Massachusetts Mental Health Employment First Statement

January 11, 2017

The last several years have seen a growing national movement known as Employment First. The concept of Employment First is that there is a clear public policy that employment in the general workforce is the first and preferred outcome in the provision of publicly funded services for working age citizens with disabilities.¹ Employment First is characterized by the following:

• Competitive employment is considered as a possibility for every individual of working age.
• Assisting individuals with their employment needs is a core component of service delivery – i.e., not something “extra” or “optional”.
• As part of service delivery, individuals are regularly encouraged to consider employment, and efforts are made to address individual barriers to employment.

Massachusetts is among 30+ states that have already adopted an official Employment First policy, either via legislation, executive order, or policy directive, as a result of the 2010 issuance of an Employment First policy by the Massachusetts Department of Developmental Disabilities (DDS). The issuance of this policy was part of DDS’s comprehensive systems change effort to increase employment outcomes.² This policy, which is a very positive development for individuals with intellectual and developmental disabilities in the Commonwealth, also epitomizes one of the core challenges of Employment First, as noted in a recent paper issued by UMass Medical, “…that people with psychiatric disabilities are often not included in states’ (Employment First) initiatives.”³

Massachusetts APSE, with the support of the undersigned organizations, is therefore calling on the Commonwealth of Massachusetts to make Employment First a much broader and inclusive effort, via issuance of an Employment First Policy by the Massachusetts Department of Mental Health (DMH), in support of a more systematic and comprehensive approach to expanding employment opportunities for Massachusetts’ citizens with psychiatric disabilities. Such a policy would result in the Commonwealth becoming a national leader in Employment First efforts specific to individuals with psychiatric disabilities.

Employment First Policy Features

Features of a DMH Employment First Policy would include the following:
1. Establishment of Competitive Integrated Employment as a preferred service outcome and expectation for all individuals of working age served by DMH.
2. For students, engagement in employment in the community as part of transition starting no later than age 16, resulting in typical teenage work experiences in the general workforce while individuals are still in school. Better preparing youth for employment will result in reduced possibilities of long-term detachment from the workforce as adults and the negative impacts thereof.
3. A philosophical shift from making employment supports available only to those who have expressed interest in pursuing employment, to a philosophy and presumption that every individual of working age should be encouraged and supported in any way possible to pursue employment and advance in their career goals.
4. Ensuring that every individual gives full consideration and makes a truly informed choice regarding employment, via situational assessments and similar exploratory efforts in community-based job settings, as well as engagement with peers who have become successfully employed.

5. Consideration of employment in the community as a mandated part of any type of individual client/consumer planning for persons of working age – simply put, asking individuals what their work goal is, not whether they have a work goal. Non-consideration of employment in the community would be fully documented (i.e., it is presumed that individuals will pursue employment; if not, the reasons must be documented and an action plan developed to address the barriers to employment identified).

6. A presumption that individuals can work successfully in the community, and the avoidance of professional judgments and criteria regarding work readiness and earning the right to a job in the community.

7. Clear “best practice” standards for delivery of employment supports for individuals with psychiatric disabilities. DMH should require: a) CBFS (Community Based Flexible Supports) programs to practice and be able to demonstrate fidelity to the evidence-based Individual Placement and Support (IPS) model; b) Clubhouses to practice and be able to demonstrate fidelity to the evidence-based ICCD Clubhouse Model; c) PACT (Programs for Assertive Community Treatment) Teams to deliver employment services in keeping with the National Standards for PACT Teams. Implementation of these best practices should be supported by a comprehensive system of staff development for both state and private provider staff.

8. Implementation of a data system by DMH that accurately tracks the employment outcomes for individuals served, with data made publicly available.

9. Strengthened intra- and inter-agency collaborations, particularly with the Massachusetts Rehabilitation Commission (MRC), and Department of Labor and Workforce Development, to increase the accessibility and quality of employment services and supports.

10. Funding mechanisms for DMH providers that provide incentives for employment in the community, as well as sufficient resources to support robust, high-quality employment services.

11. Ensuring that Massachusetts is maximizing potentially available resources from Medicaid to provide financial support for supported employment.

