positively Minnesota Department of Employment and Economic Development

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

Report to the Legislature
as required by Minnesota Statute 268A.13

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I. EXECUTIVE SUMMARY AND RECOMMENDATIONS

Minnesota Statute 268A.13 directs the commissioner of Employment and Economic Development (DEED), 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 [Appendix 1]. Minnesota Statute 268A.14 describes the requirements of the grants funded under this authority, and Subdivision 2 mandates the following report in preparation for the 2013-2014 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 Vocational Rehabilitation Services (VRS) of the Minnesota Department of Employment and Economic Development (DEED). It summarizes the results of the Extended Employment (EE) SMI Program a public-private partnership, which assists persons with serious mental illnesses (SMI) to obtain and maintain employment and the results of the Individual Placement and Support (IPS) projects, also known as Evidence Based Supported Employment, in Minnesota.

Over the past twenty-five years, VRS has worked with the Department of Human Services-Adult Mental Health Division and with mental health advocacy organizations to improve the quality and quantity of employment services in the community for persons living with SMI. As a result of this collaborative effort model employment programs at the local level that are funded by the EE- SMI program were developed. These projects were initiated with time limited Vocational Rehabilitation funds and after successful implementation continued with state funds from the EE SMI Program. The projects' employment outcomes continue to demonstrate that with ongoing

employment and job retention services, persons living with SMI can successfully access and maintain employment in the community.

Recommendations

- Although demographic estimates vary, there are substantial numbers of Minnesotans living with mental illness that require specialized employment services in order to seek and succeed in employment. Population surveys combined with prevalence estimates and employment rates estimates suggest that, at a minimum, there are over 315,000 Minnesotans of working age living with serious mental illness who could work if ongoing employment and job retention services were available.

- Individuals living 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:

    - Integration of employment with mental health treatment services

    - Individualized support in choosing and finding employment;

    - follow-along 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 living with serious mental illness.

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

    - People living 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. Their average wage is $10.00 per hour. This compares favorably to the average median wage for job vacancies in Minnesota (2nd quarter of 2012) of $11.06. Combined earnings of program participants total over $4.3 million annually.

- Projects serve people living with a range of psychiatric disabilities including: Bipolar Disorder, Major Depression, and Schizophrenia spectrum disorders.

- Minnesota's EE-SMI and IPS projects have a longitudinal employment outcome tracking system and achieve employment results that are equivalent to national benchmarks.

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

- Much of the cost benefit of IPS 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. Twenty-six percent of Minnesota counties do not have access to an EE-SMI or IPS provider. 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 living with mental illness who also experience homelessness and those who are immigrants and refugees.

- VRS has been working collaboratively to implement and sustain the IPS (Individual Placement and Support, the Evidence Based practice of Supported Employment) since 2006, and Minnesota is a member of the Johnson and Johnson Dartmouth Community Mental Health Program International Learning Collaborative.

- Six IPS projects are funded at $755,000 in SFY 2012. Employment service funding comes from two sources. Each agency has a VRS Grant for IPS Placement and an Extended Employment Serious Mental Illness Grant for IPS extended services (see Appendix B for current IPS projects and individual agency funding). Grant funds cover the cost of employing direct service staff/employment specialists and the direct costs associated with these staff including employment supervision. Additional projects and new service capacity can be added as resources become available. Current average cost per project is $125, 830.

- Average annual cost to an agency for a 1.0 full time employment specialist and associated costs currently is $74,500 (based on revenue and expense data submitted to VRS by current IPS agencies as part of their applications for 2012 IPS grants). An employment specialist working in a high fidelity IPS program can serve a caseload of 20 persons at one time. All six existing IPS programs have expressed interest in expanding their IPS services to other service delivery areas/counties. Provider organizations and Mental Health (MH) centers will need training & consultative time related to the start-up and implementation of IPS. Seven of the existing thirteen state funded Extended Employment/Serious Mental Illness providers (operating 19 EE SMI programs) have not had the start-up or infrastructure funding to implement IPS.

II. INTRODUCTION

Since 1987, Vocational Rehabilitation Services (VRS) has proactively addressed workforce issues for persons living with serious mental illness. The disproportionately high unemployment of persons living with mental illness is unnecessary and costly. Investing in targeted employment services and supports for persons living with mental illness has been proven to reduce unemployment, increase social inclusion and save millions in public assistance while increasing productivity and tax revenues. This work is central to workforce development in Minnesota.

> *"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 EE-SMI program 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.

The EE SMI programs operate as complimentary aspects of the VRS Vocational Rehabilitation and Extended Employment programs. Projects were initiated with VRS 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 VRS can provide, this continuation funding has been administered through the VRS administered 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 employment needs of people living with serious mental illness, the projects are administered

separately from the Extended Employment program under Minnesota Statute 268A.15 (EE Basic).

Summary of EE SMI Grant Purpose as Outlined in Legislation

The EE SMI program 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 EE SMI program was developed as a distinct entity with targeted funding because of the necessity of building new employment service capacity for Minnesotans living with mental illness, who historically have been un-served or underserved by the existing VRS and EE programs, community rehabilitation programs, community mental health programs, and the generic workforce development system.

Overview of National Data on Employment of Persons living with SMI

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 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 mental health symptoms 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 nationally only 20 percent of persons living with serious mental illness are employed. [3, 4]

Many persons with disabilities, including significant numbers of persons living 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. Over 40 percent of the persons served by the EE SMI program have some post-secondary education in addition to diverse skills and experiences to contribute to the labor force.

Employment of persons living 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.

