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Process Evaluation

New York Work Exchange's
Ways to Work Demonstration Project
Year 2 (of 3)

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> "They've moved on a lot of people since [the Ways to Work Employment Specialist started]. Because I've seen a lot of guys move out and stay on the job. I said, 'Where's everybody going?' and they said, 'They got jobs!!'! I wasn't ready last year but I think this year will be the year."
>
> *Ways to Work Participant*

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OVERVIEW

The Ways to Work Programs began in January of 2002 and were funded to serve as demonstrations of how employment services that focus on competitive employment and are derived from evidence-based models of practice can be integrated into clinical settings.

This report provides data on the first two years of program operation and focuses first on how many people participated in the Ways to Work programs, their characteristics, and job-related outcomes and then on documenting the ongoing process of implementing and maintaining the Ways to Work programs. The emphasis is on Year 2 as the first year data and implementation process were both discussed earlier in a rather lengthy report.

Year 1 and Year 2 data on participants are compared here, however, to look at how the outcomes the programs achieve and the challenges they face may change over time.

The previous report focused on the implementation of the Ways to Work programs, from initial conceptualization to start-up to actual operation of the services. This report describes the process of operating these programs over time, past the initial implementation stage. Focus group, interview and open-ended questionnaire data were used to track the difficulties these agencies faced in integrating supported employment services in continuing day treatment programs and clinic settings and the strategies they used to overcome such challenges.

The five agencies began the Ways to Work programs in January and February, 2002:
- Riverdale Mental Health Association (RMHA) in the Bronx
- Transitional Services, Inc. (TSI) in Queens
- The Jewish Board of Family and Children's Services' CSS Program (JBFCS/CSS CI) in Coney Island, Brooklyn
- The Brooklyn Bureau of Community Services' Project Moving On (BBCS/PMO) in downtown Brooklyn
- Postgraduate Center for Mental Health (PCMH) in Manhattan

Starting up these new programs occupied a significant portion of the first year's efforts. While the agencies applied for the Ways to Work contracts as part of a competitive Request for Proposals process, each still had significant work to do in changing aspects of the organizational culture, re-structuring programs, training staff, and promoting attitude change in order to refine and implement their proposed Ways to Work program. Most of the programs "hit their stride" by mid-year and were successful in assisting many CDTP and clinic participants in seeking and obtaining competitive employment.

The second year of the programs was largely focused on maintaining the momentum established during the first year and continuing with the process of working with participants as well as enrolling new participants. By the end of Year 2 (two full years of program operation, January, 2002 – December, 2003), the five Ways to Work programs had served a total of 190 individuals, 161 of them during Year 2 only: 106 people who continued on from the previous year, and 55 individuals who began participating in Ways to Work sometime during Year 2.

These participants have obtained a total of 58 jobs – 27 jobs in the first year and 31 in the second year, leading to an employment rate of 27%.

During the second year, it took, on average, 8.4 months of participation in the Ways to Work programs for those consumers who got jobs to get their first job. There was significant variation,

however, with some participants getting jobs within weeks of starting in the Ways to Work programs, and others taking more than a year (up to 16 months). And of course, many have yet to get a job. It is clear that programs and consumers should expect that it might take many months of sustained effort to find and get a job.

It is noteworthy that during the first year it took Ways to Work participants about 5 months (4.8), on average, to find and get jobs. This finding is one of many wherein it appears that the Ways to Work programs face more difficulty in effectively promoting competitive employment among their participants as time passes. Those most motivated and able to get jobs appear to do so early on, leaving those who may not yet feel as ready and/or may not be as employable in the program.

The following tables and charts provide snapshots of the dynamic caseloads (enrolling new participants and losing participants) across the five agencies, both for each individual quarter and each program year in total. In addition, the number of jobs obtained by participants is tracked as well. Please note that Year 2 data includes many participants who started participating in Year 1.

WAYS TO WORK

SUMMARY DATA BY QUARTER: YEAR 1 (2002)

	BBCS PMO	RMHA	TSI	JBFCS CI CSS	PCMH	TOTAL
First Quarter (Jan 02–Mar 02)						
Participants Enrolled	6	0	8	0	5	**19**
Participants Left	0	0	0	0	0	**0**
Jobs Obtained	0	0	3	0	0	**6**
Second Quarter (Apr 02–Jun 02)						
Initial Caseload	6	0	8	0	5	**19**
Participants Enrolled	8	12	2	16	9	**47**
Participants Left	4	2	2	1	3	**12**
Jobs Obtained	1	4	0	0	3	**10**
Third Quarter (Jul 02-Sept 02)						
Initial Caseload	10	10	8	15	11	**54**
Participants Enrolled	13	8	5	0	5	**28**
Participants Left	2	1	2	2	2	**8**
Jobs Obtained	1	2	0	0	0	**5**
Fourth Quarter (Oct 02-Dec 02)						
Initial Caseload	21	17	11	13	14	**74**
Participants Enrolled	6	8	0	9	15	**35**
Participants Left	2	0	0	3	3	**9**
Jobs Obtained	10	1	0	0	2	**3**
FIRST YEAR TOTAL (2002)						
Initial Caseload	**0**	**0**	**0**	**0**	**0**	**0**
Participants Enrolled	**33**	**28**	**15**	**25**	**34**	**135**
Participants Left	**8**	**3**	**4**	**6**	**8**	**29**
End-of-Year Caseload	**25**	**25**	**11**	**19**	**26**	**106**
Jobs Obtained	**12**	**7**	**3**	**0**	**5**	**27**