12. Readily available benefits counseling that encourages individuals to maximize their income via paid employment.

Endorsed by the following organizations:

• Boston University Center for Psychiatric Rehabilitation
• Employment Subcommittee – Massachusetts Mental Health Planning Council
• Institute for Community Inclusion, UMass Boston
• Massachusetts APSE – The Association of People Supporting Employment First
• Massachusetts Clubhouse Coalition
• MassPRA – Massachusetts Psychiatric Rehabilitation Association
• NAMI Mass
• Work Without Limits, UMass Medical School
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Background

Over many years, the Commonwealth of Massachusetts has undertaken extensive efforts and invested significant resources in assisting individuals with significant mental illness to find and succeed in employment. MRC has been offering services to people in with psychiatric disabilities for more than six decades, and in some years they are the largest category of people served (more than 35% in FY 2015).

DMH, as the primary agency responsible for the needs of individuals with behavioral health issues in the Commonwealth, includes employment assistance throughout its service system. Independent employment is among the six outcomes listed as goals for service delivery by DMH Community Based Flexible Support (CBFS) providers. CBFS providers are required to integrate within their services the majority of principles underlying the Individual Placement and Support (IPS) model to support individuals interested in maintaining or obtaining employment. Until 2013, DMH had for many years required Clubhouses to follow the Clubhouse Standards and encouraged Clubhouses to seek Clubhouse Accreditation, which requires significant employment outcomes. More recently, DMH has refocused Clubhouses on employment, and over the past 12 months this has resulted in a higher percentage of Clubhouse members being employed. DMH funded PACT programs have also offered employment services for some while.

DMH has undertaken numerous initiatives to expand employment opportunities. These include the following:

• For the first time ever, the DMH Commissioner established a competitive employment goal for DMH Clubhouses.
• DMH site and area offices are conducting semi-annual employment focused site visits to all 35 Clubhouses.
• DMH contracted with the Dartmouth Supported Employment Center to train 17 new IPS “Master” Trainers among DMH and DMH provider staff; IPS Trainers are convening quarterly.
• A Memorandum of Understanding has been signed with MRC and two subsequent data exchange agreements.
• Two Regional Employment Collaboratives (Central Mass and Western Mass) have been procured.
• Employment and Benefits e-learnings are being conducted for DMH staff, along with contracting with UMASS/BenePlan for in-person benefits training.
• DMH new staff orientation now includes a section on the benefits of employment and DMH Employment Services.
• ReachHIREMA.org, a website targeted to young adults focusing on Work, School, and Financial Management, has been developed.
• The position of Director of Employment has been created by DMH.
• The principles of IPS Employment have been embedded in CBFS, DMH’s core community program (serving approximately 12,000 people).
• DMH funded training and offered jobs to certified peer specialists and peer mentors for transition age youth.
• Training is being provided for DMH case managers in understanding the requirements of IDEA in regards to transition, focusing on using the IEP to promote vocational preparation, and understanding of transition services available through MRC. Family Support Specialists have also been trained on these topics.

DMH and its service provider network are to be commended for all the efforts to expand employment opportunities and successes that have been achieved. However, according to the most recently available data from SAMHSA’s Unified Reporting System (2014) for community mental health programs, only 12% of individuals served by DMH are employed, and only 34% are in the labor force (employed or actively seeking employment). DMH’s internal data also indicates low rates of employment. In FY14, 12% of adults receiving DMH case management services were employed; 11% of adults receiving CBFS services were employed; 15% of adults receiving Clubhouse services were employed; and 20% of adults receiving PACT services were employed. This DMH data includes competitive employment as well as people who are employed in a program owned or managed positions (such as transitional employment) and those who are sporadically employed (odd jobs).

There is no doubt that lack of workforce participation by individuals with psychiatric disabilities continues to be a major issue here in Massachusetts as it is across the country. Given the importance of employment to recovery, this lack of workforce participation and chronic unemployment poses a critical challenge to DMH’s mission of supporting the recovery of those persons receiving its services. Simply put – we can do better. Adoption of an Employment First policy will set a clear vision and standard for DMH, which can then in turn be used to build on the successes to date, and make Massachusetts a national leader in advancing employment for individuals with psychiatric disabilities.