Notes

[1] *Rogers, J.A., "Work is the Key to Recovery", Psychosocial Rehabilitation Journal, 1995, 18 (4), pages 5-10.*

[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.*

[3] *Promoting Independence and Recovery through Work: Employment for People with Psychiatric Disabilities. Briefing Document for the National Governors Association, Center for Best Practice (NGA) Webcast Transforming State Mental Health Systems: Promoting Independence and Recovery through Work: Employment for People with Psychiatric Disabilities, July 31, 2007.*

[4] *Smith, F.A., & Bhattarai, S., 2008. Persons Served in Community Mental Health Programs and Employment. Data Notes Series, Data Note XVII. Boston, MA: Institute for Community Inclusion.*

III. PREVALENCE AND NEEDS ASSESSMENT

Diagnosable mental illness is surprisingly common in the general population. For over one in four Americans, adulthood--a time for achieving productive employment is interrupted by mental illness. Twenty-six percent of the adult population has some form of diagnosable mental disorder in a given year; however, the main burden of illness is concentrated in a smaller population of people 6 percent or one in 17 who live with a serious mental illness. [1] According to the Surgeon General's report, 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. [2] When applied to the 2011 US Census American Community Survey, population estimates for ages 16 and older in the Minnesota, this translates to over 320,600 Minnesotans who experience serious mental illness. [3]

The burden of mental illness on health and productivity has been well documented costing our society billions of dollars every year. Studies conducted by the World Health Organization (WHO), reveal that mental illness is the leading cause of disability in the U.S. for persons of working age. The disease burden from mental illness is equivalent to that due to the disease burden from all forms of cancer.[4] When calculating the costs of mental illness, it is not only the cost of care or treatment, but the loss of income due to unemployment combined with the costs of social support and a wide range of other indirect costs that result from a chronic disability that most often occurs early in life. Recent studies published in the American Journal of Psychiatry indicate that lost earnings alone for persons with SMI costs at least $57.5 billion annually. [5] These costs are considered to be an underestimate, since the studies do not take into account persons who are institutionalized or incarcerated. Conversely, the vast majority of people living with serious mental illness reports that they are unemployed and could benefit from employment services and supports services if they were available. [6]

The unemployment rates of Americans with disabilities remains unacceptably high. According to a recent national study by researchers at Cornell University, in 2011, an estimated 15.2 percent of persons with a disability, of working age in the United States were employed compared to 75 percent of the population without disabilities. [7] The employment rate of people with disabilities has continued to drop. The number of employed people with disabilities has decreased from a

high of 28.7 percent in 1990 and from 24 percent in 2000. The employment rate is the lowest it has been for both people with and without disabilities since the survey began measuring in 1986. 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 2010 for example, people with disabilities earned an average of $36,800 compared with $54,900 for people without disabilities. [8]

The President's New Freedom Commission on Mental Health indicated in 2003 that the low rate of employment for adults with mental illness was "alarming (p.29)." [6] National surveys conducted with persons with serious mental illness indicate that people with mental illness have the lowest rates of employment of any group with disabilities.[9] High unemployment persists despite surveys that show that the majority of adults with serious mental illnesses want to work.[10] Many recent studies have highlighted that generic workforce programs and traditional brokered vocational rehabilitation services are ineffective for the small proportion of people with mental illness who manage to get them. [10, 11, 12]

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. National studies also indicate that many people with SMI are under-employed. [13] Nearly twice as many workers living with mental illness earn at or near minimum wage as workers without disabilities.[14] Non-standard jobs (such as temporary employment, independent contracting, and part-time employment) are common among workers with serious mental illness. Such jobs pay lower wages with fewer benefits Among those employed, people with serious mental illness are overrepresented in unskilled occupations, such as in the service industries and as laborers. [15]

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. [16, 17]

Many individuals with serious mental illness qualify for and receive either Social 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 three decades, the number of SSI and SSDI beneficiaries with mental illness has continued to increase at high rates. Individuals with SMI, called mental disorders by the Social Security Administration (SSA), represent the largest single diagnostic group of persons receiving SSA benefits as a result of a disability. Individuals with mental disorders are more costly than other populations because they are younger when they become ill and termination of benefits due to work activity is extremely low; ranging from between less than 1 percent and 4 percent.[18] Recently research analysis by Drake and colleagues using economic modeling, suggest that providing evidence based supported employment in addition to health insurance and adequate mental health care could prevent disability for many with serious mental illness, allow a large proportion of people with mental illness to contribute to the work-force and save millions of dollars in disability payments. [19]

Several programs implemented on the federal level including the Medicaid Buy-In program and the revisions to the Ticket to Work and Work Incentives Improvement Act attempted 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 cannot 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.

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 national study titled: “Shattered Lives” the reality is that many persons with serious mental illness have no access to supported employment programs and are forced to rely on disability income supports that leave them living in poverty. [10]

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. [21, 22, 23, 24, 25] Minnesota's EE-SMI and IPS projects have consistently demonstrated they are effective in helping persons with mental illness to maintain employment.

Since 1992 the EE SMI grants and since 2006, the IPS projects have demonstrated an average annual employment engagement rate of over 50 percent which means that in any given year, over half 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. [24] 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 11 million people aged between 18 and 64 in the U.S. who live with 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 projects 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.

Although some people may be prevented from participating in the labor force at times due to the nature of their disabilities, this is not the case for a large number of people with disabilities. A recent study by researchers at *Rutgers University* found that 80 percent of unemployed persons

with disabilities would like a job now or in the future; the rate of wanting to work was even higher among people with mental illness at 90 percent. [26]

Other researchers have noted that twenty-two years after the passage of the Americans with Disabilities Act (ADA), there has yet to be significant progress in most areas related to employment for people with disabilities. The Kessler/National Organization on Disability (NOD) study findings indicate that the environment for hiring people with disabilities needs a great deal of improvement. Although corporations recognize that hiring employees with disabilities is important and, for the most part, do not perceive the costs of hiring people with disabilities to be prohibitive, most are not hiring many people with disabilities and few are proactively making efforts to improve the employment environment for them. [27] Even though the ADA made it unlawful for employers to discriminate against a job applicant or employee with a disability, there is little evidence that the legislation has improved the labor market situation of people with disabilities. In addition to stigma and discrimination, the national recession and high rates of local unemployment have created new barriers to employment for people with disabilities and those living with a mental illness. [28]

Employment 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. [29] 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. [30] Helping Minnesotans living with serious mental illness secure and retain employment is sound public policy which can reduce the use of more costly mental health services and reduce the number of persons receiving public assistance and disability benefits. [31, 32]

Notes

[1]*National Institute of Mental Health. "The Numbers Count: Mental Disorders in America". November, 6, 2012. Retrieved from www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america/index.shtml*

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[13] *Cook, J. A. "Employment barriers for persons with psychiatric disabilities: Update of a report for the President's Commission." 2006. Psychiatric Services. 57, pages 1391-1405.*

