



Evaluation of the Ways to Work Demonstration Project

Ways to Work is a project of the
Center for Rehabilitation and Recovery
Coalition of Voluntary Mental Health Agencies
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OVERVIEW

The Coalition's Center for Rehabilitation and Recovery (formerly known as the New York Work Exchange) funded five *Ways to Work* Demonstration Programs beginning in January 2002 under a grant from the New York State Office of Mental Health. Agencies were selected through a competitive Response to Proposals process. Funding for the *Ways to Work* demonstration projects ended in December 2004. The overarching purpose of the project was to help continuing day treatment and clinic programs provide evidence-based employment services – to integrate supported employment into clinical settings for people with serious mental illness so that they could pursue their career goals and obtain meaningful employment. *Ways to Work* was a demonstration project and therefore its broader mission was to show that such integration can be achieved and that CDTF and clinic participants can get and keep competitive jobs.

GOALS OF THE *WAYS TO WORK* DEMONSTRATION PROJECT:

- To increase the integration and coordination of employment and clinical services.
- To increase the number of people with psychiatric disabilities who get and retain competitive employment.

PRINCIPLES OF THE *WAYS TO WORK* DEMONSTRATION PROJECT:

- Consumers of mental health services can work.
- Work and the role of work are important parts of recovery.
- Integrating employment and clinical services improves employment outcomes.

EVALUATION GOALS:

To document the process of integrating employment services with clinical services in continuing day treatment and other traditional mental health treatment settings:

- To show how mental health service providers can most effectively integrate employment services into clinical settings using principles from the evidence-based supported employment model;
- To determine whether providing integrated employment services does help substantial numbers of people with serious mental illness in continuing day treatment and clinic programs find and keep jobs.

FIVE *WAYS TO WORK* PROGRAMS

Brooklyn Bureau of Community Service CDTP

Jewish Board of Family & Children's Services CDTP

Postgraduate Center for Mental Health CDTP & Clinic

Riverdale Mental Health Association CDTP

Transitional Services, Inc CDTP

OUTCOMES OF THE *WAYS TO WORK* PROGRAMS:

Employment Rate

- In three years of program operation, 242 people participated in the 5 *Ways to Work* Programs
 - Prior to participating in the *Ways to Work* program, fewer than 2% of the individuals were working
- Of these, 67 people got jobs: 27% employment rate.
 - Some people found several jobs during their participation – 67 participants obtained 83 jobs.
- Employment rates varied by agency, ranging from a low of 13% to a high of 46%.
- Employment rates also varied over time:
 - 21% in the first year
 - 19% in the second year
 - 30% in the third and final year

Length of Time to Employment

- On average, it took about six month of participation in the *Ways to Work* programs for participants to get jobs
 - 42% of the participants who got jobs, got their job within 4 months
 - 15% got their job within one month of starting *Ways to Work*

Job Tenure

- People who got jobs kept those jobs for about 6 months, on average
 - 10% lost or left the job within 1 month
 - 14% kept the job for at least one year
- Job tenure also differed by agency, ranging from an average of only 3 months to an average of almost 10 months

Types of Jobs

- Average hourly wage = \$7/hour (ranging from minimum wage to \$40/hour)
- Average hours worked per week = 20 (ranging from 6 hrs/wk to 40 hrs/wk)
- All jobs were integrated; all but 4 paid competitive wages, and most (65%) were permanent jobs (as opposed to temporary).
- Jobs fell into the following broad areas:

| Types of Jobs | Percent of Jobs | Number of Jobs |
|----------------------|-----------------|----------------|
| Clerical/Office | 15.7% | 13 |
| Retail | 13.3% | 11 |
| Messenger | 12.1% | 10 |
| Cleaning/Maintenance | 9.6% | 8 |
| Sales | 9.6% | 8 |
| Security | 9.6% | 8 |
| Health Care | 7.2% | 6 |
| Child Care | 6.0% | 5 |
| Peer Specialist | 4.8% | 4 |
| Other | 12.1% | 10 |
| | | 83 |

