considered from the start of employment, planning and assistance with monitoring and reporting of earnings is continued once people enter work.

Minnesota's Project

Minnesota's grant project and work plan focuses on working within the network of coordinated employability projects (EE-SMI projects) to build partnerships with clinical mental health providers to enhance supported employment. Minnesota's plan includes piloting EBP-SE with six community mental health centers and community rehabilitation programs .

The first year's activities were focused on interagency planning and consensus building with interested providers. During this year joint agency staff created a request for proposals for funding pilots and selected sites. Additionally, potential grantees were provided with training on EBP-SE, technical assistance, local planning tools and consensus building activities.

Years two, three and four focus on implementation. In September 2007, a full-time trainer/consultant position was hired to provide training and technical assistance to the six grant projects. Activities to date have included disseminating of technical assistance tools, training for project staff and partners, collection of data, measurement of project outcomes and enhancement

of services through the use of fidelity reviews and the development of individual project action plans.

Implementation

Based on fidelity reviews the top implementation barrier in Minnesota has been Integration of Employment with Clinical Mental Health Treatment. Surprisingly, integration of employment services with clinical mental health treatment has been difficult to achieve even for employment programs operated by and/or located within community mental health centers. Employment programs and VR receive referrals of many people with SMI (60% or higher) who do not have clinical mental health treatment teams involved in their lives. In some instances, these individuals, who want to work, are not receiving any clinical MH treatment. Additionally, individuals seeking work are often referred to employment programs and Vocational Rehabilitation by a sole mental health provider. These referral sources include: county or contracted adult case managers, Adult Rehabilitative Mental Health Services (ARMHS) providers, Intensive Residential Providers (IRTs), corporate adult foster care, CADI (Medicaid Waiver) case managers and private MH professionals. These providers do not typically deliver services in a "team" with other MH professionals; therefore, there is no team for employment specialists (ESs) or Vocational Rehabilitation (VR) counselors to "connect to or with".

In a number of MH agencies, MH professionals gather together primarily to meet the Medicaid requirements for clinical supervision versus interdisciplinary clinical mental health treatment planning and delivery. In most cases, these groups of MH professionals are not all working with the same individuals (have their own caseloads). Intra-agency and Inter-agency collaboration is often restricted in varying ways because of data privacy and Health Insurance Portability and Accountability Act (HIPAA) concerns. When individuals are connected to MH professionals, the activities necessary for integration of EBP-SE into the MH professional's practice, such as: participation in clinical MH treatment team meetings and coordination with other interdisciplinary professionals, and medication prescribers are not reimbursable activities for mental health professionals. Training time and time to participate on local EBP-SE steering committees is not considered reimbursable time and this limits the availability of MH professional staff to participate.

Sustainable Funding for Supported Employment remains an issue faced by providers of EBP-SE. Fragmented and insufficient funding limits the availability and sustainability of supported employment services to Minnesotans with SMI. Adult Mental Health Initiatives (AMHI) and Counties differ significantly in fiscal support for SE. In some communities, the EE-SMI is the often the primary funding source of long term supports in Minnesota for persons with SMI. Providers report that the flexibility of this program and its simple eligibility criteria are valued by employment providers/agencies. However, capacity is limited by legislative appropriations. Activities relative to assertive outreach and engagement for persons who are not yet "enrolled" in SE are not reimbursable. Individual and group supervision is not directly reimbursable. Most pilot projects were able to achieve the fidelity standard for caseload size of the ES (Employment Specialist) of no larger than 20 clients, but all indicated this was due to the specific grant funds to enhance fidelity to EBP-SE. Without these funds program managers indicate the caseloads would need to be dramatically larger. In general, supported employment programs operate on very tight margins. Other than the grants for pilot programs, there are no fiscal incentives to develop and sustain EBP-SE at present. Some employment providers indicate that alternative models of non-supported employment (industrial sub-contracts, contracted service crews and other service type enclaves) generate revenue for agencies that is used to sustain SE programs which are viewed as "loss leaders" in some agencies.

Professional preparation issues have also been encountered in the implementation of EBP-SE in Minnesota. For clinical mental health professionals these include: Lack of awareness on the part of MH providers of the practice of EBP-Supported Employment and Employment programs and resources, concerns about sharing clinical MH information and diagnostic assessments with employment professionals and VR because they are not "clinical MH professionals" (not qualified to read and interpret the information), and in general, some mental health clinicians still doubt the ability of persons with SMI to engage in competitive employment. For VR staff, there has been little or no training on the general principles of supported employment for over 10 years. The emphasis on taking an individual "where they are at" and promoting a "place and train" model versus one that relies on assessments and training prior to placement has not been a part of the VR program's orientation in recent years.

Practices in the RS Vocational Rehabilitation program also presented implementation barriers. VR Service delivery changes in the past few years and models of funding for placement services have focused on "placement readiness". As a result, providers, including these grantees have responded to VR requests to develop and deliver "pre-placement" services such as work experiences and situational assessments which contrast with the EBP-SE approach of direct and rapid placement in competitive jobs. VR staff report that their professional training and experience as well as agency practices and procedures are consistent with a "step-wise/readiness" approach to employment versus the rapid engagement and zero exclusion practices of EBP-SE.

Across both systems there is a lack of training for employment providers and VR on working with persons who have dual diagnosis. This includes a lack of awareness and training in harm reduction strategies/techniques. Some mental health and employment staff have had some access to introductory motivational interviewing training; but it has not necessarily been integrated in practice. "Stages of Change" are not currently being used in all mental health or employment programs. Providers and partners express concerns about their ability to successfully serve criminal offenders, MI/D persons and sexual offenders. Providers and partners voiced liability concerns.

EBP-SE facts:

EBP approach to SE originated at Dartmouth Medical School in 1989

Fewer than 5% of persons with SMI nationally report having access to SE

Research suggests that between 50 and 60% of persons with SMI enrolled in EBP-SE programs obtain competitive employment; less than 20% do so when enrolled in traditional employment programs

Studies have shown EBP-SE is superior to other vocational approaches regardless of location (rural vs. urban), ethnicity, gender, age or disability status.

At a Glance:

270 persons with SMI have participated in EBP-SE projects in Minnesota.

4 traditional Community Rehabilitation Programs are participating

2 Community Mental Health Programs are participating

5 Community Mental Health Centers are participating

Employees work in a variety of diverse employment settings

V. Extended Employment-SMI Outcome Measures for SFY 2008

RS and AMHD-MHD initially wanted to compare data across and between the projects in order to increase cost effectiveness and efficiency. Therefore, in 1998, a comprehensive electronic provider reporting system was developed to track demographic and employment outcome data. The data is both evolutionary and longitudinal. This system is more comprehensive and detailed than prior aggregate reporting requirements for RS-VR funded grants. Electronic reporting by providers into this system began in state fiscal year 1999. The data reporting system was modified to accommodate program changes as they occurred. A rewrite of the reporting system is planned for early 2009.

In 2006, RS initiated four projects designed to meet Evidence Based Practice in Supported Employment (EBP-SE). These are referred to in the data charts as EBP-SE. In SFY 2007, RS announced that SMI funding will move in the direction of EBP-SE, and two more projects, funded as regular EE-SMI projects, were added with the goal of enhancing fidelity to EBP-SE principles. These are referred to as EE Enhanced projects.

From 1999-2008, a total of 3,886 persons with serious mental illness (unduplicated) received a variety of employment supports through EE-SMI projects with community rehabilitation providers. Table 1 indicates the total number of persons served and the number of persons who had work hours reported in SFY 2008.

The EE SPMI Provider Reporting System provides data on individual demographics, job types, wages, and types and amount of supports provided. In state fiscal year 2008, 732 persons worked 257,896 hours and earned $2,312,609 at an average hourly wage of $8.97 while an additional 492 persons received individualized employment services necessary for them to seek employment. Twenty-four projects provided EE-SMI services in SFY 2008. A list of these projects can be found at the end of this report in Appendix B. Six additional projects provided EBP-SE in SFY 2008 either through the J & J Dartmouth Community Mental Health Program or the EE-SMI Enhanced fidelity projects. A list of these projects can be found in Appendix C.

Table 1. Number of Persons receiving EE SMI funded services in SFY 08

Program	Served	Workers
EE-SMI	954	627
EBP-SMI	195	84
EE-SMI Enhanced	75	21
Total	1,224	732

Recent Trends

Statewide Services

Table 2 reflects the number of persons with serious mental illness by county, compared to the numbers served in SFY 2008. In addition to the people served in the EE SMI Program, the DEED-RS Extended Employment Basic Program provided partial funding for employment supports for an additional 2,133 persons with a primary disability of mental illness. The prevalence of persons with SMI is estimated at 5.4% of the population by the State Mental Health Division. The national estimate of unemployment within the population of persons with SMI is 85%.

