

2010

# Policy Brief on Employment of Minnesotans with a Mental Illness

Minnesota Employment Policy Initiative

What Will It Take to Double Employment  
of Minnesotans with Disabilities by 2015?

**“We need  
everybody in the  
workforce for  
businesses to  
thrive and  
communities to  
prosper.”**

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## **POLICY BRIEF ON EMPLOYMENT OF MINNESOTANS WITH A MENTAL ILLNESS**

The purpose of the Minnesota Employment Policy Initiative (MEPI) is to facilitate dialogue and develop leadership on disability and employment policy that will result in increased competitive employment of Minnesotans with disabilities. Partnership is key to the initiative's success. MEPI is enlisting strategic partners from disability advocacy groups, counties, state disability councils, human resources organizations, employment services providers and other service providers, Centers for Independent Living, the University of Minnesota, businesses and business organizations, and state agencies.

Together, MEPI and its partners undertake wide-ranging activities to bring together stakeholders to shape and advance public policy. They are convening "listening sessions" to be used as the basis for policy briefs identifying recommendations that will improve competitive employment outcomes for Minnesotans with disabilities around the core question, "**What will it take to double employment of Minnesotans with disabilities by 2015?**"

### **Executive Summary**

Between September 2009 and February 2010, the Minnesota Employment Policy Initiative facilitated three separate listening sessions on employment and mental health with three host organizations, the National Alliance on Mental Illness of Minnesota, the Mental Health Consumer/Survivor Network and the Mental Health Association of Minnesota. The following recommendations were identified from the themes generated by the listening session participants:

- **Conduct statewide public education about the economic benefits of competitive employment to Minnesotans with a mental illness and the resources available to provide individualized guidance about maximizing earnings without jeopardizing the safety net of sustainable health care and independent living assistance.**
- **Identify competitive employment as a preferred outcome of community mental health treatment in public policy.**
- **Implement statewide public education promoting the value of competitive employment to recovery from a mental illness.**
- **Increase accessibility to workforce development and supported employment for unserved and underserved populations through assertive outreach and education.**

- **Invest in creative workforce, business, and comprehensive health care strategies to insure employees with a mental illness and their employers have timely access to crisis intervention and technical assistance to maintain healthy work environments and maximize employment retention.**
- **Address and minimize known barriers affecting youth and young adults with a mental illness during their transition from school to careers.**
- **Invest in Evidence-Based Practices of Supported Employment using the Individual Placement and Support model.**
- **Develop self-employment services as an employment option for Minnesotans with a mental illness.**
- **Support Minnesotans with a mental illness in developing self-management skills to ensure the greatest possible control over their services and supports.**

Although these recommendations were developed to address increased employment of Minnesotans with a mental illness, many of them would also apply to individuals with other disabilities. Throughout 2010, the Minnesota Employment Policy Initiative will be conducting nine additional listening sessions with other disability groups similar to the ones on mental illnesses. MEPI is also working with community action teams (CATs) to identify specific policy issues which support or impede these CATs as they develop customized employment for individuals throughout the state experiencing a range of disabilities.

The information gathered through the listening sessions and the employment development efforts of the CATs will be analyzed to develop a summary of commonalities. Representatives from the various listening session groups will then be reconvened to strategize on addressing the policy implications in improving employment outcomes and developing a more specific set of recommendations for action to move toward doubling the employment rate of Minnesotans with disabilities by 2015.

### **Background on Mental Illnesses**

Mental illnesses often strike during early adulthood affecting both education and employment. About half of youth experience their first symptoms by age 14. The emergence of mental illness symptoms commonly results in lifelong patterns of poverty and challenges in meeting basic needs. The transition from school to adulthood is a particularly difficult time for young adults with mental health diagnoses. According to the National Collaborative on Workforce and Disability for Youth:

- Students with emotional disorders have a higher dropout rate than any other single disability group.
- 65-100% of youth in juvenile detention and correctional facilities have a mental or a behavioral disorder and 20% are diagnosed with a serious mental illness (SMI).

- Schools and mental health agencies use different eligibility criteria, and during the transition years, students often hit the “transition cliff” during which they may suddenly lose mental health services because they may not qualify for adult mental health services.
- Youth ages 18-26 are less likely than other age groups to have health insurance, making it difficult to access mental health services they need to stabilize their lives and pursue a satisfying career.<sup>1</sup>

In a 2008 report to the Minnesota legislature, Vocational Rehabilitation Services (VRS), within the Department of Employment and Economic Development (DEED), articulated a revealing overview of national and state information on employment and individuals with a mental illness.<sup>2</sup> VRS reported the following:

- Mental illnesses are a common occurrence in the general public with one in four adults experiencing a mental illness.
- Mental illnesses are the leading cause of disability for individuals ages 15-44 in the U.S.
- Serious mental illnesses (SMI) affects 5.4% of the population, affecting over 13 million people in the United States.
- Lost earnings for individuals with SMI are reported as \$193 billion annually; this figure does not include individuals who are institutionalized or incarcerated.
- It is estimated that about 85% of persons with SMI are unemployed and could benefit from specialized employment practices if these services were available to them.<sup>3</sup>