[14] *Mechanic, D., Bilder, S. and McAlpine, D. D. "Employing Persons with Serious Mental Illness." 2002. Health Affairs, 21(5) pages 242-253.*

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IV. Individual Placement and Support (Evidence Based Supported Employment)

The IPS approach was developed by Becker and Drake in 1989 and is studied by researchers at the Dartmouth Psychiatric research enter of Dartmouth Medical School.[1]

Individual placement and support (IPS) is an evidence based approach to supported employment (SE) that helps people living with serious mental illness to identify, acquire and maintain competitive employment (real jobs) in their local community. IPS is different from traditional vocational rehabilitation.[2] IPS emphasizes integration of employment within mental health treatment, utilized rapid job search and placement services. People receive SE services from a community-based multi-disciplinary team consisting of clinical mental health providers and an employment specialist. IPS does not delay competitive employment by requiring people to complete pre-employment assessments, or training or volunteer experience. 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 living 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.

There are eight key principles inherent in IPS:

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 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 Services (VRS) 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 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.

8) Employment specialists systematically build relationships with employers. Employers are viewed as another customer of the IPS program. Employment specialists make multiple in-person visits to employers to learn about their business needs. They are a resource to the business and introduce the employer to a candidate who would be a

good fit for that workplace. With permission from the individual served, employment specialist also provide supports to employers.

Johnson and Johnson Dartmouth Community Mental Health Program

The mission of the Johnson & Johnson - Dartmouth Community Mental Health Program is to increase access to Individual Placement and Support (IPS), for adults living with serious mental illnesses who are interested in gaining employment. The Johnson & Johnson – Dartmouth Community Mental Health Program began in 2001 in three states to demonstrate the feasibility of implementing evidence-based supported employment with close collaboration between mental health and vocational rehabilitation services. Building upon the success of the pilot, the program was subsequently instituted and currently includes 12 states, the District of Columbia (federal jurisdiction), and a county from a large state. The first four years are comprised of yearly renewable work agreements. Dartmouth partners with the state mental health authority and state vocational rehabilitation and provides IPS training and technical assistance on implementing high fidelity supported employment. In addition, Dartmouth coordinates a family advocacy project for IPS supported employment in conjunction with the National Alliance on Mental Illness (NAMI) across the 14 jurisdictions.

Johnson & Johnson Corporate Contributions grants funds to Dartmouth PRC to help support the program. States receive a yearly sum during the first four years of each state project.
States determine how funding is allocated in the yearly budget and assume greater responsibility for funding over the four years. Yearly funding from the program ends after four years. But states continue to participate in the program through regular teleconference meetings, annual in-person meetings, sharing outcome data, training and educational materials, and accessing ongoing technical assistance and consultation from the Dartmouth supported employment team. The group has evolved into an international learning community that continues to meet together and identifies and participates in research projects to better understand how to support people living with symptoms of mental illness in their recovery through work and school. Examples of studies in this learning collaborative are: The relationship between employment outcomes and IPS fidelity, a survey on supported education, employment benchmarks, and factors related to IPS sustainability.

A site is defined as an agency, which may have multiple IPS teams and locations. State liaisons collect program-level employment and education outcome data from each of the sites on a quarterly basis, which Dartmouth analyzes, summarizes and sends to the state liaisons to share with their sites. In the most recent quarter (April – June 2012), 10,368 people (from 13 jurisdictions) received IPS supported employment services. Of those people, 41 percent worked in a competitive job. The employment rate has ranged from 38 percent to 55 percent. The average employment rate for all sites across 39 quarters is 43 percent. The IPS learning community has recently expanded to include four countries, Italy, Spain, Australia and the Netherlands.

Although developed only twenty three years ago, evidence-based supported employment has demonstrated high rates of competitive employment in 15 controlled studies. All 15 of these studies showed significant results strongly favoring supported employment. Enrollment in evidence-based supported employment more than doubles the probability that a person will work, compared to usual services. [3] In U.S. studies, the overall success rate in achieving competitive employment is as high as 68 percent. Long-term outcomes show that about half of all clients who enroll in evidence-based supported employment become steady workers over the decade after enrolling. [4, 5]The benefits of employment extend to improved quality of life, greater integration into society, and less burden on the mental health system.[6]

IPS recently has been found effective in a 23 site study of over 2000 SSDI beneficiaries with serious mental illness. [7] This study demonstrates that supported employment can overcome fears about losing benefits in a group that had long received disability benefits and was not previously engaged in treatment.

IPS has spread widely across the United States in the past 10 years. As noted previously, the Dartmouth led learning collaborative includes a network of state and local leaders.[8, 9]Because IPS is very flexible, it has been successfully implemented around the world. IPS is successful in both large and small communities and in a variety of ethnic and racial groups.[10, 11] IPS is effective with young adults, older adults, and across the spectrum of society. [12]

Research also shows that disability-related characteristics, such as psychiatric symptoms, cognitive impairment, and co-occurring alcohol and drug use, exert little or no influence on the capacity of an individual with serious mental illness to work, provided they are enrolled in IPS.[13]

Minnesota's Implementation of IPS

Dartmouth's Psychiatric Research Center identified Minnesota as able to adopt the evidence based approach of SE in 2004. DHS Adult Mental Health and DEED Vocational Rehabilitation Services were subsequently awarded a Johnson and Johnson Dartmouth Community Mental Health Program grant. This four year implementation period began on July 1st, 2006 and ended on June 30, 2010. Minnesota's grant project and work plan focused on working within the existing network of EE-SMI programs to build partnerships with clinical mental health providers to implement IPS. Minnesota's plan included piloting IPS through partnerships between 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 using VRS funds. Additionally, potential grantees were provided with training on IPS, 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 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. The trainer position was discontinued in 2010 when the J &J grant funds ended.

Implementation

Based on fidelity reviews the top implementation barrier in Minnesota has been Integration of Employment with Clinical Mental Health (MH) 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 VRS receive referrals of many people with SMI (60 percent 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/ providers and Vocational Rehabilitation Services by a sole mental health provider/program. These referral sources include: county or contracted adult case managers, Adult Rehabilitative Mental Health Services (ARMHS) providers, Intensive Residential Treatment Service Providers (IRTS), corporate adult foster care, 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 (VRS) counselors to "connect to or with".