PRINCIPLES OF THE *WAYS TO WORK* PROGRAMS

(Borrowed largely from the Evidence-Based Supported Employment Model)

Focus:

Assist consumers in obtaining competitive and satisfying jobs in the community

Eligibility/Target:

Intended for consumers who want to work

- eligibility based solely on consumer choice; no screening or entry criteria
- no effective way to determine who is “ready” for work other than through actual work

Pay:

Pay should be competitive, at least minimum wage

Work Setting:

Integrated, competitive (open application) work environments

- NOT enclaves or sheltered

Process:

Job search process starts immediately

- do not have to wait until “ready” for work
- supported employment is integrated with mental health treatment
 - two-way communication and sharing of information between clinicians and employment specialists
 - employment issues addressed clinically
 - clinical issues addressed in relation to employment
- job development is individualized, consumer-specific
- ongoing supports and follow-up provided
- services should be based on consumer preference and choice
- immediate employment goals are part of longer-term career interests

Program Model

While each agency differed in how they operationalized and implemented the *Ways to Work* model, each used an Employment Specialist to help individual consumers identify, refine and achieve their career goals and to act as the change agent in promoting integration. Each program encouraged clinical staff to incorporate employment into the treatment process and sought to have the Employment Specialist participate as an equal member in all team meetings and case conferences. And each program strove to incorporate most of the core principles of supported employment into their *Ways to Work* program. Implementation of this new approach was challenging for all of the programs and each overcame some initial barriers.

LESSONS LEARNED FROM *WAYS TO WORK*

Early Implementation Lessons

Initial challenges focused on putting general principles into action. Below are general principles for integrating employment services along with specific actions to fulfill those principles that *Ways to Work* programs took on early in the implementation process.

| Integration | |
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| General Principles | <ul style="list-style-type: none"> ▪ Interaction between clinical and employment staff ▪ Two-way exchange of client information (work as it relates to mental health status/symptoms and mental health status/symptoms as they relate to work) |
| Specific Examples | <ul style="list-style-type: none"> ▪ Employment Specialist calls clinician immediately after first conversation with a consumer about work. ▪ Employment Specialist schedules regular follow-up conversations with clinicians. ▪ Employment Specialist attends all team meetings and case conferences involving <i>Ways to Work</i> participants. ▪ Agency schedules team meetings so both employment staff and clinical staff can attend. ▪ Employment Specialist takes on a specific, visible role during meetings to keep employment in the minds of clinical staff. |
| Allocation of Resources | |
| General Principles | <ul style="list-style-type: none"> ▪ Individualized sessions ▪ Small caseload (20-25/year; 5-7 working; 15/year job development) ▪ Competitive employment |
| Specific Examples | <ul style="list-style-type: none"> ▪ Consider the goals of <u>pre-vocational</u> positions and whether consumers in those slots could fill the same or similar positions in the community for prevailing wages. ▪ Consider the goals of <u>volunteer</u> positions and whether consumers in those slots could fill the same or similar positions in the community for prevailing wages. ▪ Focus resources on competitive employment – use staff without specialized employment skills for volunteer and pre-vocational placements. ▪ Focus on individualizing the program – build activities and services around the consumers’ individual needs. ▪ Use existing agency and other resources to provide an array of supports to consumers (e.g., clubhouse, social, additional employment, benefits counseling etc). |