Clearly, certain types of mental illness may result in a disability that can impact the quality of life of Minnesotans. Services are available to treat and support persons with serious mental illnesses through a wide array of services. As previously referenced, a mental illness is a major barrier to the employability of transition-aged youth and young adults leaving secondary education programs. Also, a mental illness is a common obstacle to employment and independent living for veterans returning from the Iraq and Afghanistan wars as well as chronically homeless individuals and offenders. A recent study concludes that there are three times more individuals with serious mental illnesses in jails and prisons than in hospitals and that 16% of the inmates have serious mental illnesses, a percentage which has tripled since 1983. The report also states that 40% of individuals with SMI have been in jail or prison at some time in their lives.<sup>4</sup>

In addition, a mental illness impacts the self-dependency goals of Minnesotans supported by public and community mental health centers, intensive residential treatment services, state-

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<sup>1</sup> *Tunnels and Cliffs: A Guide for Workforce Development Practitioners and Policymakers Serving Youth with Mental Health Needs*. Rep. National Collaborative on Workforce and Disability for Youth, Mar. 2007. Web. Mar. 2010.

<sup>2</sup> To learn more about VRS visit [http://www.positivelyminnesota.com/JobSeekers/People\\_with\\_Disabilities/](http://www.positivelyminnesota.com/JobSeekers/People_with_Disabilities/).

<sup>3</sup> Courtney, Claire. *Status and Evaluation of Employment and Support Services for Persons with Mental Illness*. Publication. St. Paul: Rehabilitation Services, 2008. Print.

<sup>4</sup> Torrey, E. Fuller., et al. *More Mentally Ill Persons Are in Jails and Prisons Than Hospitals: A Survey of the States*. Rep. Treatment Advocacy Center, 2010. Print.

operated regional treatment centers, corporate foster care programs, assertive case management (ACT) teams, county and community case management systems, and programs supporting people with co-occurring disabilities (such as co-occurring mental health and substance use treatment). Also, Minnesotans with diagnosed and undiagnosed mental illnesses are assisted by the Minnesota Family Investment Program (MFIP), the state's primary welfare-to-work support system. Finally, thousands of Minnesotans with SMI are among the "working poor" who struggle daily to maintain employment, health care, and economic self-sufficiency due to their illness symptoms.

In Minnesota, public resources for mental health services are targeted toward individuals with the most significant disabilities. As a result, employment and support services are primarily limited to individuals with serious mental illnesses (SMI).

The Extended Employment Program, through Vocational Rehabilitation Services, has limited funding for ongoing support to individuals who are competitively employed including Minnesotans with SMI. Medicaid mental health benefits under the rehabilitation option do not permit the use of federal Medicaid funds for direct employment support services such as job coaching, job placement and development and visiting possible employment sites. However, developing an individualized rehabilitation treatment plan that addresses work related goals could include interventions such as learning ways to manage symptoms of mental illness that interfere with work, setting priorities, role playing ways to improve skills with interviews, relapse prevention planning, etc. These are examples of work related interventions that might be included within the broader treatment plan and can be reimbursable under Medicaid.

Medicaid waived services for which the person may be eligible are also possible. State plan services under fee for service must first be accessed. Waived services are often administered through the counties with state specified allocation of slots.

Across the state, the array of employment related treatment and support services available to individuals with SMI through Medicaid funding and Community Alternatives for Disabled Individuals (CADI) waivers vary from county to county. There continues to be a significant funding gap for employment and mental health treatment and support services for individuals with SMI.

Individuals with a mental illness who do not meet the criteria for SMI are most likely to receive traditional clinic-based mental health treatment through private health insurance or not at all. Some of these individuals are at risk of developing chronic mental health symptoms and falling into the system of ongoing public support. Maintaining employment is particularly important to this group, however access to job supports is generally not available. Changes occurring at the federal level in achieving parity between health care and mental health care through self-insured and/or private health care plans are likely to make mental health services more available to individuals. Better integration between mental health and primary health care is particularly important due to the higher incidence of chronic diseases (such as diabetes and heart disease)

that dramatically shorten the lives of individuals with some mental illnesses.<sup>5</sup> Department of Human Services (DHS) data shows that Minnesotans with schizophrenia, major affective disorder or schizo-affective disorder are dying 25 years before the general public due to poorly treated and managed physical conditions.

Since the initiation of a State Interagency Cooperative Agreement in 1985, Vocational Rehabilitation Services (VRS) and the Adult Mental Health Division (AMHD) of the Minnesota Department of Human Services (DHS) have worked collaboratively to improve employment services for Minnesotans with SMI. Together they have developed “Coordinated Employability Programs” and “Extended Employment Programs for Adults with Serious Mental Illnesses” (EE-SMI). These collaborative interagency programs are managed locally by providers in support of Minnesotans with SMI. Although a system of interagency collaboration is defined in state statute, there are wide disparities in funding and implementation at the community level resulting in poor accessibility to and fragmentation of employment services.