In a number of community mental health 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 concerns. When individuals are connected to MH professionals, the activities necessary for integration of IPS 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 IPS advisory and steering committees is not considered reimbursable time and this limits the availability of MH professional staff to participate.

Sustainable Funding for IPS remains an issue faced by providers of IPS.[14] Fragmented and insufficient funding limits both the availability and sustainability of IPS services to Minnesotans living with SMI. Adult Mental Health Initiatives (AMHI) and Counties differ significantly in fiscal support for IPS. In some communities, the EE-SMI program is the often the primary funding source of employment supports for persons living 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 IPS are not reimbursable. Individual and group employment supervision time is not reimbursable. Most

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 targeted grant funds for IPS. Without these targeted 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 VRS grants for IPS programs, there are limited fiscal incentives to develop and sustain IPS at present. Some employment providers indicate that alternative non supported employment models of 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 IPS in Minnesota. For clinical mental health professionals these include: Lack of awareness on the part of MH providers of the practice of IPS and resources, concerns about sharing clinical MH information and diagnostic assessments with employment professionals 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 VRS staff, 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 VRS program's orientation in recent years. [15]

Across both systems there is a lack of training for employment providers and VR on working with persons who have a dual diagnosis of mental illness and substance abuse. This includes a lack of awareness and training in harm reduction strategies/techniques. Both the MH system and VRS have invested in statewide training for professionals on the evidence based practice of motivational interviewing. Many mental health and employment staff have had some access to introductory motivational interviewing training; but it has not necessarily been integrated in practice across both systems. Providers and partners continue express concerns about their ability to successfully serve people living with mental illness who have certain characteristics which present additional barriers to employment such as: criminal offenders, mentally ill and dangerous (MI/D) and sexual offenders.

IPS is the only evidence based approach to supported employment for people with Serious Mental Illness. As it has evolved over the past twenty years, this practice has been consistently held to the primary standard of improving employment outcomes. As Bond, Becker & Drake point out in their most recent publication, "Individual Placement and Support: An Evidence-Based Approach to Supported Employment":

> ". . . producing data that actually help people with mental illness should be our goal in mental health research….we have a boundless opportunity. . . (typical) services are poor, many people need our help and our work is directly practical." [16] (p.4)

Over the past twenty years, IPS has also been shaped by feedback from thousands of people living with SMI. People living with mental illness overwhelmingly report that they need help becoming employed, staying employed and changing jobs. This helps includes encouragement, finding a job match, adjusting to a job, coping with the job and sometimes changing a job. [2] IPS research has been robust and consistent. Minnesota has made incremental process in improving employment services for persons living with mental illness through the implementation of IPS. However, much is left to do in terms of building a sustainable statewide network of IPS programs so that all Minnesotans living with serious mental illness can access IPS services in the community of their choice.

Notes:

[1] *Becker, D. R., and Drake, R. E. "A Working Life for People with Severe Mental Illness." 2003. New York: Oxford Press.*

[2] *Swanson, S. J. and Becker, D. R. Supported employment: Applying the Individual Placement and Support (IPS) Model to Help Clients Compete in the Workforce. 2010. Center City, MN: Hazelden.*

[3] *Bond, G. R., Drake, R. E., and Becker, D. R. "An Update on Randomized Controlled Trials of Evidence-Based Supported Employment." 2008. Psychiatric Rehabilitation Journal, 31, pages 280-290.*

[4] *Becker, D. R., Whitley, R., Bailey, E. L., & Drake, R. E. "Long-term Employment Outcomes of Supported Employment for People with Severe Mental Illness. 2007. Psychiatric Services, 58, pages 922-928.*

[5] *Salyers, M. P., Becker, D. R., Drake, R. E., Torrey, W. C., and Wyzik, P. F. "Ten Year Follow-Up of Clients in a Supported Employment Program." 2004. Psychiatric Services, 55, pages 302-308.*

[6] *Bond, G. R., Drake, R. E., & Becker, D. R. "Beyond Evidence-Based Practice: Nine Ideal Features of a Mental Health Intervention. 2010. Research on Social Work Practice, 20, pages 493-501.*

[7] *Frey, W., Drake, R. E., Goldman, H. H., Salkever, D., Miller, A., & Bond, G. R. "The Mental Health Treatment Study: Final Report to Social Security Administration." 2011. Rockville, MD: Westat.*

[8] *Becker, D. R., Drake, R. E. and Bond, G. R. "Benchmark Outcomes in Supported Employment. 2011. Journal of Psychiatric Rehabilitation. 14, pages 230-236.*

[9] *Becker, D. R., Drake, R. E., Bond, G. R., Nawaz, S., Haslett, W. R. and Martinez, R. A. (in press)." A Mental Health Learning Collaborative on Supported Employment". Psychiatric Services.*

[10] *Haslett, W. R., Bond, G. R., Drake, R. E., Becker, D. R. and McHugo, G. J. (in press). "Individual Placement and Support: Does Rurality Matter?" American Journal of Psychiatric Rehabilitation.*

[11] *Campbell, K., Bond, G. R., & Drake, R. E. "Who Benefits from Supported Employment: A Meta-Analytic Study." 2011. Schizophrenia Bulletin, 37, pages 370-380.*

[12] *Campbell, K., Bond, G. R., Drake, R. E., McHugo, G. J. and Xie, H. "Client Predictors of Employment Outcomes in High-Fidelity Supported Employment: A Regression Analysis." 2010. Journal of Nervous and Mental Disease, 198, pages 556-563.*

[13] *McGurk, S. R. and Mueser, K. T. "Cognitive Functioning, Symptoms, and Work in Supported Employment: A Review and Heuristic model" 2004. Schizophrenia Research, 70, pages 147-173.*

[14] *"Federal Financing of Supported Employment and Customized Employment for People with Mental Illnesses: Final Report." Westat. Investigators: Karakus, M., Frey, W.D., Goldman, H.H., Fields, S., and Drake R.E. February, 2011. Prepared for the Office of Disability, Aging and Long-Term Care Policy, Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Contract: #HHSP23320095655WC*

[15] *Courtney, C. "History." In D.W., Dew and G.M., Alan (Eds.). "Innovative Methods for Providing VR Services to Individuals with Psychiatric Disabilities." 2005. Institute on Rehabilitation Issues Monograph, 30.*

[16] *Drake, R.E., Bond, G.R., Becker, and D.R. "Individual Placement and Support: An Evidence Based Approach to Supported Employment." 2012. Oxford Press, New York, NY.*

V. Extended Employment SMI and IPS Outcome Measures

VRS wanted to compare data across and between the projects in order to increase cost effectiveness and efficiency. Therefore, in l998, 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-VRS funded grants. Electronic reporting by providers into this system began in 1999. The data reporting system was modified to accommodate program changes as they occurred and IPS projects have reported into this system since 2007. A revision of the reporting system was completed in 2010.