Table 3 reflects the number of persons served across the three types of EE SMI projects by County for SFY 2008. Table 4 reflects this information broken into Adult Mental Health Initiative Area.

Table 2 - Number of Persons with SMI Served by County

County	2007 Census	Est. SMI	EESMI All Years	EE SMI SFY 08	EE Basic SFY 08	County	2007 Census	Est. SMI	EESMI All Years	EESMI SFY08	EE Basic SFY 08
Minnesota	5,197,621	178,261	3,886	1,224	2,133	**Mahnomen**	5,129	176			
Aitkin	15,910	546			5	**Marshall**	9,618	330	2	1	2
Anoka	326,252	11,189	155	45	50	**Martin**	20,462	702	7		8
Becker	31,964	1,096	27	8		**Meeker**	23,211	796	36	8	13
Beltrami	43,609	1,496	44	17	18	**Mille Lacs**	26,354	904	18	12	16
Benton	39,504	1,355	25	1	5	**Morrison**	32,733	1,123	27	19	8
Big Stone	5,385	185				**Mower**	38,040	1,305			58
Blue Earth	59,802	2,051	67	10	99	**Murray**	8,511	292	6		
Brown	26,013	892	25	10	47	**Nicollet**	31,680	1,087	41	24	35
Carlton	33,893	1,162	7		2	**Nobles**	20,128	690	27	6	21
Carver	88,459	3,034	1	1	42	**Norman**	6,685	229			
Cass	28,723	985	1		3	**Olmsted**	139,747	4,793	92	67	95
Chippewa	12,465	428	9	1		**Otter Tail**	57,031	1,956	197	63	10
Chisago	50,128	1,719	149	19	10	**Pennington**	13,756	472	12	2	20
Clay	54,835	1,881	252	98	22	**Pine**	28,164	966	20	12	
Clearwater	8,245	283	2			**Pipestone**	9,305	319			
Cook	5,398	185	8	1		**Polk**	30,708	1,053	60	9	35
Cottonwood	11,349	389	22	3	8	**Pope**	11,065	379	5	3	2
Crow Wing	61,648	2,114	33	5	49	**Ramsey**	499,891	17,145	665	193	109
Dakota	390,478	13,392	200	56	39	**Red Lake**	4,118	141	1		2
Dodge	19,552	671	1		5	**Redwood**	15,519	532	20	4	5
Douglas	36,075	1,237	19		18	**Renville**	16,132	553	9		7
Faribault	14,869	510	1		2	**Rice**	61,955	2,125	61	24	6
Fillmore	21,037	721	2		2	**Rock**	9,498	326	19		6
Freeborn	31,257	1,072			25	**Roseau**	15,946	547			20
Goodhue	45,839	1,572	2		55	**St Louis**	196,694	6,746	271	87	123
Grant	6,021	206	1	1	2	**Scott**	126,642	4,343	1		59

Hennepin	1,136,599	38,981	130	31	397	**Sherburne**	86,287	2,959	45	19	16
Houston	19,515	669	13		10	**Sibley**	15,007	515	15	5	1
Hubbard	18,781	644	5	1	1	**Stearns**	146,051	5,009	198	20	48
Isanti	38,921	1,335	34	12	27	**Steele**	36,378	1,248	1		50
Itasca	44,542	1,528	24		22	**Stevens**	9,624	330	33	14	
Jackson	10,883	373	8	2	3	**Swift**	11,192	384	7		2
Kanabec	16,090	552	18	9	13	**Todd**	24,029	824			6
Kandiyohi	40,784	1,399	101	29	53	**Traverse**	3,712	127	2		
Kittson	4,505	155				**Wabasha**	21,783	747			8
Koochiching	13,459	462	44		14	**Wadena**	13,382	459			28
Lac qui Parle	7,258	249	9	1	1	**Waseca**	19,528	670			9
Lake	10,741	368	40	24		**Washington**	226,475	7,767	99	58	10
Lake of the Woods	4,095	140			10	**Watonwan**	11,022	378	7		2
Le Sueur	28,034	961	36	12	4	**Wilkin**	6,418	220	2	1	
Lincoln	5,877	202	19	9		**Winona**	49,802	1,708	46	26	126
Lyon	24,695	847	126	46	23	**Wright**	117,372	4,025	182	89	63
McLoed	37,220	1,277	30	4	63	**Yellow Medicine**	10,128	347	7	1	2

Table 3 Persons Served in all three projects by County in SFY 2008

County	Served		
	EE SMI	EBP-SE	EE SMI Enhanced
Anoka	23		22
Becker	7	1	
Beltrami	17		
Benton	1		
Blue Earth	10		
Brown	10		
Carver	1		
Chippewa	1		
Chisago	19		
Clay	65	33	
Cook	1		
Cottonwood	3		
Crow Wing	5		
Dakota	52	3	1
Grant	1		
Hennepin	28	3	
Hubbard	1		
Isanti	12		
Jackson	2		

Kanabec	9		
Kandiyohi	29		
Lac Qui Parle	1		
Lake	24		
LeSueur	12		
Lincoln	9		
Lyon	46		
Marshall	1		
McLeod	4		
Meeker	8		
Mille Lacs	12		
Morrison	19		
Nicollet	23		
Nobles	6		
Olmsted	67		
Otter Tail	62	1	
Pennington	2		
Pine	12		
Polk	9		
Pope	3		
Ramsey	150	40	3

Redwood	4		
Rice	24		
Sherburne	8	11	
Sibley	5		
St. Louis	45	42	
Stearns	20		
Stevens	14		
Washington	6	2	50
Wilkin	1		
Winona	27		
Wright	32	58	
Yellow Medicine	1		
	954	195	75
			1224

Table 4 Persons Served in all 3 projects by Adult MH Initiative Region (AMI)

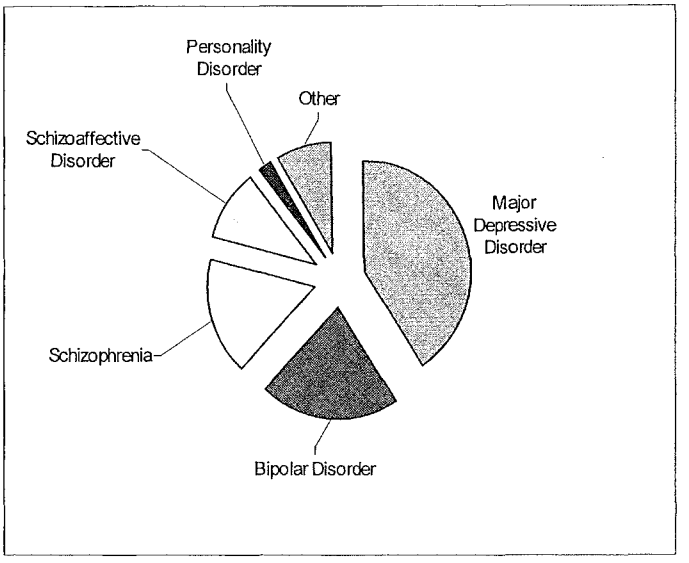
	Served		
MH Region	**EE-SMI**	**EBP-SE**	**EE-SMI Enhanced**
Anoka	23		22
Becker, Clay, Otter Tail, Wilkin	135	35	
Beltrami, Clearwater, Hubbard, Lake of Woods	18		
CommUnity	45	74	
CREST	94		
Dakota	56	3	
Hennepin	28	3	
Northwest 8	12		
Ramsey, Washington	158	38	53
Region 3 North	74	42	
Region 4 South	18		
Region 5 +	24		
Region 7 East	65		
Scott and Carver	1		
South Central Community Based Initiative	85		
Southwest 18	118		
	954	195	75
Total			1224

Demographic Characteristics

Primary Disability – SFY 2008

The primary disability of the persons receiving employment supports are: Major Depression, Bipolar Disorder, and Schizophrenia or other thought disorders.

Primary Disability	
41%	Major Depressive Disorder
21%	Bipolar Disorder
17%	Schizophrenia
10%	Schizoaffective Disorder
2%	Personality Disorder
8%	Other
Secondary Disability	
29%	other MI
7%	chem. dep.
6%	other
1%	orthopedic
2%	cognitive
0%	hearing
1%	TBI
0.2%	visual



Gender

Slightly more men (50.2%) than women (49.8%) were served in SFY 2008.