Also, the two state agencies have collaborated on making Minnesota one of eleven states/districts to receive a Johnson and Johnson Dartmouth Community Mental Health Program grant to implement the Individual Placement and Support (IPS) model of the Evidence Based Practice of Supported Employment (EBP-SE).<sup>6</sup> Since the beginning of the Johnson and Johnson grant period in 2006, VRS and DHS have invested additional resources to strengthen and expand the number of EBP-SE projects to six.

The EBP-SE model for individuals with SMI co-locates and integrates employment services into mental health centers and treatment plans for individuals accessing community mental health services. The fundamental idea behind EBP-SE model is to imbed well-researched supported employment practices within a medical and behavioral health milieu. The result is to:

- Encourage and increase expectations about the possibilities for work.
- Insure access to employment assistance delivered by trained and qualified practitioners.
- Promote job placement and return to work goals through the use of local, integrated treatment teams that support individuals with a mental illness.
- Pool available expertise, fiscal resources, and service capacities among all team members to obtain and maintain integrated employment consistent with the interests, goals, and strengths of each individual.
- Implement evidence-based practices that are documented by clinical research to deliver significantly higher job placement and employment rates of job seekers with SMI.

The effectiveness of EBP-SE is well documented. Research indicates that:

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<sup>5</sup> Dickey, Barbara., et al. "Medical Morbidity, Mental Illness, and Substance Use Disorders." *Psychiatric Services*. American Psychiatric Association, July 2002. Web. 14 June 2010.

Osborn, David P. J., et al. "Risk for Coronary Heart Disease in People with Severe Mental Illness: Cross-sectional Comparative Study in Primary Care." *The British Journal of Psychiatry*. The Royal College of Psychiatrists, 2006. Web. 14 June 2010.

<sup>6</sup> “EBP-SE” indicates the Individual Placement and Support model throughout this document. For more information see <http://mentalhealth.samhsa.gov/cmhs/CommunitySupport/toolkits/employment/default.aspx> .

- 50-65% of individuals participating in EBP-SE programs secure competitive employment compared to less than 20% enrolled in traditional employment services.<sup>7</sup>
- In a 2007 follow-up study with 38 individuals who had first received EBP-SE services in the previous eight to twelve years, 71% were working and 67% had competitive jobs.<sup>8</sup>

In addition, research from eight randomized clinical trials of EBP-SE concludes:

- Consumers who were employed had better control of illness symptoms and higher self-esteem.
- The evidence for EBP-SE is stronger than any other psychosocial intervention for people with SMI.
- The chance of consumers getting a job is at least twice as high if they receive EBP-SE.
- Research indicates that EBP-SE is effective not only in the United States but also in Canada, Europe, Japan, Australia, and Hong Kong.
- EBP-SE is effective with many different cultural groups.<sup>9</sup>

As funding through the Johnson and Johnson grant cycle ends, and funding available through the state declines due to the current state budget crisis, the sustainability of existing EBP-SE projects, as well as opportunities to expand these successful ventures to other communities, is in serious jeopardy. A recent report addresses sustainability and expansion of these projects with examples of how other states are providing funding for EBP-SE.<sup>10</sup> State and local leaders are currently exploring a variety of options toward developing a viable plan to make EBP-SE a continuing option for individuals with SMI in Minnesota.

Another statewide demonstration program is also providing positive employment results for Minnesotans with SMI. Minnesota's "Stay Well, Stay Working" (SWSW) project, funded by the Centers for Medicare and Medicaid Services (CMS), focuses on Minnesotans with SMI who are still working, with interventions to maintain gainful employment as an alternative to receiving SSI or SSDI.<sup>11</sup> People with SMI represent 35% of all individuals receiving SSI and 28% of those receiving SSDI.<sup>12</sup> A policy brief on "Stay Well, Stay Working" reports,

In Minnesota, approximately one million individuals experience a diagnosable mental illness in the given year. Due to inadequate health insurance coverage, many individuals with mental illness have poor access to needed prescription medications, and health and mental health services. As a result, many are forced to leave their jobs and seek public

<sup>7</sup> Courtney, Claire. *Status and Evaluation of Employment and Support Services for Persons with Mental Illness*.

<sup>8</sup> Durgin, Jennifer. "Working Wonders." *Dartmouth Medicine*. Dartmouth Medical School and Dartmouth-Hitchcock Medical Center, 7 Apr. 2010. Web. Mar. 2010.

<sup>9</sup> Weiland, Matthew K., and Paul M. Kubek. "Bond Issues." *EBPs Online: Perspectives from the Center* (2009). *Center for EBPs*. Case Western Reserve University. Web.