The Provider Reporting System provides data on individual demographics, job types, wages, and types and amount of supports provided. Nineteen EE SMI projects provided EE-SMI services in SFYs 2011 and 2012. A list of these projects can be found at the end of this report in Appendix B. Six additional projects provided IPS in SFY 2011 and 2012 through the VRS funded IPS projects. A list of these projects can be found in Appendix C.

Table 1 indicates the total number of persons served and the number of persons who had work hours reported in SFY 2011 and SFY 2012.

Table 1. Number of Persons receiving services in SFY 11 and 12

Program	Served SFY 11	Workers SFY 11	Served SFY 12	Workers SFY 12	SFY 11&12 Unduplicated Workers
EE-SMI	906	468	902	469	677
IPS	295	134	335	135	218
Total	1,201	577	1,237	579	840

Demographic Characteristics

Primary Disability – SFY 2011-12

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

Table 2. Primary Mental Health Disability of persons served in SFY 11 and 12

Primary Mental Health Disability	
45%	Major Depressive Disorder
21%	Bipolar Disorder
12%	Schizophrenia
9%	Schizoaffective Disorder
6%	Anxiety Disorder (including PTSD)
3%	Personality Disorder
4%	Other Mental Health Disability

Gender

Slightly more women (53%) than men 47% were served in SFYs 11-12.

Age

Fifty-four percent of persons served in SFY 11-12 were between the prime working years of 21-45. Individuals served in the 16-20 age range were primarily youth served in a project that was

originally designed to target “school to work transition” for youth with Serious Emotional Disturbance (SED).

Table 3: Age of Persons Served in SFY 11 and 12

Age Range (years)	16-20	21-45	46-64	65-74
Percent	3%	54%	43%	Less than 1%

Educational Achievement

Of the individuals served over the last two years, eighty-seven percent has achieved at least a high school education. Forty-one percent of persons served completed some level of post-secondary education.

Ethnicity & Race

Eighty-sever percent of persons served self-reported as White, 9% as Black and 2% American Indian or Alaskan Native. The majority of participants reported that they were not of Hispanic or Latino ethnicity.

Table 4: Ethnicity and Race of Persons Served in SFY 11 and 12

	Race
87%	White
9%	Black
2%	American Indian or Alaskan Native
Less than 1%	Asian or Hawaiian or Pacific Islander
	Ethnicity
98%	Not Hispanic or Latino
2%	Hispanic or Latino

Public Assistance

Many persons served reported that they received one or more forms of Public Assistance.

Table 5: Type of Public Assistance for SFY 11 and 12

Type of Public Support	Percent SFY 2011 & 12 Note: (individuals may receive more than one type of public support)
TANF	3%
GAMC	3%
General Assistance	13%
SSI	17%
SSDI	31%
Medical Assistance	42%

Hour and Wage Data

Consistent with national trends that reflect that many people living with SMI work part-time, participants worked a weekly average of 12 hours in SFY 2012. Across all EE SMI and IPS programs, participants worked a total of 438,134 hours and earned over $4,378,888 in wages at an average hourly wage of $9.99.

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.

Table 6: Wages, Hours and Number of Hours per Week Worked in SFY 12

Wages and Hours for SFY 12			
Calculated by overall sums			
	Wage	**Work Hours**	**Average Wage**
EE SMI basic	$2,066,735	210,844	$9.80
IPS	$513,177	49,846	$10.30
Total	$2,579,912	260,690	$9.90

Hours per week for SFY 12	average hours worked/weeks
EE SMI Basic	12.30
IPS	12.42
Total	12.32

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.

Table 7: Job Tenure for those who worked in SFY 12

Number of Jobs held	Average
EE SMI	1.2
IPS	1.2
Average	1.2

Job Retention (weeks)	Average
EE SMI	55.2
IPS	45.3

Occupational Data

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 building service/maintenance occupations and office support and retail sales positions which are readily available to entry level workers or workers who have had interrupted or extremely limited work histories.

Table 8: Percent of Persons Employed in Various Occupations in SFY 12

Occupation Frequency by O*Net category title	Percentage of Jobs
11 Management Occupations	Less than 1%
13 Business and Financial Operations Occupations	Less than 1%
15 Computer and Mathematical Occupations	Less than 1%
19 Life, Physical, and Social Science Occupations	Less than 1%
21 Community and Social Services Occupations	2%
25 Education, Training, and Library Occupations	2%
27 Arts, Design, Entertainment, Sports, and Media Occupations	1%
29 Healthcare Practitioners and Technical Occupations	Less than 1%
31 Healthcare Support Occupations	3%
33 Protective Service Occupations	Less than 1%
35 Food Preparation and Serving Related Occupations	14%
37 Building and Grounds Cleaning and Maintenance Occupations	21%
39 Personal Care and Service Occupations	6%
41 Sales and Related Occupations	16%
43 Office and Administrative Support Occupations	13%
45 Farming, Fishing, and Forestry Occupations	Less than 1%
47 Construction and Extraction Occupations	Less than 1%
49 Installation, Maintenance, and Repair Occupations	1%
51 Production Occupations	10%
53 Transportation and Material Moving Occupations	8%

Support Services

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 planning and reporting. Service needs vary from individual to individual and also over time. For all workers (unduplicated) in SFY 2012, the average number of support hours per worker was 4 hours a month.

Many 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.