Age Range

All of the individuals served by the projects are of working age with a range from 14-64 years, with an average of 36 years old. Seventy-five percent are between the prime working years of 21-49. Individuals served in the 14-20 age range were primarily youth served in a project that targets "school to work transition" for youth with Serious Emotional Disturbance (SED).

Age Range (years)	14-20	21-29	30-39	40-49	50-59	60 and over
Percent	11%	16%	25%	34%	14%	Less than 1%

Educational Achievement

Of the individuals served over the last year, the majority, eighty-six percent, has achieved at least a high school education, and 34 percent have completed some level of post-secondary education.

Average	Median	Range	Standard Deviation
12.5 years	12	7 to 24	2.1

Living Setting

As noted in previous years, the majority of individuals are reported at program entry to be living independently with no formal supports. Fourteen percent live independently, but receive some form of support (supported housing, or assisted living) and fifteen percent live with family.

Residential Setting	Percentage
Adult foster care	8%
Board and Care	2%
Board and Lodge	1%
Lives Independently with formal living/housing supports	14%
Lives Independently with no formal supports	53%
Lives with parents/family	15%
Intensive Residential Treatment Services-IRTS	6%
Other	1%

Public Assistance

Seventy-four percent of individuals served reported receiving some type of public disability benefit at the time of program entry. Thirty-three percent of the individuals reported that they were receiving Medical Assistance (Medicaid) benefits at the time they entered the projects.

Type	% of served
GA	5%
GAMC	4%
MA	33%
TANF	1%
SSDI	14%
SSI	20%
SSI & SSDI	4%

Ethnicity & Race

The ethnicity & race of the individuals served in the projects continues to approximate the ethnicity of the state population overall.

	Race
88%	White
6%	Black
2%	Hispanic
2%	American Indian or Alaskan Native
1%	Asian Pacific Islander
1%	Other or Not Reported

Hour and Wage Data

Consistent with national trends that reflect that many people with SMI work part-time, participants worked a weekly average of 11 hours in SFY 2008. Across all EE SMI programs, participants worked 257,896 hours in SFY 2008, with an average hourly wage of $8.97.

Hour and wage data in employment programs for persons with disabilities is confounded by perceived or real disincentives to work in public benefits programs. As a result, persons with SMI may choose to keep hours and wages below certain levels to retain eligibility for necessary public benefits and health insurance.

Wages and Hours			
Calculated by overall sums			
	Wages	**Work Hours**	**Average Wage**
EE SMI basic	$2,002,687.77	226,027	$8.86
EBP-SE	$260,026.15	26,893	$9.67
EE SMI Enhanced	$49,894.88	4,976	$10.03

Calculated by Individual Worker			
	Average Wage Hour	**Minimum Wage Hour**	**Maximum Wage Hour**
EE SMI Basic	8.37	4.00	85.00
EBP-SE	8.81	5.39	27.50
EE SMI Enhanced	11.81	6.00	48.60

Hours Worked Per Week			
	avg hours/weeks	max hr/wk	min hr/wk
EE SMI Basic	11.78	71.79	0.10
EBP-SE	9.96	43.94	0.06
EE SMI Enhanced	12.15	33.43	2.80

Reasons for Ending Job Supports

This year, the reasons for ending job supports were not well reported by providers, reducing the reliability of the results. Of the 494 jobs no longer reported, 90 ended supports but were still working in the same job; 30 left a job with supports to take another job (either with or without supports), 20 left because of the interference of psychiatric symptoms, 50 were fired, and 56 quit due to personal dissatisfaction with the job. Some persons had multiple jobs during the year.

Persons	Percent	Reason for Ending Job Supports
156	32%	Unreported
90	18%	Left program; kept same job
56	11%	Quit due to personal dissatisfaction with job
50	10%	Fired by employer
30	6%	Quit to take another job with another employer
29	6%	Unable to continue work due to interference of psychiatric symptoms
29	6%	Lay off
15	3%	Physical illness or injury
12	2%	End of seasonal or temporary job
9	2%	Quit due to social or interpersonal conflicts in work environment
6	1%	Psychiatric hospitalization
6	1%	Moved from area
4	1%	Promotion/Transfer to another position with same employer
1	0.2%	Quit to attend post-secondary education or training
1	0.2%	Quit due to fear of or loss of benefits
494		

Reasons for Exiting the SMI Program

Reasons were reported for 543 persons who left the SMI program during SFY 2008; of these 87 were competitively employed and no longer required supports; another 127 chose to discontinue supports and some of these were employed but ongoing information was not available. The EE SMI program may provide job placement and stabilization on the job to persons, and agencies may then, depending on the person's needs and eligibility for other types of funding for "long term supports" may transfer the individual's supports to another program, such as the EE Basic

Program. In SFY 08 17 persons transferred supports to EE Basic and 26 transferred to another rehabilitation provider or program. Interference of psychiatric symptoms was responsible for 39 persons leaving the program and eight were reported hospitalized.

Reason for Exiting the SMI Program	Persons	%
Unreported or may be returning	184	34%
Person chooses to discontinue receiving services from program	127	23%
Person is competitively employed – no longer requires support services	87	16%
Psychiatric symptoms interfere with ability to work	39	7%
Person moved out of program service area	30	6%
Transferred to another employment Provider/Program	26	5%
Ongoing Physical Illness/Injury	18	3%
Transferred to EE Basic Program	17	3%
Psychiatric hospitalization	8	1%
Person is pursuing post-secondary education	4	0.7%
Death	2	0.4%
Retired	1	0.2%
	543	

Job Tenure

Job retention (tenure) varies across projects but is comparable to rates for persons without disabilities in entry levels jobs. This data is longitudinal, and consistent with national best practices, the projects have placed an emphasis on helping people advance in employment. Consistent with this philosophy to help consumers retain and advance in jobs, some of these jobs may have been sequential or simultaneous.

Number of Jobs held	Average	Minimum	Maximum	Standard Deviation
EE SMI	1.83	1	20	1.62
EBP-SE	1.59	1	5	0.89
EE-SMI Enhanced	1.23	1	4	0.68
All Programs	1.81	1	20	1.58

Job Retention (weeks)				
	Average	Minimum	Maximum	Standard Deviation
EE SMI	59.91	4.43	530.57	77.63
EBP-SE	49.49	4.71	530.43	78.46
EE-SMI Enhanced	28.07	4.86	182.57	34.55
All Programs	59.04	4.43	530.57	77.27

Occupational Data - SFY 2008

The occupational data below shows a wide variety of occupations. Consistent with national data on the employment of persons with severe disabilities, many individuals choose to work in service occupations and clerical and sales positions which are readily available to entry level workers or workers who have had interrupted or extremely limited work histories.

Occupation Frequency by O*Net classification	**jobs**	**%**	hours	wages	av wg
11 Management Occupations	6	1%	2,106	$22,764.00	$10.81
13 Business and Financial Operations Occupations	0	--			
15 Computer and Mathematical Occupations	4	0.5%	1,333	$21,244.00	$15.94
17 Architecture and Engineering Occupations	1	0.1%	470	$7,290.00	$15.51
19 Life, Physical, and Social Science Occupations	1	0.1%	497	$3,901.00	$7.85
21 Community and Social Services Occupations	6	1%	2,187	$19,322.00	$8.83
23 Legal Occupations	0	--			
25 Education, Training, and Library Occupations	42	5%	13,590	$195,446.00	$14.38
27 Arts, Design, Entertainment, Sports, and Media Occupations	2	0.2%	1,188	$16,296.00	$13.72
29 Healthcare Practitioners and Technical Occupations	2	0.2%	138	$4,949.00	$35.86
31 Healthcare Support Occupations	26	3%	10,807	$99,092.00	$9.17
33 Protective Service Occupations	2	0.2%	1,418	$14,958.00	$10.55
35 Food Preparation and Serving Related Occupations	134	17%	32,805	$253,100.00	$7.72
37 Building and Grounds Cleaning and Maintenance Occupations	189	23%	49,911	$409,089.00	$8.20
39 Personal Care and Service Occupations	25	3%	6,368	$51,831.00	$8.14
41 Sales and Related Occupations	86	11%	21,345	$180,986.00	$8.48
43 Office and Administrative Support Occupations	89	11%	32,825	$313,501.00	$9.55
45 Farming, Fishing, and Forestry Occupations	4	0.5%	832	$8,145.00	$9.79
47 Construction and Extraction Occupations	5	1%	791	$8,288.00	$10.48
49 Installation, Maintenance, and Repair Occupations	13	2%	4,574	$46,191.00	$10.10
51 Production Occupations	108	13%	32,767	$276,028.00	$8.42
53 Transportation and Material Moving Occupations	66	8%	22,477	$202,305.00	$9.00
55 Military Specific Occupations	0				

Support Services Data

Depending on the project type, people served received 4.31 to 5.89 hours per month of employment support including: off the job supports and job coaching. Employment support services include both on and off-the-job supports, such as helping design job accommodations, managing interpersonal relationships, job skill training, regular observation/supervision on the work site, supportive counseling, coordination with supervisors or other mental health professionals, money management, and assistance with benefits. Service needs vary from individual to individual and also over time.