<sup>10</sup> Brand, Ron. *Individual Placement and Support (IPS): Evidenced-Based Practice-Supported Employment-Johnson and Johnson Project*. Rep. Evidence-Based Practice-Supported Employment, 2009. Print.

<sup>11</sup> Minnesota is one of five states receiving funding through CMS in the Demonstration to Maintain Independence and Employment (DMIE). Unlike other states, Minnesota's demonstration program specifically targets individuals with serious mental illness.

<sup>12</sup> Courtney, Claire. *Status and Evaluation of Employment and Support Services for Persons with Mental Illness*.

assistance when their impairment escalates to the point they can no longer work. In addition, without access to affordable health care coverage, these individuals can often be in the position of having to choose between working and public assistance, which is often the only affordable way for them to access health care.<sup>13</sup>

In order to access public assistance, individuals must first exhaust their own resources and spiral downward into poverty, thus experiencing a period of increasing instability in housing, difficulty in meeting basic needs and the resulting effects on quality of life, health, and employment.

Minnesota's SWSW intervention supports working individuals with SMI with comprehensive health, behavioral health, and employment support services with a goal of preventing or delaying participants from becoming disabled and no longer able to work. One of the criteria for the target research group was that individuals were not enrolled in federally funded Medicaid programs, nor were they allowed to receive or apply for disability benefits. Project outcome results indicate positive trends in physical and mental health, use of preventive care, accessing health services, applications for social security benefits, job stability and earnings.<sup>14</sup> Only 4% of the intervention group applied for SSDI benefits compared to 15% of the control group. These results are noteworthy given that individuals with a mental illness are the fastest growing and largest disability group in the SSDI program, and also the most costly since they often become disabled at an early age and continue to receive benefits for many years.

Both EBP-SE and "Stay Well, Stay Working" demonstrate the capacities of individuals with SMI to obtain and retain employment with coordinated supportive services. However, integrating these model programs into existing policy and funding structures remains a significant challenge.

Minnesota's disability advocacy organizations also have a strong commitment to increasing employment for citizens with a mental illness. Some examples of resources developed by these groups include the following:

- A statewide training program was recently launched to prepare consumers to serve in critical roles as Certified Peer Specialists (CPS); the CPS profession recognizes the importance of consumer participation in the Illness Management and Recovery (IMR) process and serving as equal partners in the delivery of critical mental health services.<sup>15</sup>
- Consumer advocates are leaders in the provision of recovery based services through nationally recognized approaches such as Wellness Recovery Action Planning (WRAP).<sup>16</sup>

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<sup>13</sup> *Stay Well, Stay Working: Policy Brief*. Rep. Stay Well, Stay Working, Mar. 2009. Web. Apr. 2010.

<sup>14</sup> *Stay Well, Stay Working: Policy Brief*.

<sup>15</sup> To learn more about CPS, visit: <http://www.mhcsn.org/cps>

<sup>16</sup> WRAP is a structured process of identifying and monitoring debilitating mental illness symptoms and teaching planned responses to minimize their impact in community settings including the workplace. To learn more about WRAP, visit: [www.mhcsn.org/support-resources/wrap](http://www.mhcsn.org/support-resources/wrap)

- Advocacy organizations are developing useful educational resources for employers and employees about mental illnesses and helpful accommodations to better support employees as productive members of the workforce.<sup>17</sup>
- Advocacy organizations are providing education and policy support to legislators and the communities of Minnesota about the value and importance of working toward recovery from mental illnesses.

### **Background on Minnesota Employment Policy Initiative Listening Sessions**

The Minnesota Employment Policy Initiative is conducting listening sessions in the following areas:

Brain Injury	Mental Health
DeafBlindness	Deaf and Hard of Hearing
Blindness	Autism
Developmental Disabilities	Physical Disabilities
Transition	Families

Listening sessions are convened by a host organization which selects participants representing a variety of perspectives. The listening sessions are facilitated by MEPI using three questions as the framework for the sessions. The questions are designed to build upon one another creating momentum toward strategies for the final question on doubling employment.

The first question, “**Why is Work Important?**” helps a group to focus specifically on employment. It also reminds the group of the benefits work provides to individuals with disabilities and creates a positive orientation for the subsequent questions. This question was only briefly introduced in the listening sessions on mental health due to time limitations and the strong orientation of the participants on the importance of employment to Minnesotans with a mental illness.

The second set of questions, “**What’s Working? What Are We Doing Right in Minnesota to Facilitate Employment of Minnesotans with Disabilities?**” builds on the first question, reminding participants of the many services, initiatives, and groups that are already in place or in the planning stages to improve employment outcomes. It identifies strengths on which to build and also opportunities to produce better collaboration between groups and initiatives. It also creates a shared frame of reference for the group and is usually a learning experience for group members as they share their knowledge base about the strengths and leadership within Minnesota. The more common focus of identifying barriers often does not lead to creative

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<sup>17</sup> *Mental Health At Work: A Resource Manual for Minnesota Employers*. Rep. Minneapolis: Mental Health Association of Minnesota. Print.  
*2008 Report on Mental Health Practices In the Workplace: A Survey of Minnesota Employers*. Rep. Minneapolis: Mental Health Association of Minnesota, 2008. Print. To learn more about MHAM visit [www.mentalhealthmn.org](http://www.mentalhealthmn.org). NAMI also provides training to employers. For more information visit [www.namihelps.org](http://www.namihelps.org).

strategies to address those barriers, and the negative focus on barriers can make it more difficult to brainstorm on potential strategies toward better employment outcomes.