Table 9: Percent of Support Services Hour by Type of Service for Workers SFY 12

Type of Support Services Provided	Percentage of Service Hours
Job Coaching at the work site	28%
Facilitation of natural supports	2%
Supportive Counseling - off the work site	15%
Coordination of support services	7%
Job development or job placement for the individual (to find another job)	34%
Training in IL Skills/Money Mgmt./Social Skills, off site	Less than 1%
Other Service	Less than 1%
Staff travel time to job site	12%

Individuals exiting the program in SFY 11 and 12

Providers report a variety of reasons that individual participants choose to end their involvement with EE SMI or IPS programs. Eighteen percent of participants in SFY 2011 and 2012 exited the program because they were working successfully in competitive employment and no longer needed ongoing supports. Less than 10% of individuals discontinue receiving services because

of hospitalization or an increase in psychiatric symptoms that interfered with their ability to work.

Table 10: Exit Reasons for EE SMI or IPS Program in SFY 11 and 12

Exit Reason	**Percentage**
Working successfully in competitive employment-no longer wants supports	18%
Medical Condition	4%
Moved out of service area	6%
Other (includes death)	13%
Pursuing Post-Secondary Education full time	3%
Psychiatric Hospitalization	1%
Psychiatric Symptoms interfere with ability to work at the time	9%
Quit/Choose to discontinue receiving employment services	33%
Retired	Less than 1%
Transferred to another provider	6%
Transferred to another program within same provider	7%

VI. Recovery Stories and Participant Satisfaction

Following are brief vignettes describing how the services provided by the IPS funded projects have impacted the lives of individuals receiving their services. Identifying information (name of individual, employer, and provider) has been removed.

Aaron:

Aaron is employed as a delivery driver for an auto parts store and says that it feels good to work and keep moving. But he also remembers when his life was not going so well. "A couple of years ago, I was super depressed. I didn't do anything. I just slept and drank a lot of beer. Eventually I got into trouble and a judge told me that I had to get therapy." He reports that mental health treatment helped him to feel better and eventually, he told his therapist that he wanted to get a job. "I thought that I needed help from an employment program because of my criminal history. I was also worried that I would give up on the job search before I found something, but knowing that I had scheduled meetings with an employment specialist kept me going. I wanted to meet that obligation. My employment specialist gave me confidence that I would find a job and she also spoke to employers on my behalf."

Aaron's VRS counselor found that it helped to use a team approach to support Aaron in his return to work. "Aaron's team included me, his therapist, and employment specialist. We met weekly to think of ideas to help him (and others) be successful at work. I explained to Aaron that the meetings would help us stay on the same page so that his services would be more supportive and he liked that idea. Each person on the team was able to help in different ways. Aaron's therapist tried to help him think about strategies to maintain his sobriety. He also had a conviction on his record, so his employment specialist and I helped him write a letter to prospective employers explaining how his life had changed since the conviction. We also brainstormed together with Aaron about businesses that might have the types of jobs that he would like."

Aaron chose to seek a delivery job so that he could work alone. His employment specialist told him about a job delivering auto parts, so Aaron went to the store to ask about the position, "I went there a few times asking for employment and the manager remembered

me. Finally he gave me an application. After I turned it in, he called me and offered the job. Aaron's VRS counselor was there to help out when he got the job and helped him buy the required three uniforms and boots that he needed to start work.

Although some people feel that work can be stressful, Aaron doesn't agree. "I like going to work. When I am not delivering, I'm learning more about auto parts which I enjoy. But what is most important to me is having something to do every day. Sometimes the job is less stressful than being at home. When I am having problems with depression, mornings are the worst time. But I am scheduled to work in the afternoon and early evening, so this job is a good fit. It's not always easy, but I work hard at living a good life because I don't want to go back to where I was before. I'm proud of the progress that I've made."

Mariah:

Mariah's work history is sporadic and filled with gaps. Over the years she moved from fast food to factory work to a grocery store. There were other jobs, too, but Mariah struggles to remember what they all were. She says, "I've always been a job hopper. I could never stick with one job for very long."

That was the pattern that had developed by 2008 when, in her mid-20s, Mariah dropped out of the job market and moved in with her parents. She was a single mom, trying to support and care for two children. She was worried, deeply depressed and feeling sorry for herself. She had a long history of mood swings, irritability, isolation and instability. She had been seeing a therapist and a psychiatrist at a MH Center. The clinical diagnoses included a major depressive disorder, substance abuse, cyclothymia and a borderline personality disorder. Mariah simply says, "I was scared. It got to where I was having suicidal thoughts." Mariah's therapist referred her to a VRS Counselor and VRS connected her with an IPS project.

Mariah knew that she needed a job to support herself and her children, and it occurred to her that she might like to pursue something that's viewed as being nontraditional for women. That's when her VRS Counselor suggested an automotive training for low-income adults. Mariah says, "I've always liked working on cars, but I'd never really thought about being a mechanic." She

was accepted into the auto mechanic program. The program typically takes about a year to complete, but her instructor gave the green light after just nine months to start looking for a job.

After the training was completed the IPS employment specialist helped Mariah with her job search. She is now working as a mechanic full time and has received a raise and an increase in her work hours to full time. The IPS program continues to provide long-term employment support services that are coordinated with her therapist.

Robert:

When Robert first became involved with mental health services he had been homeless for nearly two year. Due to struggles with chemical dependence, he has lost his apartment and found himself sleeping either on a trash bag filled with his clothes or at a homeless shelter.

Robert has multiple medical conditions that also impacted his life including; Bipolar disorder, Chronic Obstructive Pulmonary Disease (COPD), Diabetes and High Blood Pressure. With no health insurance, and no primary care physician and no access to medications to help control these conditions he relied on repeated visits to an Emergency Department. Robert reported that he knew he needed help, but didn't know who to talk to or where to go. A hospital social worker introduced him to a program that provided services to help individuals find permanent supportive housing. This program helped him secure stable housing or as Robert refers to it a "place to call home". The housing support program connected Robert with an IPS program. With assistance from the IPS employment specialist, Bill was able to secure part time employment. He now has stable housing and is managing his medical conditions. He has reduced his Emergency Department visits significant, maintained sobriety and has future goals of getting his driver's license.