Service Hours provided on a monthly basis (Per Person)				
Program Type	**Average**	**Minimum**	**Maximum**	**Standard Deviation**
EE SMI Basic	4.31	0.00	97.79	5.96
EBP-SE	4.34	0.22	17.75	3.20
EE SMI Enhanced	5.89	0.74	97.50	11.19

Types of Support Services

Most employment support services are provided at job sites. Because of fear of the stigma and discrimination related to having a mental illness, some workers choose to receive much of their support services away from the job. During the past few years, there has been an increase in the hours of services reported in the job development or job placement category. This figure may be influenced by a number of persons being referred directly into the EE SMI projects as a result of service delivery changes in the VR program that emphasized an individual's placement readiness prior to engagement in placement services.

Hours of Support Services by Type				
	Total	**EE-SMI**	**EBP-SE**	**EE-Enhanced**
Job Coaching at the work site	11,287	10,848	335	104
Facilitation of natural supports	446	374	57	15
Supportive Counseling - off the work site	4,314	3,685	472	157
Coordination of support services	2,111	1,690	211	210
Job development or job placement for the individual off site	10,693	7,094	2,972	627
Training in IL Skills/Money Mgmt/Social Skills, off site	318	310	7	1
Other Service	81	75	4	2
Staff Travel	4,053	3,091	750	212
Total	33,301	27,168	4,806	1,327

Section VI

Success Stories: Following are some brief vignettes describing how the services provided by the EE SMI funded projects have impacted some of the individuals receiving their services. Identifying information (name of consumer, employer, and provider) about the individuals has been changed to protect their privacy.

James

James has experienced major depression for most of his adult life. His illness affected his self confidence, ability to interact with others. When he came to the employment project he had optimism regarding future employment opportunities. He had a four year degree in business management, but worked in retail sales as an associate, and did not feel he was working up to his potential. His employment specialist helped him identify his transferable skills and provided job development assistance to help James find a job that matched his skills. He applied for and was hired as a bank teller job and worked at this position while receiving ongoing employment support from the project to help him manage his mental health symptoms. During this time, his employment specialist also worked with James to practice interviewing skills and identify job advancement opportunities within the bank. After working for a year as a bank teller, he applied for and was hired as personal banker earning double the salary of a teller. He is now working 40 hours a week earning $15.00 an hour. He continues to receive ongoing employment services from his employment specialist to manage his mental health symptoms and develop and use coping skills. James states that his new position is both challenging and rewarding.

Mary

Mary has experienced schizoaffective disorder and an eating disorder for most of her adult life. She had experienced severe anxiety when interacting with co- workers and

had lost many jobs in the past. Her mental health symptoms have caused her to have difficulty dealing appropriately with job related concerns and she experiences difficulty managing her activities of daily living. With assistance from her employment specialist, she has been employed as a teacher's assistant at a Montessori school for the past seven years. She works part-time, four hours a day, five days a week and earns $12.00 an hour. Mary meets twice a week with her employment specialist to discuss effective ways to communicate with co-workers and separate her work concerns from her personal life. She continues to see a mental health therapist and attends a peer support group for persons with eating disorders.

Matt

Matt is a person who has experienced an anxiety disorder since his late teens. Although he had good transferable work skills, significant gaps in his work history due to taking time off for mental health treatment, made it difficult for him to find and maintain suitable employment. At the time he was referred to the employment program, he was relying on disability benefits as his primary source of income. Employment program staff provided individualized assistance to Matt to help him develop job seeking skills. His employment specialist provided individual job development to help Matt apply for and secure a job that was consistent with his interests, skills and abilities. Matt is currently working as a welder and cutter at a steel plant. He has been employed successfully, working full-time. Now, instead of receiving disability benefits Matt is earning $15.00 and hour, working full-time and is receiving employer paid health and dental benefits.

Anna

Anna has had difficulty concentrating and focusing on tasks, expressing her feelings and ideas in a clear manner and struggles with organization of daily tasks as a result of her mental illness. Ultimately, she became unable to go to interviews alone and complete the process of applying for jobs. Her previous work experience included jobs

in retail stores, restaurants, theaters, and cleaning services but she was unable to maintain these jobs for any significant period of time due to mental health symptoms and frequent need for hospitalization. Her employment specialist helped her to improve her communication and interpersonal skills, develop and practice organizational skills. The employment specialist provided direct assistance for Anna to apply for and interview for jobs. Anna is now working at a non-project organization that provides supported housing and works part time (16-20) hours a week doing housekeeping. She receives continuing support from mental health professionals who help her manage her medications and other activities of daily living. She continues to meet every other week with her employment specialist, who stays in touch with her employer and follows up with Anna to immediately resolve any work related issues and helps her deal with any other issues that impact her employment.

Gary

Gary experiences major depression and panic disorder. He holds a bachelors and Masters degree and had worked as a music instructor and a number of years ago in the customer and technical support area. He had been unemployed for over four years and had a history of numerous hospitalizations prior to becoming connected with the employment project. Due to his fear and anxiety he had difficult seeking work independently or identifying appropriate jobs to apply for. Employers were afraid to hire him because of the gaps in his work history and his poor interview and follow-through skills. He was living in a supported housing program and was meeting on a regular basis with his mental health case manager and therapist. In conjunction with his mental health team, the employment specialist helped him to analyze his transferable skills, identify and apply for jobs that matched his skills and abilities, develop and utilize a script for calling employers, follow-through on applications, and participate in job interviews. During the job search, Gary cancelled numerous appointments with potential employers due to panic attacks. However, instead of closing his case, his employment specialist worked with Gary's mental health team to continue to engage

him around his desire to become employed as a professional again. After several months of intensive job development, Gary was offered and accepted a job as an Internet Help Desk Technician with a communication center on a full time basis, earning over $16.00 an hour. Since then, he has continued to work full time, received a raise, purchased a car, and recently moved out of public housing into a rental apartment.

Jean

Jean has held different jobs over the past 20 years, but her work history is sporadic due to numerous periods of time when she was hospitalized as a result of her bi-polar disorder. As a result, employers have been reluctant to hire her. Jean received intensive job placement assistance from project staff and was able to identify a job position in her areas of interest. She applied for the job and was hired and now works 20 hours a week as a waitress, kitchen helper and dishwasher at an assisted living facility. Her employment specialist provides her with supportive counseling when she feels tired from the effects of her medications or experiences difficulties relating with her co-workers and supervisors. She experiences on-going anxiety about the possibility of losing her social security benefits and health insurance if she doesn't correctly report and monitor her earnings. The employment specialist provides assistance to Jean to report and monitor her earnings and also provides assistance with personal budgeting and money management.

Michelle

Michelle had experience as a legal secretary. However, due to the recurring nature of her Bi-Polar disorder, she has encountered significant difficulties retaining employment long term. She found that her mental illness symptoms decreased her ability to complete job tasks and relate to co-workers and resulted in many job losses. Her employment specialist provided job development to help her identify a job that was a good match with her skills and work experience. Michelle has begun working again as

a legal secretary on a part time basis (12 hours a week) at $13.00 an hour. Michelle feels that working part time has helped to decrease her anxiety. Her employment specialist helped Michelle develop on the job coping skills and negotiate accommodations from her employer for dealing with stressful moments. The employment specialist continues to meet with Michelle and her employer to resolve any work related issues that arise. The employment specialist has also helped Michelle negotiate time off from work to deal with recurrence of symptoms of mania or depression. Michelle has stated that she loves her job and that her position is very rewarding. She states that the job has been a wonderful addition to her life.