The third question, “**What Will It Take to Double Employment of Minnesotans with Disabilities by 2015?**” is the core question for participants. It is a question originally posed by the Alliance for Full Participation and, with their permission, adopted by MEPI. It is intended to be provocative by challenging participants to think out of the box and move toward strategies that can have a more dramatic effect on employment outcomes.

### **Listening Sessions on Mental Illnesses**

The Minnesota Employment Policy Initiative conducted three separate listening sessions on employment and mental illnesses between September 2009 and February 2010. The listening sessions were with the National Alliance on Mental Illness of Minnesota, the Mental Health Consumer/Survivor Network and the Mental Health Association of Minnesota. Twenty-five individuals participated in the three listening sessions representing consumers, family members and professionals. The groups were asked to respond to the following questions, “What’s Working? What Are We Doing Right in Minnesota to Facilitate Employment?” and “What Will It Take to Double Employment of Minnesotans with Disabilities by 2015?” Their responses to those questions follow. The responses are not prioritized.

#### **What is Working?**

##### **What Are We Doing Right in Minnesota to Facilitate Employment?**

- Active disability organizations promoting employment
- Wellness Recovery Action Planning (WRAP)
- Certified peer specialists helping others
- Resources for employers developed by the Mental Health Association and NAMI
- NAMI peer support groups, family education, informational materials and training for employers
- MA-EPD, Ticket to Work, PASS Plans, Minnesota Work Incentives Connection
- Evidence-Based Practices and Johnson and Johnson grants; fidelity measures orient teams toward employment
- Stay Well, Stay Working
- Community employment providers with expertise in mental health
- Integration of housing and employment assistance goals encouraging self-dependence and stable community living
- Innovative programs encouraged and funded by state and local government
- Multiple funding sources including Extended Employment (EE) funds targeted for mental illnesses
- Workforce Centers with internet access, resources, and training available in addition to co-location with Vocational Rehabilitation Services
- Individuals disclosing their disability and asking for accommodations
- Increased rural transportation options

- Competitive employment becoming more of an expectation rather than assuming individuals need sheltered employment
- Employers who want to keep a valued employee and are willing to provide accommodations
- Transition programs in high schools
- Drop-in centers (community support programs) have resources to facilitate employment

### **What Will It Take to Double Employment of Minnesotans with Disabilities by 2015?**

The following recommendations are based on themes identified from the responses of listening session participants. They assume a “zero reject” model and apply to all individuals with a mental illness regardless of the impact of the disability. The recommendations are not prioritized. The discussion that follows the nine recommendations provides further information on “next steps” in refining the recommendations and moving toward more specific policy implications.

**Conduct statewide public education about the economic benefits of competitive employment to Minnesotans with a mental illness and the resources available to provide individualized guidance about maximizing earnings without jeopardizing the safety net of sustainable health care and independent living assistance.** Any statewide goal to increase the competitive employment participation of Minnesotans with a mental illness will not be successful without first addressing and removing the widespread fear of losing disability cash assistance and health care benefits. Many Minnesotans with a mental illness do not enter the workforce at all due to these fears. Many others choose to work but work fewer hours and earn less than they could to avoid jeopardizing their benefits. Minnesotans with a mental illness can benefit from a number of work incentive programs at the state and federal level to maximize their earnings; however, the complexity of the various benefits and work incentives makes it difficult to access sound advice about options available to a specific individual.<sup>18</sup>

Given the many resources available to encourage Minnesotans with disabilities to work, Minnesota needs to launch a statewide campaign to offer education and technical support to consumers and family members and correct stubbornly held misconceptions and misunderstandings associated with receiving disability benefits. Also, it is critical to re-educate a wide range of mental health professionals who support them about the economic benefits of going to work.

**Identify competitive employment as a preferred and expected outcome of community mental health treatment in public policy.** As described previously, research in the area of mental health and employment demonstrates the value and importance of employment to recovery for individuals with a mental illness.<sup>19</sup> Competitive employment increases social

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<sup>18</sup> For assistance in this area, Minnesotans can contact the Disability Linkage Line ([www.semciil.org/dll.html](http://www.semciil.org/dll.html)) and the Minnesota Work Incentives Connection ([www.mnworkincentives.com](http://www.mnworkincentives.com)). Pathways to Employment (PTE) is also developing an online tool called Disability Benefits 101, to help make the system less complex. To learn more about PTE visit [www.positivelyminnesota.com/pte](http://www.positivelyminnesota.com/pte).

