

**PROCEEDINGS: STATE OF THE SCIENCE MEETING ON POLICY AND EMPLOYMENT FOR
INDIVIDUALS WITH PSYCHIATRIC DISABILITIES**

SEPTEMBER 25-26, 2013



**Boston University, Center for Psychiatric Rehabilitation
Rehabilitation Research and Training Center on Improving Employment Outcomes**

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We would like to acknowledge our colleagues (Kim Mueser, Dori Hutchinson, Sally Rogers, Zlatka Russinova) at the Center for Psychiatric Rehabilitation for their participation and assistance at the meeting.

Finally, we would like to thank all the participants, who gave so freely of their time to further the vision of employment parity and our understanding of disability policy and employment outcomes for individuals with psychiatric disabilities.

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2013

The Center for Psychiatric Rehabilitation at Boston University conducted a meeting at Georgetown University on September 25-26 2013, about the role of disability policy in facilitating or hindering the early working careers of people with psychiatric disabilities. The meeting was a key activity of a 5-year project to explore the utility of an Internet-based Employment Learning Community vis a vis employment for individuals with psychiatric disabilities. The project is a component of the National Institute on Disability Rehabilitation Research (NIDRR) and Substance Abuse Mental Health Services Administration, Center for Mental Health Services (SAMHSA_CMHS) jointly funded Rehabilitation Research and Training Center (RRTC) on Improved Employment Outcomes for People with Psychiatric (Co-PI's: Marianne Farkas and E. Sally Rogers).

During the first year of the project, representatives of a broad range of stakeholders, e.g., researchers, service users, providers, consultants, and administrators, participated in the Learning Community to identify the priority issues and focus for the discussion. The vision of "Employment Parity", i.e., the same level of range of employment for people with psychiatric disabilities as for people without disabilities, was formulated as the stated vision of the Learning Community, with the target population being adults early in their working careers.

Participants

Forty-two people participated in the meeting, all leaders in their particular areas of expertise and experience relevant to employment of people with psychiatric disabilities (see Appendix 1, Participant List). Included were researchers, individuals with psychiatric disabilities or mental health conditions, service providers, consultants, state and federal government partners, including Federal project officers for the RRTC. The organizations they represented included state mental health and vocational rehabilitation agencies; universities; for profit, not-for-profit advocacy, policy, research and training centers; and, at the federal level, the Social Security Administration (SSA) and the Departments of Labor, Education, and Health and Human Services (HHS) (including the Centers for Medicare and Medicaid (CMS), National Institute of Mental Health (NIMH), and SAMHSA). Staff from the Center for Psychiatric Rehabilitation served as facilitators.

Structure

The meeting's structure was focused on addressing an overarching question: *How can/should research inform us about challenges and possible strategies needed, related to disability policy for people with psychiatric disabilities early in their working careers?* (See Appendix 2 – Meeting Agenda)

Three topics were selected that were critical to answering the overarching question:

- The relationship between financial/medical assistance policies and public benefits and employment outcomes/status, i.e., Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), & Medicaid etc.
- The relationship of policies and the delivery of effective interventions for individuals early in their working careers.
- The relationship of policies and career development activities (e.g. identifying careers; education and training for careers; retention and promotion).

The meeting was opened by Marianne Farkas, (RRTC Co-PI) followed by introductory remarks from Charlie Lakin, (Director of NIDRR), and Paolo del Vecchio (Director, Center for Mental Health Services, SAMHSA). Michael Gamel-McCormick (Disability Chief Counsel, U.S. Senate Committee on Health, Education, Labor and Pensions (HELP)) gave a presentation that discussed relevant developments in Congress and the HELP Committee. Brief presentations followed on each topic area. David Stapleton (Director, Center for Studying Disability Policy, Mathematica Policy Research) presented on “Disability Policy/Public Benefits and Employment,” Judith Cook (Director, Mental Health Services Research & RRTC on Psychiatric Disability and Co-Occurring Disorders, University of Illinois at Chicago) presented on “Policy and Access to the Delivery of Effective Employment Interventions,” and Mark Salzer (Chair, Department of Rehabilitation Sciences and Director, Collaborative on Community Inclusion, Temple University) presented on “Policy and Career Development Practices”

Based on their experience and expertise, participants then worked in groups corresponding to one of the three topic areas for much of the remainder of the meeting. Participants received two-page summary papers written by each participant describing their own experience, work, and preliminary thoughts relevant to the small group’s topic area. These papers served as an initial basis for the small group discussions.