Jennifer

Jennifer has experienced bipolar disorder, panic disorder, post-traumatic stress disorder and chemical dependency. She had been involved in over two years of mental health and chemical dependence treatment before was referred to an employment project. She had not worked in over five years and hoped to find something in the health care field consistent with her work experiences in personal care. Her mental illness presented barriers to employment due to rapid cycling of her mental health symptoms which had resulted in frequent hospitalization. Her employment specialist helped her assess her transferable skills, identify job goals, create a resume, developing skills for coping with her mental health symptoms, develop strategies to balance her work and family responsibilities, gather job leads and complete applications. Additionally, her employment specialist helped Jennifer understand the impact of earnings from work on her social security benefits. After two months of intensive job searching, Jennifer applied for and was offered a job as a personal care attendant with an assisted living company. Her employment specialist meets with her on a regular basis to help her manage her mental health symptoms, and deal with work related concerns and balance her work and family obligations. She also receives assistance in benefits reporting and monitoring. She has been working 22 hours a week, earning $10.00 an hour. In September her employer gave her an award to acknowledge her outstanding work performance. Jennifer continues to meet with her mental health case manager, therapist, psychiatrist and employment specialist. Her employment specialist is helping

her to study for and complete her GED which will allow her to obtain additional certifications and advance in the health care field.

Paul

Paul has experienced schizophrenia since he was a young adult. Although he had work experience as a janitor, Paul was increasingly experiencing thoughts which caused him to be anxious, suspicious, have difficulty completing work assignments. His paranoia resulted in him calling in sick frequently, and he had difficulty trusting and dealing appropriately with co-workers and his supervisor. His employment specialist met with his employer to facilitate discussions between Paul and his supervisor and ultimately negotiated a change in job duties so that his job assignments more closely matched his skills and preferences. These job duty changes helped to decrease his anxiety and his paranoid thoughts. His employment specialist also provided support to help Paul get to work on a daily basis and his absences decreased dramatically. With assistance from the employment specialist, Paul and his employer now have clear and consistent communication about his job performance. Paul remains successfully employed, working 4 hour days, 4 days a week performing stocking at a cooperative grocery. He has had recent pay increased due to his improved job performance.

Jan

Jan has experienced a long history of major depression. Although she had work history in sales and administration, she hadn't worked in over a year. She experienced low self-esteem due to her unemployment and spent days without getting out of bed or leaving the house. Her employment specialist, provided Jan with structure for her day, helped her update her resume, analyze her skills and find appropriate jobs to apply for. With assistance from her employment specialist, she located a job in customer assistance at a home improvement store. She is now working successfully 40 hours a week and earns over $10.00 per hour. She continues to meet with her employment specialist several times a month to review her work performance, develop and use coping strategies for managing her mental health symptoms at work and problem solve

difficult situations. Jan told her employment specialist: "Thank you for giving me back my life."

Martha

Martha has been employed as a pharmacist for five years, but was at risk of losing her job due to difficulties caused by major depression, obsessive compulsive disorder, generalized anxiety disorder, eating disorder, borderline personality disorder and a number of physical disabilities. Martha indicated that she had worked extremely hard to earn her degree and achieve her career goal of being a pharmacist. However, she told her mental health therapist that her workplace relationships had become "unbearable". She was experiencing significant difficulties structuring her time at work and completing job tasks. She was unable to manage her interpersonal relationship with co-workers and was experiencing regular panic attacks that resulted in frequent hospitalization. Her mental health therapist referred her to the employment project and worked in conjunction with Martha's employment specialist to discuss and resolve employment related concerns. The employment specialist worked with Martha on how to improve her interpersonal relationships, address and deal appropriately with conflicts with co-workers, structure her time at work and manage her job responsibilities. Martha is now working five hours a week and earns $48.00 an hour. She continues to meet weekly with her therapist and employment specialist.

Peter

Peter had many short term job experiences prior to becoming involved with the employment project. However, he had experienced a significant amount of unemployment recently due to major depression and Aspergers. His mental health disability affected his work success in several ways. He found it difficult to relate to others, and could become irritable and upset quickly. He also had a tendency to become overly focused on one routine, and experienced difficulty shifting job tasks. Peter indicated that he would like a job that matched his affinity for working with animals, especially his love for black Labradors. With intensive job development provided by his employment specialist, a local animal hospital agreed to provide Peter a

job as a maintenance caretaker in a setting that would also allow him to have consistent contact with animals. When Peter started this job, his employment specialist conducted a job analysis to come up with a work routing that would work for him and provided prompts to help him move from one task to another. Once Peter learned his job to the employer's satisfaction, the employment specialist transferred daily supervision to the staff at the animal hospital, but continued to meet with Peter and his supervisor every other week to address any concerns. Peter is fully integrated into the work culture at the animal hospital and the team of veterinarians, technicians and support staff. He is included in all staff events and parties and adopted the former office cat. Peter continues to work successfully 25 hours per week and earns $8.00 an hour. Peter reports: "This job is perfect for me".

Maija

Maija had lived with schizophrenia for over 20 years. Prior to the onset of her mental illness, she has been married and worked in several different jobs. Since experiencing her mental illness, she had been unemployed for over 20 years. Last spring, she told her mental health team (foster care staff, psychiatrist, mental health case manager and Adult Mental Health Rehabilitation Worker) that she wanted to get a job. Because the mental health agency had a J & J Dartmouth Community Mental Health project, Maija was referred to an employment specialist who works directly with her mental health team. Maija indicated that she would like to work as stocker or bus person. The employment specialist contacted local employers to find an appropriate job match and a position that offered the hours and work schedule that matched Maija's preferences. The employment specialist located a position for a stocker/cleaner at a local catering company. Together, Maija and the employment specialist contacted the employer and scheduled an interview. The employment specialist accompanied Maija to the interview. Maija was offered the job and began working. The employment specialist worked with her employer to complete a job analysis and help match Maija's work skills to the employer's needs and provide on the job training for Maija. Eventually, these duties were transferred to the employer and the employment specialist continues to meet weekly with Maija and the employer to ensure that both Maija and the employer

are satisfied. Over time, Maija's job duties have evolved and she has been able to take on additional responsibilities. Maija has now worked successfully for over six months in this position and the company indicates that they are very satisfied with her performance and their partnership with the employment project. Her employer commented: "The person you referred to me has gone above and beyond any expectations and has enhanced my services tremendously."

Diane:

Diane has experienced schizoaffective disorder, bipolar disorder, anxiety disorder and learning disabilities since early adulthood. Her previous work experience consisted of several short term jobs in fast food and housekeeping. However, she hadn't been able to work at a job on a long term basis in many years. Diane experienced difficulties controlling her impulses, communicating with co-workers and supervisors, and recognizing and managing anxiety. Diane was referred to the employment project by her VR Counselor and tried out a number of different jobs through "job trials". Based on her preferences, the employment specialist helped her locate and obtain a job as a lobby attendant in a restaurant. The employment specialist provided on the job training and supervision. The employment specialist assisted the employer "cross-training" Diane on a number of duties including: drive-through window, cashier, and food preparation. Diane's hours have increased from 12 hours to 25 hours a week and she has received a raise. She continues to work 25 hours a week earning $6.75 an hour. She recently studied for and received her driver's license and been nominated by the employer as "employee of the month".

Consumer Satisfaction:

As required by the Commission on Accreditation of Rehabilitation Facilities (CARF), each agency maintains an outcome and performance management system. Each agency assesses the satisfaction of person's who receive services. These satisfaction measures are collected and maintained as part of each agency's contract with the EE

SMI Program. The following is a sampling of comments made by persons with mental illness who received services during the past two years.

- "I would not have been able to obtain employment without my employment specialist's direct involvement with my current employer"

- "Working on communication skills was very helpful in my job and working with my supervisor"

- "My employment specialist helped me learn about my strengths and to be positive"

- "Supported Employment staff helped me to formulate a reasonable and yet challenging work goal"

- "The employment specialist helped me to have a hopeful attitude about my job prospects"

- "Everyone that I have worked with has always been very professional and helpful. Darn glad there is such an employment placement service available through this project"

- "I like my job and my schedule and get along with my employment specialist and supervisor"

- "The project has helped me find a job and become more independent"

- "The project staff have helped me take another step in my recovery"

- "Supported Employment staff helped me learn the skills I needed to get a job. I really enjoyed my job coaches. They helped me a lot."

- "My employment specialist was there to help with any concern that I felt would distract me from working. He gave me faith that I could try."