<sup>19</sup> Weiland, Matthew K., and Paul M. Kubek. "Bond Issues." *EBPs Online: Perspectives from the Center* (2009). *Center for EBPs*. Case Western Reserve University. Web.

inclusion and participation, increases earned wages and economic self-dependency, promotes using one's talents and making a regular contribution to the community, and enhances overall well-being. For these reasons, Minnesota needs to implement policy that identifies competitive employment as a fundamental goal of community mental health treatment. Establishing a clear public policy framework will enable Minnesota to better address the high unemployment of its residents living with a mental illness, including those with serious mental illnesses.

**Implement statewide public education promoting the value of competitive employment to recovery from a mental illness.** The research documenting the importance of competitive employment (including supported employment) to recovery from a mental illness is not sufficiently impacting the mental health field. Many professionals and others still believe that adults with a mental illness need to recover from their illness *before* they can go to work despite evidence to the contrary. Most adults recover from a mental illness *because* they go to work, have structure in their lives, earn money, have opportunities to connect with others, and gain a sense of self-respect through personal achievement. Supported employment services throughout the country are proving that people with a mental illness can work if they choose to, develop an individualized employment plan, find an interested employer, and have access to the community mental health treatment and supported employment they need to be successful. In addition, supported employment services grounded in researched, evidence-based practices provide the most effective approaches to obtaining high quality, sustainable employment results.

Minnesota needs to invest in the widespread education of its policymakers, state and county agency leaders, consumers and their family members, mental health professionals, county and community case managers, workforce development and vocational rehabilitation counselors, business leaders, and the general public about these important findings. Without education the prevailing public attitude that most adults with a mental illness either “cannot work” or “are not ready to work” due to their illness symptoms will continue to discourage individuals from considering employment as part of their recovery process.

**Increase accessibility to workforce development and supported employment for unserved and underserved populations through assertive outreach and education.** Minnesota's workforce, mental health, and human services systems are both complex and fragmented. This often results in poor access and funding of employment assistance for many individuals who are affected by a mental illness condition. To illustrate, accessibility to employment services and resources has been a growing challenge for transition-aged youth, homeless individuals, welfare recipients, offenders, individuals with co-occurring disabilities (such as mental health and substance use conditions), war veterans, and for a wide range of individuals supported by community and public mental health centers, county and community case management agencies, state-operated, regional treatment centers, intensive residential treatment services, vocational rehabilitation services, community psychosocial rehabilitation agencies, and other providers.

For this reason, Minnesota needs to examine and create new policies, redesign and map out interagency service strategies, implement more effective outreach education practices, develop new financial business models to blend and braid available resources, and infuse more effective employment practices to increase and widen accessibility to job placement and supported employment by numerous unserved and underserved populations affected by a mental illness.

**Invest in creative workforce, business, and comprehensive health care strategies to insure employees with a mental illness and their employers have timely access to crisis intervention and technical assistance to maintain healthy work environments and maximize employment retention.** For employed workers with a mental illness, job loss often exacerbates a downward spiral from independence to greater levels of dependency. In some instances, Employee Assistance Programs (EAPs) are available to assist individuals in maintaining employment and independence, and these programs could become an important resource to Minnesotans experiencing a mental illness. Workplace accommodations can also lead to job retention, and better utilization of accommodations could impact continuing employment for Minnesotans with mental illnesses.<sup>20</sup> Currently there is no system of crisis intervention available to employers and employees, but a “rapid response system” could result in maintained employment and prevent the downward spiral often experienced by employees with a mental illness. Unfortunately, for many individuals the gateway to eligibility and gaining access to critical support services is experiencing “job loss.” This is an impractical and far more costly way to assist individuals who may be marginally employed and struggling to maintain their goals of independence and self-support.

As cited earlier, “Stay Well, Stay Working” (SWSW), a national research and demonstration project funded by CMS, is offering new opportunities for working Minnesotans with SMI. SWSW is pioneering the delivery of comprehensive health, behavioral, and employment support services. This includes personal navigation services that assist working individuals with their varied service needs, thereby avoiding job loss and enrollment in longer-term disability services and benefits programs. SWSW is yielding promising outcomes and Minnesota needs to examine how these strategies can be sustained and expanded to better support the job retention needs of working individuals with SMI and their employers. The infusion of new policies and practices to support working individuals will offer cost-savings to employers by reducing employee turnover, avoiding costs associated with recruiting and training new employees, and lowering associated expenses for unemployment insurance. Also, the public will realize cost-savings by supporting employed individuals to stay in the workforce and reducing enrollment rates of these workers into more expensive, long-term disability and public assistance programs.