| How Participants Become Involved and What Services Look Like | |
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| General Principles | <ul style="list-style-type: none"> ▪ Start asking about employment interests early on. ▪ Make it easy to participate in <i>Ways to Work</i> services. ▪ Include minimal, if any, requirements. <ul style="list-style-type: none"> ○ No admissions criteria except interest in working. ▪ Have a direct pathway to the <i>Ways to Work</i> program. |
| Specific Examples | <ul style="list-style-type: none"> ▪ Intake process should include direct questions about career interests, work backgrounds, skills and talents, and work goals. ▪ Consumers should be able to self-refer to the program. ▪ Consumers shouldn't have to attend a group in order to obtain services – consumers best suited for work may be those least suited to groups. ▪ Attendance/participation contracts may not make sense as program attendance shouldn't be necessary for obtaining employment. ▪ Services should consist of individual sessions with consumers and should be driven by consumer goals and interests. |
| Job Development and Outcomes | |
| General Principles | <ul style="list-style-type: none"> ▪ Job development should be individualized. ▪ Look for jobs in the community. ▪ Jobs are transitional – failures are acceptable and instructive. ▪ Feedback is best delivered directly from the world of work. |
| Specific Examples | <ul style="list-style-type: none"> ▪ Number of job profiles completed is a key process goal as it reflects an actual activity (incorporating work into treatment plans doesn't mean it will occur). ▪ Use simple outcomes for measuring program success, e.g., number of competitive employment placements per month ▪ Actually walk around the neighborhood to look for jobs – bring consumers along to identify potential jobs and work settings of interest. ▪ Use peer escorts to accompany consumers into community for job searches if Employment Specialist cannot do so. ▪ Develop jobs for specific individuals – the best matches are achieved by asking what consumers want and then finding jobs that meet those goals. ▪ Encourage staff to allow consumers to get feedback directly from the job world rather than telling them what they can expect. ▪ Failures are acceptable and instructive – jobs are transitions. |

| Role Models, Peer Support and Family Support | |
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| General Principles | <ul style="list-style-type: none"> ▪ Make success visible and therefore possible. ▪ Build in peer support. ▪ Work with family members and important others to ensure that they support consumers' employment efforts. |
| Specific Examples | <ul style="list-style-type: none"> ▪ Work to advertise successes; invite back those with competitive jobs to talk to consumers and illustrate the possibility of success. ▪ Use such successes to inspire hope and advertise the program. ▪ Build in peer support and role models. ▪ Consider inviting speakers from peer advocacy and related programs if role models are not available. ▪ Educate family members and other service providers (e.g., housing) about competitive employment so that they can support consumers |
| Attitudes | |
| General Principles | <ul style="list-style-type: none"> ▪ Explore staff and consumer attitudes about perceived barriers to employment. ▪ Investigate the program philosophy – at every step are pathways to work accessible, individualized and supported? |
| Specific Examples | <ul style="list-style-type: none"> ▪ Provide opportunities for staff to discuss and explore their expectations and assumptions regarding who is capable of working, when and why. ▪ Highlight successes, especially those that are surprising, to provide staff with actual data on consumers' abilities to get jobs. ▪ Help staff carefully consider the use of labels like "work resistant". ▪ Determine who is ready to work on the basis of actual job performance. ▪ Work to understand consumers' preferences and job choices. ▪ Consider the barriers we believe exist for consumers when they seek employment and explore the degree to which they are real and/or based on the biases that result from our training backgrounds and shared expectations. |

Midway Implementation Lessons

Past the initial implementation issues identified above, the major challenges facing programs as they implemented the *Ways to Work* program over the first year and into the second year were related to creating and supporting organizational change.

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| Integration | <ul style="list-style-type: none"> • Communication between clinical and employment staff is the essential first step. • Mutual decision-making and two-way sharing of information indicates that true integration has occurred. • Staff may have to transcend their training background. • Administrative and financial barriers to integration must be addressed (e.g., scheduling and record-keeping). |
| Beliefs About Employment | <ul style="list-style-type: none"> • Share consumer successes in employment to change beliefs. • Encourage staff not to make assumptions regarding what consumers can achieve. • Work from a strengths-based perspective – identify participants’ skills and interests and build from there. • While volunteer work is important for those who do not yet want to work, focus resources on those who want to work now. • Embrace job failure as acceptable and instructive. • Acknowledge conflict between maintaining an employer as a potential placement for others and job failure as a normal part of the process for a specific individual. |
| Culture of Dependency | <ul style="list-style-type: none"> • Explore the fears of consumers and important others regarding employment. • Fear of losing benefits may mask other fears, including: fear of losing support and help; fear of losing hard fought recovery/wellness; fear of accountability and/or responsibility. |
| Unrealistic Career Expectations | <ul style="list-style-type: none"> • Use feedback from the real world of work to bring consumers’ unrealistic expectations into line. |
| Role Models /Successes | <ul style="list-style-type: none"> • Advertise successes. • Define success broadly. • Teach consumers how to support each other; don’t assume they know how to provide peer support. Support and promote consumerism – bring in peer advocates, provide consumers with meaningful roles and decision-making opportunities. |
| Job Coaching | Focus on interpersonal issues as these are usually what contribute to job failures. |