Jon:

Jon remembers a time when he had so much depression and anxiety, that he rarely left his bedroom, "I had lost all hope. I spent almost two years in my bedroom and then gave up ten years of sobriety because of the pain and fear brought on by isolation and depression. I stopped taking my psychiatric medications and began self-medicating with other drugs. I became increasingly paranoid of the very people who could help my mental illness and symptoms." He heard about a local agency that had helped another person with mental illness find a job. He thought that if the program could help him, maybe they could help me."

As a result, Jon became involved in an IPS project. He reports that it was difficult at first, but his employment specialist encouraged him to keep meeting, "She said 'Let's just meet, even if it is for five minutes,' but then we would end up talking for over an hour. I've never had services from an organization that would go that far-to pick me up and help me get out of the house. At other organizations, if I didn't meet their requirements or follow my plan, I was told to keep up or step aside so others could receive services. This program works with people where they are at-with no exclusions." Jon reports that after several appointments he stopped self-medicating and re-started psychiatric medications: "For the first time in years, 1was feeling hopeful."

Eventually, Jon was hired as a cook at a pizza restaurant but the job didn't work out because he was unable to pass the test for the recipes. At that point he felt ready to give up, but his employment specialist encouraged him to keep trying and helped him connect with a counselor at Vocational Rehabilitation (VRS). "1 had done janitorial work in the past so that was something that I already knew how to do. Jon told VRS that he would like to start a janitorial business. He told me that 1 would need a business plan, so 1 started to work with someone 1knew from the club for people with mental illness. This friend had a business degree and helped with the first draft of the business proposal."

The VR counselor, reported, "Jon came to me with the business idea. We helped with a business proposal, but Jon really jumped into it and did a lot of work. His motivation to work impressed me. And I feel sure that he is going to be successful. And I have a close relationship with the employment specialists at the Department of Employment and Economic Development

program, so we are able to work together on this project."

Today, Jon has a brand-new janitorial business with equipment purchased by VRS. He has his first cleaning account with a bank and says that he is out every day looking for more accounts. "I'm hopeful that someday I can employ other people like myself, people who need a hand up. I feel 10 feet tall!"

Helen

Helen spent two years living in adult foster care as a result of her mental illness. When she became involved with an IPS program she was looking for part time employment close to the city where she lived. With the help of an Employment Specialist, she was able to secure employment at a local restaurant. Shortly after becoming employed, she moved out of the adult foster care home and into her own apartment close to where she works. Helen reports "I'm proud to say that I've been with the same employer for over three years and enjoy my job very much. I am now training others in when they start working and this makes me feel appreciated and respected. All of the transition within my life over the past year hasn't been easy, but I constantly have a positive attitude and know that if I can make things work, others can too."

Helen reports that she meets with my Employment Specialist on a regular basis for support which helps keep her on track stating: "I wouldn't be where I am today if it hadn't been for my Employment Specialist. Working with her has helped me find a job, keep the job, and work through any problems or concerns I have at **w**ork. It's also helped reduce my mental health symptoms. I've even been saving money for the first time in a long time. It feels good to do be doing so well."

Satisfaction of persons served in EE SMI and IPS programs:

Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation in community employment services is a requirement for all agencies that receive EE SMI and IPS funds. CARF standards require that each provider agency maintains an outcome and performance management system. Each program assesses the satisfaction of person's who receive services. Annually, providers are asked to share the results of their outcome measurement and performance improvement system with the VRS grant contract manager.

Across all programs, persons living with mental illness demonstrated a high degree of satisfaction with the services received ranging from 80-100 percent satisfaction on a variety of measures related the employment services and supports provided. The individual comments of people living with mental illness who have used these services reflect the importance of work in recovery from mental illness. The following is a sampling of comments made by persons with mental illness who received services during the past year.

- "I like my job-the people, my supervisor and my work"
- "(The program) really helped me to get a job"
- "I like being able to earn a paycheck"
- "I now have lots of friends and I'm earning money"
- "My job is a good opportunity for me and I like to be busy"
- "The program helped me to feel like a person again"

- “With depression nothing is easy. (Program) Staff made me feel at each with working and with my options”

- “I am treated with respect by my employment specialist.”

- “You have the best program I have ever been in; the only thing I could see improving on is making it available to all who could use it.”

- “There was no traditional route for me; no regular employment agency could have helped me. I would have ended my life it I had not heard about this program from someone else who had been helped by it.”

- “Staff was with me every step of the way. I was so scared.”

- “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”

- “This program gave me a lot of confidence and support.”

- “ The help from the program staff was the difference between working or staying unemployed because I was so nervous”

- “Thanks for believing in me, it brought me to the places I am today”

- “Help finding meaningful work was important for me”

- “I am learning new things everyday”

- “I couldn’t have made it to work without my employment specialist”

- “The support I got to help me keep my job has been the biggest factor in my success”

- “The program did a great job of getting me into an employment opportunity”

Attachment I

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 A

DEPARTMENT OF EMPLOYMENT & ECONOMIC DEVELOPMENT-REHABILITATION SERVICES
COORDINATED EMPLOYABILITY PROJECTS EE-SMI FUNDED SFY 2013 (N=19)