**Address and minimize known barriers affecting youth and young adults with a mental illness during their transition from school to careers.** As referenced previously, transition is a critical time when mental illnesses often strike young adults. Many youth experience significant challenges in bridging children’s and adult’s mental health services due to variances in eligibility and a lack of seamless integration between service systems. This issue is complicated further by a lack of systems integration between secondary education, post-secondary education, and adult workforce training and employment services.

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<sup>20</sup> *Mental Health At Work: A Resource Manual for Minnesota Employers*. Rep. Minneapolis: Mental Health Association of Minnesota. Print.  
*2008 Report on Mental Health Practices In the Workplace: A Survey of Minnesota Employers*. Rep. Minneapolis: Mental Health Association of Minnesota, 2008. Print. To learn more about MHAM visit [www.mentalhealthmn.org](http://www.mentalhealthmn.org). NAMI also provides training to employers. For more information visit [www.namihelps.org](http://www.namihelps.org).

The high drop-out rate for students with mental health needs, the “transition cliff” where mental health services available to children are not available to adults, combined with the emerging shift to goals for independence and self-sufficiency, make this life passage particularly difficult for young adults with identified mental health needs. Improved school transition services and access to employment, career, and other supportive services would offer a strong foundation to success and prevent years of marginalized living. The existing system is not only confusing and fragmented but often requires young adults with a mental illness to become increasingly disabled to reach a threshold of eligibility before obtaining services. This is counterproductive to the fundamental goals of transition and results in social isolation, unemployment, and lifelong dependency on governmental programs and public assistance.

For these reasons, Minnesota needs to better integrate its education, children’s and adult’s mental health, workforce development, community human services, and county service delivery systems (including those leaving correctional facilities) to:

- Prevent a downward spiral into poverty.
- Support high schools in meeting basic employment preparation and career education challenges of transition-aged youth.
- Coordinate seamless school to career transition services (including access to post-secondary education).
- Strengthen cross systems capacities to better meet the competitive employment goals of young adults with a mental illness and their employers.
- Infuse strengths-based employment practices and strategies so all youth have opportunities to contribute their unique talents and skills.<sup>21</sup>

**Invest in Evidence-Based Practices of Supported Employment (EBP-SE) using the Individual Placement and Support model.**<sup>22</sup> National research has documented the power of EBP-SE as an effective treatment model in assisting adults with SMI to secure and retain meaningful work. EBP-SE is more than twice as effective as traditional job placement and psychosocial rehabilitation methods in obtaining competitive employment in the workforce for consumers of mental health services. For this reason, Minnesota needs to invest in the expansion of EBP-SE as a preferred practice to better support the employment and independent living needs of its residents with SMI. This means implementing cross systems policies and developing funding incentives for local communities to imbed supported employment services within its mental health treatment milieu. Also, it means providing training and technical assistance to local communities of mental health, education, workforce development, and vocational rehabilitation providers to maintain high standards of fidelity and effectiveness in delivering supported employment services.

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<sup>21</sup> Strengths-based employment, including customized employment, offers opportunities to develop or create competitive employment around the known interests and talents of individuals with the most significant disabilities.

<sup>22</sup> EBP-SE is a specialized model of supported employment services developed for individuals with SMI by Dartmouth Psychiatric Research Center. For more information visit: <http://www.dartmouth.edu/~ips/>

The cost-savings realized from reduced hospitalizations, less reliance on public benefits and more expensive mental health treatment programs combined with increased productivity and earned income makes EBP-SE a wise public investment in comparison to the alternatives.

**Develop self-employment services as an employment option for Minnesotans with a mental illness.** Self-employment is an option that has only recently been recognized as an employment option for individuals with disabilities. Self-employment as a career path is growing by 20% annually within the general population.<sup>23</sup> Nationally, vocational rehabilitation programs have reported a small number of successful closures in self-employment – only 1.7% in 2007.<sup>24</sup> States with more rural populations have taken the lead in supporting self-employment outcomes. In Minnesota, Vocational Rehabilitation Services is currently investing increased resources in policies and training to encourage self-employment outcomes.

One distinction of self-employment is that it is the only option under Social Security and Medicaid and Medicare for individuals with disabilities to accumulate wealth. In fact, PASS Plans, a work incentive available under Social Security, provide a mechanism by which to set aside income that can be used for self-employment. However, numerous attitudinal barriers to self-employment remain. Misperceptions about the feasibility of small business ownership for individuals with disabilities and about the feasibility of self-employment for disability groups with significant support needs limit consideration of self-employment for many Minnesotans with disabilities. Self-employment can provide an array of accommodations opening up opportunities that might not be available through wage employment. Self-employment may also better utilize the abilities of an individual with a mental illness, many of whom have post-secondary education, providing a level of satisfaction that other employment might not. Self-employment needs to be more fully developed and explored to become an accessible and viable opportunity for individuals with a mental illness and with other disabilities.