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| Employment Specialist (ES) | <ul style="list-style-type: none"> • Critical to have one person whose job it is to focus on employment. • ES should bring participants into real world of work through legwork in the community. • ES should observe consumers in the real world, outside of the clinical setting. • ES must believe in consumers' ability to work. • ES must be able to span the boundaries between employment and clinical spheres. |
| Disclosure | <ul style="list-style-type: none"> • Ensure that disclosure is a choice for consumers. • Provide space for initial discussion and education about consequences of disclosing vs. the consequences of not disclosing. • Ensure that materials, phone message, fax header etc. don't disclose automatically (e.g., "mental health agency"). • Consider fine line between disclosing to set up a reasonable accommodation and disclosing that ends up reinforcing an individual's deficits, past job failures, and/or problems. • Think about disclosing specific behaviorally-based needs: • With employers, discuss consumers' needs and symptoms behaviorally and concretely. • With consumers, discuss disclosure in the context of supports necessary to work. |

Later Implementation Lessons

By the end of Year 2 and throughout Year 3, the *Ways to Work* programs shifted their focus to sustaining the changes that had been achieved earlier, building upon those changes, managing staff burnout and/or turnover, and struggling to ensure that adequate resources were made available for those consumers that needed more time and support to get to the point of wanting to work.

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| Integration | <ul style="list-style-type: none"> • Even after employment services have been successfully integrated, the Employment Specialist may have to occasionally reinforce the need for integration because of staff turnover and the natural tendency of clinicians to focus on clinical tasks within their role sphere. • Over time, integration provides a much more complete view of consumers, and in particular, promotes a much more strengths- and capabilities-based view of consumers. |
| Employment Specialist Turnover | <ul style="list-style-type: none"> • Every program except one experienced turnover in the Employment Specialist in the three-year duration of the demonstration projects. • One program had three different Employment Specialists. • Turnover like that is difficult to deal with and requires preventive action and planning to keep good Employment Specialists to ensure continuity. |
| Job Development | <ul style="list-style-type: none"> • After initial success with jobs, additional efforts must focus on broadening the pool of jobs to match individual goals. |
| Job Support and Coaching | <ul style="list-style-type: none"> • Most participants did not need job coaching in the traditional sense, instead they needed job support: help with the emotional aspects of work. • It was difficult for Employment Specialists to know when to provide more intense support to head off crises or prevent small problems from escalating without the participant having disclosed. • Employment Specialists felt that either disclosure or in-depth discussions with participants were necessary to obtain up-to-date, accurate information on job issues. |

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| Disclosure | <ul style="list-style-type: none"> • Caution must be used in making any assumptions regarding the “need to disclose” -- such thinking may affect beliefs about some consumers’ ability to work. |
| Disclosure as Reinforcing Dependency | <ul style="list-style-type: none"> • Disclosure can sometimes reinforce dependency by implying that consumers need “extra help”. • Disclosure can also serve to reinforce employers’ negative attitudes about mental illness, as they are more likely to label work problems as stemming from the individual’s mental illness. |
| Disclosure and Multiple Placements at the Same Employer | <ul style="list-style-type: none"> • It can be very difficult to manage disclosure effectively when several people are working for or seeking work from the same employer. • Employment Specialists have dealt with this by developing specific and separate jobs for those who do not want to disclose and/or by implying that they assist a broad range of job applicants, some with disabilities and some without. |
| Attitudes Toward Consumer Capabilities | <ul style="list-style-type: none"> • Clinicians’ views regarding consumers’ employability was changed most dramatically by the success of those that they would have predicted could never have gotten a job (more of an impact than exposure to the evidence-base). • Such attitude change took time – up to two full years of program operation. |
| Consumer Attitudes About Working | <ul style="list-style-type: none"> • Many clinic and CDTP consumers want to work but some need help and support to get to that place. • As the program progresses, the balance may shift so that the Employment Specialist is spending more time with people helping them feel capable of taking on the challenge of work than assisting those who want to work. • Those not yet ready to work have many concerns: <ul style="list-style-type: none"> ○ fear of losing the security of benefits; ○ fear of losing stability; ○ fear of failing, especially publicly. |
| Outcomes | <ul style="list-style-type: none"> • In later years of the programs, it may take more than twice as long for consumers to find jobs. • More varied jobs, including volunteer and transitional jobs, may be necessary to help consumers prepare for and feel able to obtain competitive employment. |