- "My experience has been so positive, the only thing I could see improving on is making it available to all who could use it"

- "My live has been much better since I met the employment staff"

- "Employment has helped me feel more positive about my life"

- "My employment specialist is awesome"

- "The follow-up checks about my progress or needs in my employment is great, as well as the encouragement I received along the way to more independence"

- "I am very grateful to the project for helping get me a job, and for their kind attitudes, gentleness and their understanding and willingness to resolve any problems I may have"

- "My employment specialist gave me job leads that matched my goals. He did a very good job of helping me with applications, interviews and practicing interviews. (He gave me) respect. The program is a good fit for my employment needs"

- I was treated with respect. My employment specialist did a great job. He was on top of everything. He told me who was hiring and pointed me to the job I have now. He was available to help when I wanted it"

- "My employment specialist was very helpful and efficient! I was treated with respect and I continue to get follow-up"

- (The employment agency) gave me a opportunity to succeed when I wasn't sure where I wanted to go in life"

- "My employment specialist researched the job market- well done. (They helped me with a) Suitable job search. Taking all factors into consideration, I gained a job likeable, within my abilities"

- "I couldn't make it without my employment specialist"

- "With my employment specialist's help, I got a job offer. That was a great feeling. Staff were great to work with"

- "The only thing that I wish is that there would be more employment specialists"

- The employment specialist is there for me to find a job and check up on me to see how things are going"

- "The pay for employment specialists needs to be increased, they deserve it"

Appendix A

INTERAGENCY COOPERATIVE AGREEMENT
DEPARTMENT OF HUMAN SERVICES (DHS)-MENTAL HEALTH (MH)
And
DEPARTMENT OF EMPLOYMENT AND ECONOMIC DEVELOPMENT (DEED)-
REHABILITATION SERVICES (RS)-VOCATIONAL REHABILITATION (VR) AND
COMMUNITY PARTNERSHIPS

PURPOSE:

This agreement describes the framework for the joint activities between these two agencies that support the vision that Minnesotans with serious mental illness can become employed and increase their self-sufficiency. This includes a joint commitment by RS and MH to coordinate interagency systems planning and policy development, funding strategies, service delivery and implementation, information gathering and exchange, and training and technical assistance efforts.

COMMITMENT TO COOPERATIVE ACTIVITIES/OUTCOMES:

RS and MH agree to make deliberate efforts to sustain and build capacity for employment services for Minnesotans with serious mental illness. The following activities are designed to improve collaboration and service delivery consistent with the Vision Statement on Employment Services to persons with mental illness in Minnesota developed in 1992 (Attachment I).

I. INTERAGENCY PLANNING AND POLICY DEVELOPMENT

Quarterly joint interagency management meetings will be held to jointly strategize; to cooperatively plan, identify and solve service delivery problems, develop strategies for improved services, share legislative requests, and for joint policy development. Evidence based practices models will be used to shape joint policy development. An annual review of collaborative activities and accomplishments will be conducted. The context for planning and development must consider the broad community of persons with disabilities and the policy surrounding community living; employment, housing, services, and supports.

METHODS:

- RS and MH will continue to have designated agency liaisons that function as mental health and employment policy leads within their respective agencies and who facilitate the interagency efforts described in this agreement.

- RS and MH will jointly strategize on legislative and biennial budget matters, will share related information exchange legislative and budget documents for the purposes of analyzing their impact and will support those portions of mutual interest or benefit to the employment of persons with serious mental illness.

- RS will continue to have representation on the State Advisory Council on Mental Health at monthly meetings.

- MH will have representation on relevant DEED RS Advisory Committees that are formed.

- RS liaison will attend MH consultants meetings as requested and MH liaison(s) will attend RS-VR Regional Area Managers (RAMs) meetings and Statewide RS Community Partnerships (CP) meetings as requested.

- MH and RS staff will meet at least annually with MH advocacy organizations such as the Mental Health Consumer Survivor/ Network (CSN), the Mental Health Association and the National Alliance for the Mentally Ill-MN Chapter to inform them about our joint efforts and to seek their input and continued support to further employment opportunities for persons with SMI.

II. FUNDING

RS and MH commit to the development of complimentary funding mechanisms and the maximization of existing resources for supported employment services for persons with serious mental illness.

METHODS:

RS and MH will work diligently to assure that the service systems work in a complimentary fashion. Where program changes bring the potential or perception of duplication, both parties will bring those issues to the quarterly interagency meetings for resolution to the satisfaction of both Departments.

- RS and MH will collaborate to define and clarify the boundaries between MA State Plan, MA Waivered Services, VR, EE and EE-SMI programs to ensure the complimentary provision of employment services and to ease timely access for to persons with SMI. Policies for these programs will be examined to ensure they are comprehensive and understandable. Policy clarification and technical assistance will be provided in an accessible and understandable format to advocates and persons with SMI. MH and RS will work together so that definitions of services related to employment are compatible and understood by counties and providers.

- RS will continue to provide MH VR counselor liaisons for projects and venues such as, the Johnson and Johnson Dartmouth Community Mental Health Program Pilots and other joint projects, per the original 1992 Memorandum of Understanding related to transfer of MH funds to RS.

- RS and MH will report each State budget cycle year on the funding of employment services for persons with mental illness and make recommendations per the requirements of M.S. 245.4705 and M.S. 268A. 13 & 14 (Attachment II) to achieve statewide access to employment services for persons with serious mental illness who want to work.

III. PROGRAM DEVELOPMENT AND IMPROVED SERVICE DELIVERY

The evidence based practice of supported employment (EBP-SE) principles will guide the development of service delivery and become the community standard for the delivery of supported employment services for persons with SMI in Minnesota. In response to national surveys and reports which consistently identify unmet needs for vocational services for persons with Serious Mental Illness, RS and MH will continue to assist local areas and service providers to increase competitive employment opportunities for consumers.

METHODS:

RS and MH will continue to collaboratively administer the Johnson and Johnson Dartmouth Community Mental Health Program. Pilot projects will be funded in accordance with the J & J Dartmouth Community MH Grant work plan and budget. The EBP-SE fidelity scale will be utilized to measure the degree of implementation of this practice with pilot sites and to provide guidance to the development and delivery of supported employment services throughout the State.

- RS and MH administrative staff will study the use of targeted legislative appropriations received by the EE SMI and VR programs and provide recommendations for a comprehensive and seamless system of employment services and supports that can be created under the framework of Minn.Stat. 268A.113-14 to sustain the evidence based practices of supported employment.

- RS EE-SMI and MH liaisons will jointly develop, pilot, and evaluate a protocol for monitoring projects such as the EE SMI funded Coordinated Employability Projects that is consistent with the Evidence Based Principles of Supported Employment (EBP-SE) for persons with SMI.

- RS and MH will make available to mental health providers, and Community Rehabilitation Programs: training, technical assistance, and on-site review and consultation on the delivery of evidence based supported employment. Training and technical assistance will be consistent with the principles outlined in the 1992 jointly developed Vision Statement on Employment Services (Attachment I) for Minnesotans with Mental Illness and the employment support services and programs outlined in M.S. 245.4705 and M.S. 268A.13 & 14.

- RS and MH staff will work together to clarify for counties and providers the relationship and interface of Medicaid funding for services such as Adult Rehabilitative Mental Health Services (ARMHS) and Assertive Community Treatment (ACT) with VR, EE and EE-SMI funding with an emphasis on making the best use of limited resources, meeting

the individual needs of persons with serious mental illness. Identified systems issues will be brought to and addressed by the interagency management team.

IV. INFORMATION EXCHANGE

METHODS:

- Sharing of current research findings and exchange of professional literature will be ongoing.

- Information regarding the efficacy of the supported employment grant projects will be analyzed and disseminated on a regular basis.

- Professional training opportunities, relative to employment for persons with serious mental illness will be distributed to VR, Community Rehabilitation Programs (CRPs), mental health employment grant staff, Adult Mental Health Initiatives, Counties, Community Mental Health Providers, ARMHS and ACT providers on a regular basis.

TERMS OF AGREEMENT

- **TERMS OF AGREEMENT**

This agreement is valid for the two-year period of January I, 2008 to December 31, 2010. The agreement can be amended at any time by mutual written consent.

Date 01/31/08	1/31/08 Date
Kimberley Peck	Sharon Autio
Director	Division Director
Rehabilitation Services	Adult Mental Health Division
Department of Employment and Economic Development	Department of Human Services

Attachment I

VISION STATEMENT ON
EMPLOYMENT SERVICES IN MINNESOTA
FOR PERSONS WITH MENTAL ILLNESS

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PEOPLE WITH MENTAL ILLNESS WILL HAVE CHOICE,
ACCESS AND A SENSE OF PRODUCTIVITY.

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Minnesota's Vocational Rehabilitation (VR) and Mental Health (MH) Employability Services will provide people with mental illness employment services and supports that are consistent with their interests, goals, skills and abilities. There are several components necessary in order to realize this vision.

1. Access. Work is an essential element in our society. There should be easy access to rehabilitation programs. Employment support services should be readily accessible to all persons with mental illness so they can make progress toward economic self sufficiency.