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	763/350-0918 763/682-4336 fax 763/682-9692 jhotz@functionalindustries.org	Jessica Hotz Outhwaite	Sherburne & Wright	Monticello	1/92-12/95
ACE/Tri-Western – ATW Combined SE Project	West Central Industries 1300 - 22nd St SW Willmar, MN 56201	320-235-5310 ext. 238 Sheila@wciservices.org	Sheila Ward	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 chelgeson@odcmn.com	Charity Helgeson	Kittson, Marshall, Red Lake, Polk, Norman, & Mahnomen	Crookston & Bemidji	7/94-6-98
HDC Employment Connection (includes Lake County project effective 7/10)	Human Development Center 1402 E Second St., Suite C Duluth, MN 55805	218/728-3931 fax 218/728-3063 sam.gangi@hdchrc.org	Sam Gangi	S. St Louis Carlton Lake	Duluth	7/94-6/98 (Cook-Lake 1/97-12/00)
Project Opportunity	Hope Haven- The Achievement Center 414 Industrial Lane Worthington, MN 56187-3107	507/376-3168 fax 507/372-4360 mdempste@HopeHaven.org	Mike Dempster	Rock, Cottonwood, Nobles & Jackson	Worthington	7/94-6/98
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 mharper@rise.org	Mike Harper	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 Merged with New Horizons 7/10	MRCI WorkSource 15 Map Drive, PO Box 328 Mankato, MN 56002-0328	507/386-5600 fax 507/345-5991 LBealey@MRCIWorkSource.org	Laura Bealey	Blue Earth, Brown, Watonwan, Faribault, Martin, Le Sueur, Nicollet, Rice, Sibley	St. Peter, Mankato, Fairmont, & Faribault	7/98-6/02 (New Horizons 1/93-12/96)
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	Melanie Brand	Lincoln, Lyon, Murray, & Redwood	Marshall & Worthington	7/98-6/02
North Central Job Wrap	Occupational Development Center 1219 Naylor 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
Custom Futures	Rise, Inc. 8406 Sunset Rd NE Spring Lake Park, MN 55432	763/792-2432 fax 763/786-0008 BSopp@rise.org	Barb Sopp	Anoka	Blaine (Anoka Co)	7/98-6/02
Guild Employment Services	Guild Incorporated 1740 Livingston Ave. W. St. Paul, MN 55118	651-457-2248, ext. 12 fax: 651-455-4344 pdarmody@guildincoporated.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 lswartling@winonaorc.org	Leslie Swartling	Winona & Houston	Winona	6/15/01-6/30/05
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 smcglynn@odcmn.com	Sally McGlynn	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 Rreedy@rise.org	Robert Reedy	Hennepin	Mpls Downtown and Mpls North	6/15/01-6/30/05
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 lkoski@pinehab.org	Mike Harper/RISE Lori Koski/PHASE	Pine, Isanti, Mille Lacs, Kanabec	Cambridge & Monticello	7/1/02-6/30/06
North Central Solutions	Productive Alternatives PO Box 371 Little Falls, MN 56345-0371	320.632-9291 juliep@paiff.org	Julie Peterschick	Morrison and Cass	Little Falls Brainerd & Park Rapids	7/1/02-6/30/06 (Includes funds from PAI Region V project VR funded from 94-98 and Prairie Partners VR funded from 96-99)

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.

DEED-VRS Contract Manager: Claire T. Courtney, M.S., CRC. Senior Rehabilitation Program Specialist. Claire.Courtney@state.mn.us

Appendix B

SFY 2013
IPS (Evidence Based Supported Employment) Grants

Lead Organization/ Partners	County	Contacts	E-Mail
HDC Employment Connection	St. Louis (South) & Carlton	Sam Gangi 218.728.3931	Sam.gangi@HDCHRC.org
Human Development Center		Julie Wilson-Director of Community Based Services	Julie.Wilson@HDCHRC.org
VR Office Supervisor (Duluth) (Cloquet)		Jeri Werner Ken Norstrud	jeri.lynn.werner@state.mn.us ken.norstrud@state.mn.us
VRS Counselor Liaison (Duluth) (Cloquet)		John Fairbanks Sonia Vinnes	john.fairbanks@state.mn.us sonia.vinnes@state.mn.us
Guild Employment Services	Ramsey	Peggy Darmody 651-457-2248	pdarmody@guildincorporated.org
		John Murphy-Program Director	jmurphy@guildincorporated.org
Guild Incorporated/Guild Delancey Street		Grace Tangjerd Schmitt-CEO	gtangjerdschmitt@guildincorporated.org
VRS Office RAM (Saint Paul)		Dennis L. Johnson	dennis.lee.johnson@state.mn.us
VRS Counselor Liaison		Amy Solberg	amy.solberg@state.mn.us

Lead Organization/ Partners	County	Contacts	E-Mail
Functional Industries, Inc. (FII)	Wright	Jessica Hotz-Outhwaite 763-350-0918 763/682-4336	jhotz@functionalindustries.org
		Bill Trekgaskis	wtregaskis@cmmhc.com
Central MN Mental Health Center(CMMHC) & Wright County Social Services		Diane Erkens	Diane.Erkens@co.wright.mn.us
VR RAM (Monticello)		Skip Wittrock	skip.wittrock@state.mn.us
VRS Counselor Liaison		Hilary Kruckenberg	hilary.kruckenberg@state.mn.us
Tran$Em	Clay, Becker, Ottertail, Wilkin (BCOW)	Steve Brink 218/233-7438	transem@msn.com
Lakeland MH Center (LMHC) Moorhead		Donna Baker Dawn Kuntz	dbaker@lmhc.org dkuntz@lmhc.org
VRS RAM (Moorhead) (Fergus Falls)		Tom Anderson Steve Jacobs	thomas.j.anderson@state.mn.us steve.jacobs@state.mn.us
VRS Counselor (Moorhead) (Fergus Falls)		Jeff Bjornson Eric Wittbrodt	jeffrey.bjorson@state.mn.us eric.wittbrodt@state.mn.us
Lifetrack Resources, Inc	Washington	Becky Bazzarre 651-265-2387	beckyb@lifetrackresources.org
Canvas Health (formerly Human Services Inc.)		Pam Johnson	pjohnson@canvashealth.org
VRS RAM (Woodbury)		Peg Killen	peg.killen@state.mn.us
VRS Counselor Liaison		Jan Norris	janet.norris@state.mn.us

Lead Organization/ Partners	County	Contacts	E-Mail
Rise, Inc.	Anoka	Joan Distler 763.786.8334	jdistler@rise.org
Family Life Center (FLC)		Rosalyn Crest	RChrest@flmhc.org
VRS RAM (Anoka County)		Becky Johnson	rebecca.l.johnson@state.mn.us
VRS Counselor Liaison		LaNay Koralesky	lanay.koralesky@state.mn.us

	VR Grant *for IPS Placement*	EE SMI Grant for IPS	Total IPS Grant for SFY 13
HDC	$100,369	$60,862	$161,231
Guild	$88,204	$53,485	$141,689
FII	$94,504	$57,306	$151,810
Tran$Em	$41,465	$25,143	$66,608
Lifetrack	$100,369	$60,862	$161,231
Rise	$45,089	$27,341	$72,431
Total	**$470,000**	**$285,000**	**$755,000**

DEED VRS Contract Manager: Claire T. Courtney, M.S., CRC, Senior Rehabilitation Program Specialist. Claire.courtney@state.mn.us