A systematic structure was used to focus participant discussion and decision-making so that each group ended its session with three recommended changes relevant to the small group policy topic area. Recommendations included possible changes for how current policies are being implemented, revision of current policy, and development of new policies based on the group’s perspective about the most salient research and/or experience-based knowledge about the topic area.

The three groups reconvened as a large group for the final segment of the meeting to present their policy change recommendations and to generate a list of recommended future research topics needed to move the field forward.

Policy Issues and Recommendations

Group 1. The relationship between policies and public benefits and employment outcomes/status (i.e., SSI/SSDI & Medicaid etc.)

Much of the discussion among Group 1 members centered on the barriers to employment presented by the level of complexity of the regulations and disincentives that are inherent in disability benefit programs, including SSDI, SSI, Medicare, and Medicaid. The regulations were felt to be difficult to administer and the rules not easily communicated to recipients. Thus, many individuals on a disability benefit program do not understand how earning additional income would impact their benefits or overall health and wellbeing, and their concerns about losing benefits often discourage them from seeking employment outcomes.

Another focus of the discussion in this small group was the fact that the mental health system not only expects unemployment in people with a psychiatric disability, but also sees the provision of employment as “belonging” to other systems. A concern was expressed about the need to educate mental health providers about the availability and importance of vocational rehabilitation services, as well as the need to design new interventions to enhance the motivation to work as an alternative to seeking disability benefits, especially for younger individuals with psychiatric disabilities.

In addition it was felt that evidence based Supported Employment for psychiatric disabilities should be included in state Medicaid plans (e.g., through the 1915i option) and in Medicaid plans, offered to the Medicaid expansion population. It was also suggested that the Social Security Administration proactively offer and encourage the use of employment support services when people first apply for SSDI or SSI, as a means to help some people to obtain employment and, thereby, reduce the need for long-term disability benefit support. The group further suggested that CMS clarify that mental health parity should apply to all ten essential health benefits specified through the Affordable Care Act (ACA), including the rehabilitation and habilitation essential health benefit. This would mean that psychiatric rehabilitation would be covered to the same degree as physical rehabilitation in all health insurance plans sold through the health exchanges and all Medicaid expansion plans.

Considerations about policy change centered on elevating employment and vocational rehabilitation as a primary outcome and service among the agencies administering benefits and mental health services. The priority recommendations that the group wanted to put forward included:

A) Since evidence-based supported employment (EB SE) isn't routinely available, it was recommended that the Department of Health and Human Services prioritize EB SE in state block grants, and that SAMHSA continue to use its influence to establish employment as a priority, utilizing evaluation and regulatory data to monitor and improve employment.

B) EB SE for psychiatric disabilities be included in state Medicaid plans (e.g., through the 1915i option) and in Medicaid plans offered to the Medicaid expansion population.

C) Social Security Administration proactively offer and encourage the use of employment support services when people first apply for SSDI or SSI, as a means to help some people to obtain employment and, thereby, reduce the need for long-term disability benefit support.

D) CMS should clarify that mental health parity should apply to all ten essential health benefits specified through the ACA (i.e., ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care) - including the rehabilitation and habilitation essential health benefit. This would mean that psychiatric rehabilitation would be covered to the same degree as physical rehabilitation in all health insurance plans sold through the health exchanges and all Medicaid expansion plans.

Group 2. The relationship of policies and the delivery of effective interventions for early working careers