2. Early Intervention. Employment related services should be an integral aspect of all treatment and rehabilitation programs to ensure that consumers have the ability and opportunity to consider a variety of work options.

3. Career Focus. Employment related programs should focus on assisting consumers to form long range plans for employment commensurate with their skills and abilities by ensuring that ongoing support, crisis management, re-placement, and career planning services are available.

4. Informed Choice. Employment Services should provide consumers with the knowledge to make informed choices about employment expectations and options. Consumers should receive information about the types of employment available in the local community, type of employment services available, impact of employment on benefits, and career opportunities.

5. Consumer Satisfaction. Employment programs should emphasize the importance of consumer satisfaction. Assessments, from the perspective of the consumer, should address whether consumers like their jobs, whether quality of life is improved, whether there is potential for advancement, and the adequacy of support services.

6. Empowerment. Consumers should be involved in the development of individual rehabilitation plans, and should have a role on boards, committees, task forces and review bodies that shape employment policies and award grants. Consumers should be assisted and encouraged to develop self-help and consumer advocacy groups.

7. Employers. Employers should be encouraged to expand employment opportunities for persons with mental illness. Employers should receive information and education about the needs and abilities of people with mental illness, and the requirements of the American with Disabilities Act (ADA) to maximize the hiring of people with mental illness.

8. Incentives. Consumers as well as VR and Mental Health professionals should be encouraged to learn more about the current work incentive provisions embodied in public support programs. Further incentives - particularly with regards to medical care - should be developed and disseminated in order to reduce the current disincentives faced by consumers in returning to work.

9. Service Coordination. Employment programs should establish and maintain linkages with a wide range of other providers to ensure that consumers can obtain and maintain employment. Linkages to education programs, housing, economic assistance, community support services, clinical services, etc. are essential to assist consumers to live and work in the community of their choice.

10. Training. Ongoing training should be provided across agencies and service delivery systems. Cooperative training is essential so that the provided in various human services systems understand their respective roles, rules, and responsibilities, and the various ways in which consumers can be provided employment and community support services.

11. Expansion. Capacity within the present system should be expanded to allow all persons with mental illness who want these services to be able to access them in the community of their choice. The support of local communities will be necessary in order to accomplish this commitment to the employment potential of persons with mental illness.

Attachment II

Minnesota Statutes 2007

245.4705 EMPLOYMENT SUPPORT SERVICES AND PROGRAMS.

The commissioner of human services shall cooperate with the commissioner of employment and economic development in the operation of a statewide system, as provided in section 268A.14, to reimburse providers for employment support services for persons with mental illness.

History: 1999 c 223 art 2 s 36; 2004 c 206 s 52

268A.13 EMPLOYMENT SUPPORT SERVICES FOR PERSONS WITH MENTAL ILLNESS.

The commissioner of employment and economic development, in cooperation with the commissioner of human services, shall develop a statewide program of grants as outlined in section 268A.14 to provide services for persons with mental illness in supported employment. Projects funded under this section must: (1) assist persons with mental illness in obtaining and retaining employment; (2) emphasize individual community placements for clients; (3) ensure interagency collaboration at the local level between vocational rehabilitation field offices, county service agencies, community support programs operating under the authority of section 245.4712, and community rehabilitation providers, in assisting clients; and (4) involve clients in the planning, development, oversight, and delivery of support services. Project funds may not be used to provide services in segregated settings such as the center-based employment subprograms as defined in section 268A.01.

The commissioner of employment and economic development, in consultation with the commissioner of human services, shall develop a request for proposals which is consistent with the requirements of this section and section 268A.14 and which specifies the types of services that must be provided by grantees. Priority for funding shall be given to organizations with experience in developing innovative employment support services for persons with mental illness. Each applicant for funds under this section shall submit an evaluation protocol as part of the grant application.

History: 1994 c 483 s 1; 1994 c 632 art 4 s 71; 1995 c 224 s 90; 1999 c 223 art 2 s 40; 2004 c 206 s 52

268A.14 STATEWIDE REIMBURSEMENT SYSTEM FOR EMPLOYMENT SUPPORT SERVICES.

Subdivision 1. **Employment support services and programs**. The commissioner of employment and economic development, in cooperation with the commissioner of human services, shall operate a statewide system to reimburse providers for employment support services for persons with mental illness. The system shall be operated to support employment programs and services where:

(1) services provided are readily accessible to all persons with mental illness so they can make progress toward economic self-sufficiency;

(2) services provided are made an integral part of all treatment and rehabilitation programs for persons with mental illness to ensure that they have the ability and opportunity to consider a variety of work options;

(3) programs help persons with mental illness form long-range plans for employment that fit their skills and abilities by ensuring that ongoing support, crisis management, placement, and career planning services are available;

(4) services provided give persons with mental illness the information needed to make informed choices about employment expectations and options, including information on the types of employment available in the local community, the types of employment services available, the impact of employment on eligibility for governmental benefits, and career options;

(5) programs assess whether persons with mental illness being serviced are satisfied with the services and outcomes. Satisfaction assessments shall address at least whether persons like their jobs, whether quality of life is improved, whether potential for advancement exists, and whether there are adequate support services in place;

(6) programs encourage persons with mental illness being served to be involved in employment support services issues by allowing them to participate in the development of individual

rehabilitation plans and to serve on boards, committees, task forces, and review bodies that shape employment services policies and that award grants, and by encouraging and helping them to establish and participate in self-help and consumer advocacy groups;

(7) programs encourage employers to expand employment opportunities for persons with mental illness and, to maximize the hiring of persons with mental illness, educate employers about the needs and abilities of persons with mental illness and the requirements of the Americans with Disabilities Act;

(8) programs encourage persons with mental illness, vocational rehabilitation professionals, and mental health professionals to learn more about current work incentive provisions in governmental benefits programs;

(9) programs establish and maintain linkages with a wide range of other programs and services, including educational programs, housing programs, economic assistance services, community support services, and clinical services to ensure that persons with mental illness can obtain and maintain employment;

(10) programs participate in ongoing training across agencies and service delivery systems so that providers in human services systems understand their respective roles, rules, and responsibilities and understand the options that exist for providing employment and community support services to persons with mental illness; and

(11) programs work with local communities to expand system capacity to provide access to employment services to all persons with mental illness who want them.

Subd. 2. **Report**. Before preparing a biennial budget request, the commissioner of employment and economic development, in cooperation with the commissioner of human services, must report on the status and evaluation of the grants currently funded under section 268A.14 to the chairs of the policy and finance committees of the legislature having jurisdiction. The report must also include a determination of the unmet needs of persons with mental illness who require employment services and provide recommendations to expand the program to meet the identified needs. **History**: 1994 c 483 s 1; 1994 c 632 art 4 s 72; 1999 c 223 art 2 s 41; 2004 c 206 s 52

Appendix B

DEPARTMENT OF EMPLOYMENT & ECONOMIC DEVELOPMENT-REHABILITATION SERVICES

COORDINATED EMPLOYABILITY PROJECTS EE-SMI FUNDED SFY 2008

PROJECT NAME	ADDRESS	PHONE FAX E-MAIL	CONTACT PERSON	COUNTIES	RS FIELD OFFICE	Original VR GRANT CYCLE
Sher-Wright Employability Program	Functional Industries, Inc. Box 336 Buffalo, MN 55313	763.682.4336, ext 20 fax 763.682.9692 derkens@functionalindustries.org	Diane Erkens	Sherburne & Wright	Monticello	1/92-12/95
New Horizons	MRCI Worksource 15 Map Dr., PO Box 328 Mankato, MN 56002-0328	507.386.5673 fax 507.345.5991 durenbgr@mrciworksource.org	Kathy Durenberger	Blue Earth	Mankato & St. Peter	1/93-12/96
ACE/Tri-Western Combined SE Project	West Central Industries 1300 - 22nd St SW Willmar, MN 56201	320.235.5310 ext. 205 fax 320.235.5376 oliver@wciservices.org	Oliver Krage	Kandiyohi, McLeod, & Meeker Renville, Chippewa, & Swift Yellow Medicine Lac Qui Parle	Willmar, Hutchinson & Marshall	ACE: 1/93-12/96 1/97-12/00 (Tri) 7/98 – 6/02 (Western)
Lifetrack Washington Ramsey Project	Lifetrack Resources Inc. 709 University Ave W St. Paul, MN 55104	651.265.2387 fax 651.227.0621 beckyb@lifetrackresources.org	Becky Bazzarre	Ramsey & Washington	St. Paul Downtown & N. St. Paul & Woodbury	1/93-12/96 (TIP/Long Terms Supports) 1/97-12/00 (Washington- Ramsey)
Employment Innovations II	Rise, Inc. 13265 Sylvan Ave PO Box 336 Lindstrom, MN 55045	651.257.2281 fax 651.257.3861 mharper@rise.org	Mike Harper	Chisago & N. Washington	Cambridge	7/94-6/98
Northwest Employability Project - Job Shop	Occupational Development Center 245 - 5th Ave SW Crookston, MN 56716	218.281.3326 fax 218.281.2115 TChapman@odcmn.com	Tom Chapman	Kittson, Marshall, Red Lake, Polk, Norman, & Mahnomen	Crookston & Bemidji	7/94-6-98