1. POSITIVE IMPACTS OF EMPLOYMENT

The effects of employment on life’s domains have been well documented. While for all individuals, employment generally has been shown to decrease the risk of depression, alcohol use, smoking, cardio-vascular disease, and death by suicide and accident, those with mental health challenges also stand to gain unique benefits from competitive employment. For example, persons with psychiatric disabilities who are competitively employed have been shown to use fewer outpatient mental health services, become hospitalized at a reduced rate, are more satisfied with their other services, experience fewer symptoms, are more confident, more satisfied with their finances, develop a sense of pride and self-esteem they previously lacked, are able to develop new coping strategies for mental health symptoms, and, ultimately, are more often more likely to advance in their recovery where others struggle. As NAMI noted in its 2014 report, Road to Recovery: Employment and Mental Illness, “Employment not only provides a paycheck, but also a sense of purpose, opportunities to learn and a chance to work with others. Most importantly, work offers hope, which is vital to recovery from mental illness.” In addition, despite often-expressed fears about the possibilities of going to work having an adverse effect on an individual’s recovery, no research study has ever shown that employment has a negative impact on an individual’s recovery, and the effect is at worst neutral.
2. ROLE OF WORKER
While there is mounting evidence that most people with mental illnesses can work and want to work, there is not universal agreement that all people pursuing recovery should work. While society expects all people to contribute to the best of their ability, a double standard has long existed for persons in recovery, whereby “adults with disabilities are the only group in this country for whom not working has been considered an acceptable life-style.”\textsuperscript{16} By working, persons in recovery are contributing to self-support, and community support. Work is also one of the key methods of diminishing the stigma of mental illness, as people are viewed as “contributors” or “coworkers” and not so much as “public dependents”. While paid employment is not necessarily a guaranteed road out of poverty, there is no doubt that reliance on public benefits as the primary means of support, will result in a life of ongoing financial instability and poverty.

3. BARRIERS TO EMPLOYMENT
Individuals struggling with serious mental health conditions face a variety of barriers to employment, including barriers many job-seekers face (e.g., lack of job skills, lack of experience), as well as some barriers unique to persons with disabilities. One of the most significant barriers is the real and perceived structure of public benefits in relation to work. Job seekers and their families fear the loss of benefits, frequently without the correct or complete information. High quality, readily available benefits counseling that encourages employment and careers is needed to understand the relationship and to learn how to maximize income. Other barriers include lack of transportation, lack of childcare, criminal history, poor credit,\textsuperscript{17} and complicated, intimidating online hiring systems.

For those struggling with serious mental health conditions, stigma is also widely recognized as a social and psychological barrier preventing access to the workplace. Yet, it is work that can help to reduce the stigma and promote individuals as “persons” vs. “patients”. Fears of being “outed,”\textsuperscript{18} coupled with fears of failure (or success), are often unique hurdles for people with psychiatric disabilities to overcome. The growing Massachusetts NAMI CEOs Against Stigma\textsuperscript{19} initiative is a positive development in overcoming stigma in the workplace.

Significantly, there is as well a growing body of evidence affirming that the single biggest obstacle to employment for people with disabilities is the detriment of low expectations from (ironically) those providing services and support.\textsuperscript{20} Such a lack of encouragement often paralyzes individuals such that they dismiss employment out-of-hand, never engaging with supportive employment services, and ultimately losing all future benefits that competitive work bestows.\textsuperscript{21} The ultimate opportunity cost of this – in terms of income, quality of life, recovery, and social productivity – is massive. An Employment First policy will raise the bar in terms of expectations by those providing services and supports by making an expectation of employment a “given”.

4. LEARNING FROM THE RESEARCH AND PROMISING PRACTICES
Despite the challenges of chronic low workforce participation, there are well-established evidence-based best practices, along with emerging new and promising practices which, if promoted by DMH, can positively impact employment outcomes. The Individual Placement and Support (IPS) model is an evidence-based practice, well supported by research, that has
clearly demonstrated that fidelity to the IPS model will result in improved employment outcomes. While DMH CBFS providers are required to provide services consistent with IPS principles, a successful Employment First effort would require full fidelity to the IPS model and ready availability of IPS. There is increasing evidence that Clubhouses that follow the evidence-based ICCD Clubhouse Model and seek Clubhouse International Accreditation, produce higher employment outcomes. A robust Employment First policy would require all Massachusetts Clubhouses to follow the evidence-based ICCD Clubhouse Model and seek Clubhouse International Accreditation.