This group concentrated their discussion on competitive employment as a priority mental health service outcome, as did Group 1, but centered on the process of implementing employment interventions with accumulated evidence of their effectiveness. The discussion focused initially on the need for effective and pro-active leadership at all levels, including among peers. In addition, the group discussed the need to change the prevailing culture about the importance of work in recovery, giving it a more central role. Another of the group's primary points of discussion was the lack of adequate and stable funding to enable the broad based delivery of effective interventions. The group agreed that while even the most studied employment intervention (Supported Employment) may have limitations and areas which need further study, the fact is that the existing evidence strongly suggests that Supported Employment should be broadly available, but is not. The case of Individual Placement and Support (IPS) was discussed at length as an outstanding example of this issue, given the number of studies demonstrating its effectiveness and the fact that only 2% of individuals with serious mental illnesses nationally have access to this intervention. The implementation problem has largely been described as one that is caused by the lack of a coherent, consistent funding stream to support it. Another issue discussed was the lack of effective person -centered, and individually tailored services to overcome the substantial levels of discouragement and hopelessness about the prospects of employment among a significant percentage of people with psychiatric disabilities. This gap made it difficult to engage adults, particularly those with little previous work histories in existing interventions. Finally, the primary challenge caused by the lack of coordination and collaboration between mental health and vocational rehabilitation agencies was discussed as a major contributor to gaps in funding and differences in understanding about the service needs for people with psychiatric disabilities and approaches to employment support.

The group's primary recommendations were that:

A) States take the lead on developing policies to resolve the funding and service gap issues as a model for federal agencies so that sustained access to EBP SE can be made available to more eligible individuals.

B) Services provide comprehensive early intervention programs for people newly diagnosed with a potentially disabling mental illness and that these services include EB SE as an essential element to be delivered as promptly as possible.

C) Employment services are mandated as part of a comprehensive mental health service.

Group 3. The relationship of policies and career development activities (e.g., identifying careers; education and training for careers; retention and promotion.)

A central theme of this group's discussion was the lack of a continuum of vocational services and supports configured to develop and support productive work and careers across the life span for persons with a psychiatric disability. Similarly, the group discussed the lack of awareness, funding, and proactive implementation of supported education at the post-secondary level, supportive programs at the high school level, and transition services after high school graduation. Despite this knowledge gap, the group believed that generic vocational education and training models (e.g., on-the-job training and credentials additive to the person's employability etc.) might be adaptable to people with psychiatric disabilities. The group discussed the benefits of shifting the focus of career development from mental health employment "services", which tend to overemphasize perceived employment and career limitations, to workforce development (e.g., on-the-job training, internships, and mainstream job opportunities).

Priority recommendations for policy changes from this group included that:

A) Federal funds are realigned to blend funding and data/outcomes so that a prescribed percentage of funding goes to employment and educational services and supports, including long-term supports. Funds could be drawn from Social Security, Criminal Justice, Mental Health, Department of Labor, etc.

B) Pell grant funding is tied to mandating that postsecondary programs recruit/retain students with disabilities from diverse populations and that vocational training agencies, universities, colleges, community colleges, and career colleges be required to recruit/retain/graduate/place people with disabilities.

C) Social Security disability qualification criteria be redesigned to promote employment (including the youth adjudication at 17.9 years), to adopt a "Career First" policy in all states, and expand to mental health with a Board to oversee implementation and enforcement of funding/practices. This Board would include stakeholder groups and advocacy groups at all levels.

In both the small group and large group discussions mention was made of the overall need for the mental health system and consumers to connect with the public workforce system, e.g., American Job Centers (AJCs), both Workforce Investment Act (WIA) adult and youth formula and discretionary programs.

Research Topic Recommendations

The meeting ended in a large group session with all participants reporting on and generating research topics that they felt were needed to be explored in order to move the field of employment of individuals with psychiatric disabilities, forward.

These topics included the need to research:

- How to move from a narrative of hopelessness to employment possibilities
- Understanding what the message is that people hear about their employment potential, the importance of work, etc.
- The impact of asking recovery vision question vs. “standard” interview
- National understanding about how mental health money is being spent on day services
- Data about cost savings of employment – who saves?
- How many people are working? What type of work?
- Effectiveness of comprehensive mental health & employment early intervention (pre-disability – diversion – 1st episode)
- Relationship of disclosure and non-disclosure on expenses of generic service systems & employment
- What difference would it make to continued employment if losing disability income was not a factor?
- What is the meaning of data that indicate insurance is not a factor in employment?
- Impact of pre-work intervention during a crisis that makes loss of employment a possibility.
- How to market at the systems level a pro-work approach and priority.
- Impact of supported education in a university setting – outcomes, cost, mode, etc.
- Impact of a targeted wellness intervention.
- Does supported employment have a greater impact on health and employment?
- What are the qualities that schools, labor, and mental health can collaborate on to promote employment – systems vs. program issue?
- Can we change attitudes of people in terms of people going to work?
- What is the impact of federal performance standards on employment outcomes for people with psychiatric disabilities compared to others?
- Characteristics of people with a psychiatric disability on VR roles who attain employment.
- What are the factors, barriers, etc. which impact career success for underserved populations?