PROJECT NAME	ADDRESS	PHONE FAX E-MAIL	CONTACT PERSON	COUNTIES	RS FIELD OFFICE	Original VR GRANT CYCLE
HDC Employment Connection	Human Development Center 1402 E Second St., Suite C Duluth, MN 55805	218.728.3931 fax 218.728.3063 brad.gustason@hdchrc.org	Brad Gustason	S. St Louis	Duluth	7/94-6/98
Project Opportunity	MRCI - The Achievement Center 414 Industrial Lane Worthington, MN 56187-3107	507.376.3168 fax 507.372.4360 MDempster@MRCIWorkSource.org	Mike Dempster	Rock, Cottonwood, Nobles & Jackson	Worthington	7/94-6/98
Region V Employability Project	Productive Alternatives, Inc. 213 NW 4th Street Brainerd, MN 56401	218.825.8148 fax 218.825.8362 Colleen@paiff.org	Colleen Schommer	Crow Wing & Aitkin	Brainerd	7/94-6/98
Cook-Lake Employability Project	Human Development Center Cook-Lake Employability 629 First Ave Two Harbors, MN 55616	218.834.5520 fax 218.834.4264 sam.gangi@hdchrc.org	Sam Gangi	Lake & Cook	Duluth	1/97-12/00
Central Minnesota Works	Rise, Inc Central MN Works 3400-First St. N., Suite 105 St. Cloud, MN 56303	320.656.5608 fax 320.656.5617 amoog@rise.org	Amy Moog	Stearns & Benton	St. Cloud	1/97-12/00
Tran$Em Coordinated SE Project	Tran$Em 810 4th Ave S. Ste 206 Moorhead, MN 56560	218.233.7438 fax 218.233.5665 transem@msn.com	Steve Brink	Clay, Becker & Otter Tail, Wilkin	Fergus Falls & Moorhead	1/97-12/00
Southern Minnesota Employment Project	MRCI WorkSource 15 Map Drive, PO Box 328 Mankato, MN 56002-0328	507.386.5600 fax 507.345.5991 bbenshoof@mrciworksource.org	Brian Benshoof	South Central (except Blue Earth & Freeborn)	St. Peter, Mankato, Fairmont, & Faribault	7/98-6/02
Project Place	Service Enterprises, Inc. 700 N 7th St, PO Box 94 Marshall, MN 56258	507.537.4844 fax 507.537.1094 project.place@service-enterprises.org	Jessica Rubischko	Lincoln, Lyon, Murray, & Redwood	Marshall & Worthington	7/98-6/02
North Central Job Wrap	Occupational Development Center 1260 Industrial Park Drive SE Bemidji, MN 56601	218.751.5538 (project) fax 218.751.9189 Bwahl@odcmn.com 218.751.6001	Brad Wahl	Beltrami, Hubbard, Clearwater, N. Cass, & Lake of the Woods	Bemidji & Park Rapids	7/98-6/02

PROJECT NAME	ADDRESS	PHONE FAX E-MAIL	CONTACT PERSON	COUNTIES	RS FIELD OFFICE	Original VR GRANT CYCLE
Prairie Partners	Productive Alternatives* 302 S Kenwood St Alexandria, MN 56308 * in collaboration with Prairie Community Waivered Services 320-589-3077	320.763.4101 fax 320.763.5741 lynetteh@paiff.org	Lynette Holtberg	Douglas, Grant, Pope, Stevens, & Traverse	Alexandria & Fergus Falls	7/98-6/02
Custom Futures	Rise, Inc. 8406 Sunset Rd NE Spring Lake Park, MN 55432	763.792.2432 fax 763.786.0008 Bgrande@rise.org	Beth Grande	Anoka	Blaine (Anoka Co)	7/98-6/02
Guild Employment Services	Guild Incorporated Guild Employment Services 1740 Livingston Ave. W. St. Paul, MN 55118	651.457.2248, ext 12 fax: 651.455.4344 pdarmody@guildincorporated.org	Peggy Darmody	Dakota & Ramsey	W. St Paul, and Burnsville, and Saint Paul	Guild I Replaced Capacity from Horizons Project which ceased on 7/1/02. Start date 10/1/02. Guild II 6/15/01-6/30/05 Guild I and Guild II combined 7/06
The Next Step	Winona ORC* 1053 Mark St. Winona, MN 55987 * in collaboration with Ability Building Center (ABC)	507.452.1855 fax 507.452.1857 kradloff@worcind.org	Kristine Radloff	Winona & Houston	Winona	6/15/01-6/30/05

PROJECT NAME	ADDRESS	PHONE FAX E-MAIL	CONTACT PERSON	COUNTIES	RS FIELD OFFICE	Original VR GRANT CYCLE
Northwest Job Connection	Occupational Development Center 1520 Highway 32 S, PO Box 730 Thief River Falls, MN 56701	218.681.6830x11 fax 218.683.7338 shenrickson@odcmn.com	Shannon Henrickson	Roseau & Pennington	Roseau & Thief River Falls	6/15/01-6/30/05
Creating Access	Rise* 8406 Sunset Rd NE Spring Lake Park, MN 55432 * in collaboration with and Hennepin County Day Treatment Center and Fairview Riverside Day Treatment	612.706.2512 fax 612.781.1228 Abiever@rise.org Rreedy@rise.org	Amanda Biever Robert Reedy	Hennepin	Mpls Downtown and Mpls North	6/15/01-6/30/05
Expanded Supported Employment Program	Zumbro Valley MH Center 343 Wood Lake Drive SE Rochester, MN 55904 Also offices in Preston	507.287.2089 tinan@zumbromhc.org www.zumbromhc.org	Tina Nunemacher-Tews	Olmstead and Fillmore	Rochester	7/1/02-6/30/06
Coordinated Employability Alliance	Rise (In collaboration with PHASE) 13265 Sylvan Ave. PO Box 336 Lindstrom, MN 55045- Also Offices in Pine, Isanti, Kanabec and Mille Lacs	651.257.2281 mharper@rise.org 320.245.2246 lkphase@scicable.net	Mike Harper/RISE Lori Koski/PHASE	Pine, Isanti, MilleLacs, Kanebec	Cambridge & Monticello	7/1/02-6/30/06
North Central Solutions	Productive Alternatives PO Box 371 Little Falls, MN 56345-0371	320.632-9291 sue.s@paiff.org	Suzanne Strack-Smith	Morrison	Little Falls Brainerd & Park Rapids	7/1/02-6/30/06

Shaded agencies/projects also have a J & J Dartmouth Community MH Project Pilot site OR an Extended Employment-SMI Enhanced Fidelity to EBP-SE grant.

Appendix C

DEED-Rehabilitation Services in collaboration with DHS-MHD
SFY 2008
Evidence Based Practice Supported Employment (EBP-SE) Grants

Johnson and Johnson Dartmouth Community Mental Health Grant Pilot Projects (N=4)

Lead Organization/Partner	County	Contact Person	Phone	E-Mail
HDC Employment Connection/ Human Development Center	St. Louis (South)	Brad Gustason	218.728.3931	brad@hdchrc.org
Guild Employment Services/Guild Incorporated with Guild Delancey Street and MHR Project Homeward	Ramsey	Peggy Darmody	651-457-2248	pdarmody@guildincorporated.org
Functional Industries/Central MN Mental Health Center	Wright	Diane Erkens	763/682-4336	derkens@functionalindustries.org
Tran$Em/ Access & Lakeland MH Center	Clay, Becker, Ottertail, Wilken (BCOW)	Steve Brink	218/233-7438	transem@msn.com

EE SMI Enhanced Projects: (N=2)

Organization/MH Partner	County	Contact Person	Phone	E-mail
Lifetrack Resources/Human Services Inc.	Washington	Becky Bazzarre	651-265-2387	beckyb@lifetrackresources.org
Rise/Family Life Center	Anoka	Joan Distler	763.792.2414	jdistler@rise.org