CHANGES ACHIEVED BY THE WAYS TO WORK PROGRAMS

(HOW WAS AN EMPLOYMENT RATE OF 27% ACCOMPLISHED?)

Reviewing the data on the process of implementing, maintaining and sustaining the *Ways to Work* programs documented the degree to which agencies had to change – they had to change their structure or organizational culture, they had to integrate a new position into their clinical settings, they had to foster endorsement and adoption of a new approach, and they had to encourage staff to do their jobs differently. These changes are summarized as follows:

Structural Changes

- Integrated employment and clinical services
 - e.g., the Employment Specialist attended all team meetings
- Allocated resources to employment
 - one-on-one individualized sessions
 - small caseloads
- Changed the intake process
 - asked all consumers about career goals and interests
 - eliminated entry criteria
- Delivered services in new ways
 - not group-based, instead individualized
 - began job search right away, no “work readiness”

Changes in Attitudes and Beliefs

- Changed clinicians’ beliefs about consumers’ ability to work
 - provided staff with latest evidence on what works
 - advertised unexpected successes
 - shared information about consumers’ abilities outside of CDT
- Changed consumers’ expectations about what was possible
 - provided role models
 - encouraged peer support
 - responded immediately to consumers’ interests
- Helped family members and important others support employment goals
 - provided education about benefits and working

Job Development Changes

- Developed specific jobs for specific people based on their goals
 - matched job to the person, not person to the job
- Explored full range of consumers’ employment goals
 - used local resources
 - encouraged staff to allow consumers to get feedback from the real world on what was possible

Changes in How Failure Defined

- Encouraged consumers and staff to view jobs as transitions
 - failures (job transitions) are instructive and provide information
 - “failures” are expected and unavoidable

Conclusions

The ultimate impact of the *Ways to Work* Demonstration Project can only be assessed over time. However, the numbers speak for themselves in that this project helped 67 individuals start working. This is impressive not only because these individuals' lives will forever be changed by taking on the challenge of employment, but because the very fact of their working will have radiating impacts throughout the *Ways to Work* agencies, consumers' social networks, and the broader mental health system.

When peers see peers working they are inspired, motivated, challenged, and reassured about working, depending on how they feel about work and where they are in the employment process. When the consumers they serve are working, clinicians have to re-think negative attitudes they have about consumers' abilities to work and the consequences of working and they have to be prepared to talk about work since the world of work is now a major part of consumers' lives. Agencies have to modify the structure and routine of the CDTP or risk losing both those participants who have begun to work and those participants who want to work. Family members of consumers also have to learn to see their loved ones in a new light – not as fragile, unchanging people that need to be protected from life, but as productive, growing, active participants in the world outside the mental health system.

And the very process of helping participants in CDT and clinic programs seek work and become employed required that the five *Ways to Work* agencies dramatically change the ways they worked. While each of these agencies was unique, with a diverse cadre of talented and enthusiastic professionals who embraced the *Ways to Work* mission, they are not rare: in broad terms, they are much like most agencies in the mental health system and their effectiveness in integrating employment services in clinical settings and helping their consumers get jobs can be replicated by others. All that is needed is the will, access to the evidence-base, technical assistance and training, and a slight reconfiguration or enhancement of funding to support an Employment Specialist. *Ways to Work* demonstrates that agencies can meet the challenge of helping consumers pursue their career goals in a recovery-oriented and evidence-based service environment.