- What can EBB-SE do to keep VR satisfaction high (in light of federal standards with TA push to meet VR standards?)
- What are the best practices for people receiving services delivered collaboratively between mental health and VR?
- How people who participate in main stream programs do and what factors are important to support
- Can the “cluster” of kids with ED be identified and what is an effective intervention? (10% become psychotic)
- How can we measure the capacity of the mental health workforce to promote employment outcome and can we develop effective interventions to increase this capacity?
- What is the impact of primary interventions for high school students on employment outcome?
- What are the characteristics of people in the VR system who don’t receive SE and re-cycle? (Recidivism)
- What factors impact education and employment for a variety of cultural groups?
- What are the organizational factors within VR and mental health agencies that impact employment focus and outcomes?
- Best employer characteristics for retaining and advancing people with psychiatric disabilities.
- How effective would it be to impact employers from a legal perspective? (Start with what we know about cross disabilities and the general population.)
- Impact of micro-financing on successful entrepreneurship.
- Relationship between economic supports from anti-poverty programs and employment self-sufficiency.

An overarching comment was submitted reflecting on the need for more transformative research questions (as compared to descriptive research questions). It was suggested that there be a complimentary focus on research to yield effective policy transition models in order to gain a better understanding of how to change current laws and regulations to those that would more effectively promote employment, e.g., whether there should be a focus on reform at the state or federal level or both, whether there should be pilots in rural or urban areas or both.

Another comment suggested that there be a focus on “consumable research” that could highlight priorities for policy makers e.g., a study among NIDRR’s Research and Training Centers to identify the ten most important variables that impact employment.

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Appendix 2. Meeting Agenda

Wednesday, September 25, 2013

1:00 – 1:30 PM

- Welcome/ Orientation & Overview of Agenda – **Marianne Farkas** (Co-Principal Investigator, RRTC on Improved Employment Outcomes; Director of Training, Center for Psychiatric Rehabilitation)
- Introductory Remarks from NIDRR – **Charlie Lakin** (Director, National Institute on Disability Rehabilitation Research)
- Introductory Remarks from SAMHSA – **Paolo del Vecchio** (Director, Center for Mental Health Services, SAMHSA)

1:30PM – 1:55 PM

- Opening Address – **Michael Gamel-McCormick** (Director, Disability Policy, U.S. Senate Committee on Health, Education, Labor and Pensions)

1:55 PM – 2:20 PM

- Presentation: Disability Policy/Public Benefits and Employment Outcome – **David Stapleton** (Economist, Mathematica Policy Research Inc.)

2:20 PM – 2:45 PM

- Presentation: Policy and Access to the Delivery of Effective Employment Interventions – **Judith Cook** (Director, Mental Health Services Research & RRTC on Psychiatric Disability and Co-Occurring Disorders, University of Illinois at Chicago)

2:45 PM- 3:00PM BREAK

3:00 PM- 3:25 PM

- Presentation: Policy and Career Development Practices – **Mark Salzer** (Chair, Department of Rehabilitation Sciences and Director, Collaborative on Community Inclusion, Temple University)

3:30 PM – 5:00 PM

- A) Workgroup per Topic – What do we know from research and experiences that could inform policy development/implementation so that individuals with minimal work histories/early in their careers move forward towards employment parity?

5:00 PM – 6:30 PM

- Reception

Thursday, September 26, 2013

9:00 AM – 9:15 AM

- Review Day 1 – Orient to Day 2

9:15 AM - 12:00 (individuals break as needed)

- B) Workgroup per Topic – Based on our knowledge, what are the changes needed, that are likely to have an impact? What are the top three recommended changes?

12:00 PM – 1:00 PM LUNCH

1:00 PM – 2:30 PM (Teams break as needed)

- C) Workgroup per Topic – What are the gaps in our research-based knowledge for the topic area that, if filled, would move the field forward towards employment parity?

2:35-2:45 PM – Regrouping

2:45 PM – 5:00 PM

- Workgroup Reports, Large Group Discussion and Wrap Up