Additional promising practices that support employment success include Vocational Peer Support, Customized Employment, Cognitive Remediation, and Vocational Illness Management and Recovery (V-IMR). These approaches can help to inspire, motivate and better match individual interests and skills with the needs of the workforce. As the field of vocational support evolves, DMH should continue to seek out and promote promising practices such as these.

The Employment Intervention Development Project (EIDP) is the largest study ever done in vocational psych rehab. One of the key findings is that active job development, i.e. employer development, made it 5 times more likely that a job seeker would have a positive outcome. A second important finding of the EIDP is that more vocational services vs. more clinical services resulted in better outcomes. A third key finding is that with support, people do better in employment over time. The implication for the DMH system is the need for more vocational supports, more job development and continuing support over time to ensure vocational stability.

5. A CALL BY ADVOCATES FOR CHANGE
There are increasing calls by advocates for fundamental changes to improve employment outcomes for individuals in recovery. In its 2014 report, NAMI stated, “Mental illness should no longer sentence people to poverty. People living with mental illness want to work, frequently can work and models have been developed to help them succeed. However, these effective interventions are few and far between.” The report further states, “Now is the time to leverage converging trends to break the cycle of mental illness and poverty that has plagued too many for too long.” The NAMI Massachusetts CEOs Against Stigma campaign, to reduce the negative impact of mental illness stigma in the workplace, aligns with this national effort.

6. NATIONAL POLICIES & TRENDS
The last several years have seen increasing efforts at a national movement to address the issue of chronic lack of workforce participation by citizens with disabilities.
• WIOA: The recent passage of the Workforce Innovation Act (WIOA), which includes reauthorization of the Rehabilitation Act, contains a series of public policy changes with a clear message “that individuals with disabilities, including those with the most significant disabilities, are capable of achieving high quality, competitive integrated employment when provided the necessary skills and supports.”
• New requirements for federal contractors: Via recent regulatory changes, federal contractors now have increased requirements regarding affirmative efforts to hire
individuals with disabilities with a goal that 7% of their workforce be individuals with disabilities. The Office of Federal Contract Compliance Programs (OFCCP) has been very active in enforcing the “good faith effort” that federal contractors must demonstrate, and has begun to form alliances with the providers of employment services throughout the country.\textsuperscript{25}

- **U.S. Department of Justice Efforts:** The 1999 U.S. Supreme Court Olmstead Decision requires that persons with disabilities receive services in the most integrated setting appropriate to their needs. Over the last several years, the U.S. Department of Justice has been pursuing aggressive enforcement of Olmstead from an employment perspective, with court actions and settlement agreements in numerous states requiring public systems, including mental health systems, to take an array of actions to increase employment.\textsuperscript{26}

- **CMS Efforts:** The Center for Medicare and Medicaid Services (CMS) has been aggressive in pushing and requiring states to be more aggressive in their use of Medicaid funds to support employment.\textsuperscript{27}

- **National Governor’s Association:** The National Governor’s Association recent Better Bottom Line initiative highlighted the need for states to take action to improve employment outcomes for people with disabilities.\textsuperscript{28}

These multitude of actions have had a consistent message: chronic unemployment and lack of workforce participation by individuals with disabilities is unacceptable, and it is time for our government, public systems, and society as a whole to take action so that all citizens with disabilities, including those with serious mental health conditions, have the opportunity to become successfully at real jobs with real wages. An Employment First policy by the Massachusetts Department of Mental Health, that parallels the existing policy of the Massachusetts Department of Developmental Services, can be a cornerstone to such an effort.

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12 Dunn, op. cit., 59.


19 Massachusetts NAMI - CEOs Against Stigma - http://ceos.namimass.org


21 Macias, op. cit., 282.


23 Diehl et al. – p. 16


25 Information on Federal Contractor requirements under Section 503 are available at: https://www.dol.gov/ofccp/regs/compliance/section503.htm

26 For details on US Department of Justice Olmstead Enforcement actions, go to: www.ada.gov/olmstead/olmstead_cases_by_issue.htm#mental-health