WAYS TO WORK

SUMMARY DATA BY QUARTER: YEAR 2 (2003)

	BBCS PMO	RMHA	TSI	JBFCS CI CSS	PCMH	TOTAL
Fifth Quarter (Jan 03-Mar 03)						
Initial Caseload	25	25	11	19	26	**106**
Participants Enrolled	7	1	2	2	1	**13**
Participants Left	4	14	6	11	17	**52**
Jobs Obtained	5	1	1	1	0	**8**
Individuals Working (including above)	7	5	2	1	6	**21**
Sixth Quarter (Apr 03-Jun 03)						
Initial Caseload	28	12	7	10	10	**67**
Participants Enrolled	5	5	3	7	3	**23**
Participants Left	8	2	5	7	0	**22**
Jobs Obtained	4	0	0	1	3	**5**
Individuals Working (including above)	5	3	1	2	9	**20**
Seventh Quarter (Jul 03-Sept 03)						
Initial Caseload	25	15	5	10	13	**68**
Participants Enrolled	3	0	0	0	8	**11**
Participants Left	3	4	2	2	5	**16**
Jobs Obtained	2	1	0	1	3	**7**
Individuals Working (including above)	2	3	2	2	10	**19**
Eighth Quarter (Oct 03-Dec 03)						
Initial Caseload	25	11	3	8	16	**63**
Participants Enrolled	3	0	1	0	4	**8**
Participants Left	1	2	0	0	3	**6**
Jobs Obtained	2	1	1	0	4	**8**
Individuals Working (including above)	3	2	2	2	12	**21**
SECOND YEAR TOTAL (2003)						
Initial Caseload	**28**	**25**	**11**	**19**	**26**	**106**
Participants Enrolled	**18**	**6**	**6**	**9**	**16**	**55**
Participants Left	**16**	**22**	**13**	**20**	**25**	**96**
End-of-Year Caseload	**27**	**9**	**4**	**8**	**17**	**65**
Jobs Obtained	**13**	**3**	**2**	**3**	**10**	**31**
CUMULATIVE TOTALS: YEARS 1 & 2						
Jobs Obtained	**25**	**10**	**5**	**3**	**15**	**58**

Chart 1

Ways to Work Caseloads (Year 1)

Chart showing # Participants for five organizations:

Organization	Participants Started W2W	Left W2W	Jobs
BBCS	33	-8	12 Jobs
RMHA	28	-3	7 Jobs
TSI	15	-4	3 Jobs
JBFCS	25	-19	0 Jobs
PCMH	34	-26	5 Jobs

Legend: ■ Participants Started W2W   □ Left W2W

Chart 2

Ways to Work Caseloads (Year 2)

 # Participants (y-axis, scale: -30 to 50)

BBCS: 13 Jobs; 18 (Participants Started W2W), 28 (Initial Caseload), -16 (Left W2W)
RMHA: 3 Jobs; 6, 25, -22
TSI: 2 Jobs; 6, 11, -13
JBFCS: 3 Jobs; 9, 19, -20
PCMH: 10 Jobs; 16, 26, -25