**Support Minnesotans with a mental illness in developing self-management skills to ensure the greatest possible control over their services and supports.** Minnesota has a rich history of working with consumer advocates and consumer advocacy organizations. Self-advocacy is recognized as essential to improving quality of life outcomes and ensuring that individuals with a mental illness exercise choice and self-determination in their lives. The necessity of accessing ongoing supports should not result in individuals being viewed as passive “clients” of services. Job seekers and incumbent workers with a mental illness should be welcomed to play key roles in “directing” their supports and services.

For this reason, Minnesota needs to continue building its Illness Management and Recovery (IMR) capacities, skills, and participation of self-advocates. The overarching goal is to sustain an ongoing dialogue with consumers and advocacy organizations to improve employment services and outcomes that directly impact the quality of their lives. Consumers and consumer representatives, therefore, should be viewed as equal partners who share in responsibility for the

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<sup>23</sup> Griffin, Cary, and David Hammis. *Making Self-employment Work for People with Disabilities*. Baltimore: Paul H. Brookes, 2003. Print.

<sup>24</sup> Revell, Grant. *Self-Employment Q and A: An Analysis of Self-Employment Outcomes within the Vocational Rehabilitation System*. Publication. Richmond: Virginia Commonwealth University, 2009. Print.

planning and delivery of Minnesota's employment service systems. It is recommended that the emerging roles for Certified Peer Specialists (CPS) be widely integrated within Minnesota's mental health and workforce systems to support the employability and recovery needs of both job seekers and incumbent workers with a mental illness.<sup>25</sup>

Finally, effective IMR programs such as Wellness Recovery Action Planning (WRAP)<sup>26</sup> should be widely implemented to educate consumers about self-management skills and their application to the workforce. The goal is to increase the number of Minnesotans who experience wellness recovery over longer periods of time. Building self-management skills is critical to improving job stability, increasing productivity, building career advancement possibilities, and enhancing overall job satisfaction.

### **Implications for Policy**

Although the above recommendations focus on Minnesotans with a mental illness, many of the recommendations would also apply to individuals with other disabilities. The Minnesota Employment Policy Initiative is conducting nine additional listening sessions in 2010 and will be collecting further information from other disability groups using the same questions.

Also during 2010, MEPI will be working closely with community action teams (CATs) receiving intensive training and technical assistance from the Minnesota Employment Training and Technical Assistance Center (MNTAT). The CATs will be an important resource in identifying specific policy issues which support or impede these groups as they develop customized employment for individuals throughout the state experiencing a range of disabilities.<sup>27</sup> The policy issues identified through the CATs will be summarized in a separate policy brief.

The information gathered through the listening sessions and through the employment development efforts of the CATs will be analyzed to identify commonalities. Representatives from the various groups will then be reconvened to strategize on addressing the policy implications in improving employment outcomes and developing a more specific set of recommendations for action to move toward doubling the employment rate of Minnesotans with disabilities by 2015.

### **About the Minnesota Employment Policy Initiative**

The purpose of the Minnesota Employment Policy Initiative (MEPI) is to facilitate dialogue and develop leadership on disability and employment policy that will result in increased competitive employment of Minnesotans with disabilities and promote the proposition, "We need everyone in the workforce for businesses to thrive and communities to prosper." Central to this initiative is the belief that employment is fundamental to adulthood, quality of life and economic freedom

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<sup>25</sup> See footnote 15 to learn more about CPS.

<sup>26</sup> See footnote 16 for more information on WRAP.

<sup>27</sup> For more information on the CATs, visit [www.mntat.org](http://www.mntat.org)

and choice. MEPI is an initiative of Pathways to Employment (PTE), Minnesota's Medicaid Infrastructure Grant.<sup>28</sup>

In April 2010, the Office of Disability Employment Policy (ODEP) reported that only 22% of individuals with disabilities were employed. The employment rate for individuals without disabilities was 70%. That translates into an employment rate in which individuals with disabilities are employed at a rate that is less than one third that of individuals without disabilities. The Minnesota Employment Policy Initiative is working across disability groups to close that gap by identifying strategies that will benefit all Minnesotans with disabilities in addition to strengthening and building new alliances to enlarge the circle of employment champions.

Leadership for MEPI comes from National APSE - The Network on Employment - in concert with its state chapter, Minnesota APSE.<sup>29</sup> The initiative works with numerous stakeholders to align policies, services and practices to ensure that integrated competitive employment is widely recognized and routinely promoted as the preferred option of all Minnesotans with disabilities. MEPI also works in close collaboration with the Minnesota Employment Training and Technical Assistance Center ([www.mntat.org](http://www.mntat.org)) to maximize the impact of employment policy and practice across Minnesota.

Additional policy briefs and reports will be available as they are developed at the MEPI website, [www.mn-epi.org](http://www.mn-epi.org).

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<sup>28</sup> To learn more about PTE visit [www.positivelyminnesota.com/pte](http://www.positivelyminnesota.com/pte).

<sup>29</sup> For the APSE website, visit [www.apse.org](http://www.apse.org). For the Minnesota APSE website, visit [www.mnapse.org](http://www.mnapse.org).

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