Legend: ■ Initial Caseload   ■ Participants Started W2W   □ Left W2W
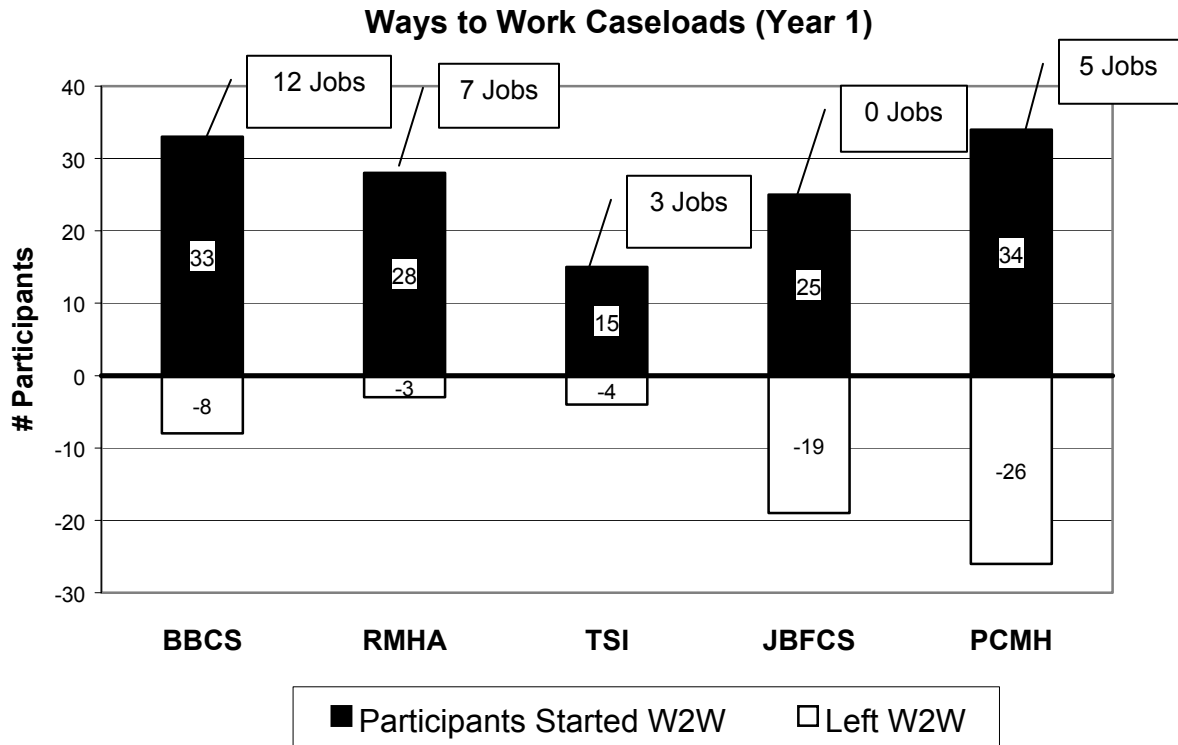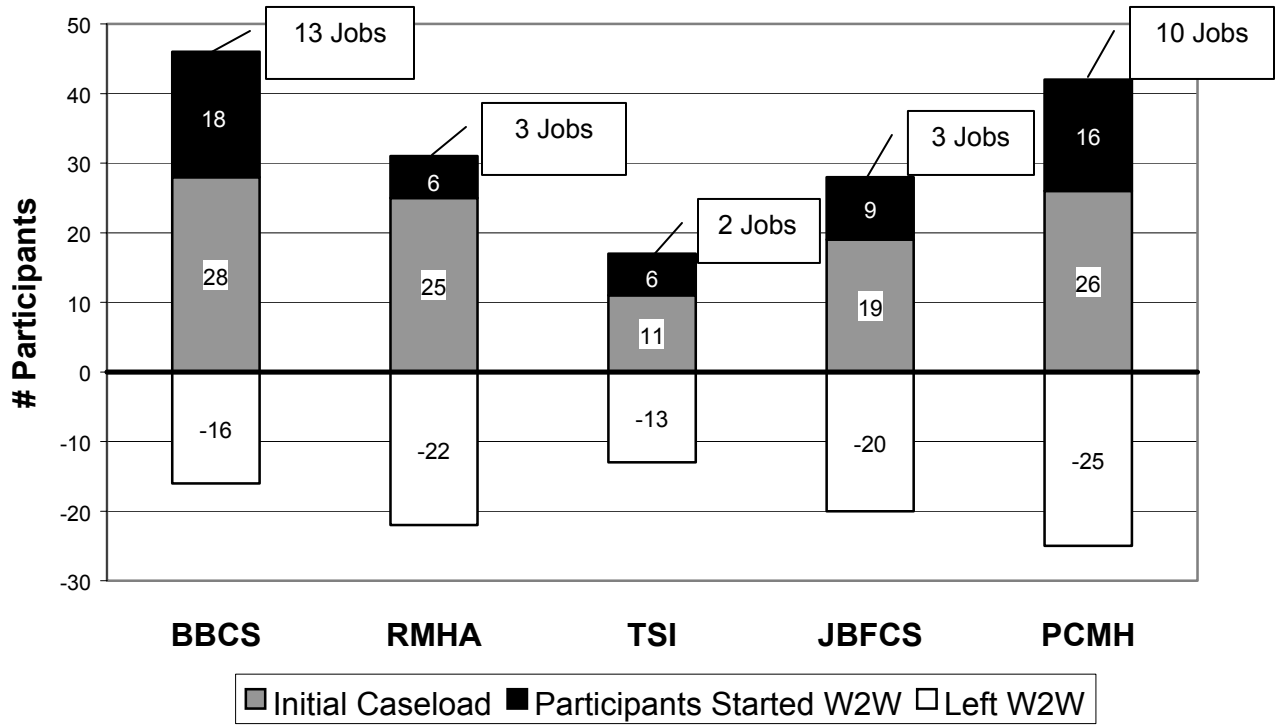
CHARACTERISTICS OF THE *WAYS TO WORK* PARTICIPANTS

161 people participated in the five Ways to Work programs during their second year of operation. As the previous tables and charts document, fewer new participants were enrolled during the second year as compared to the first and more of those participants who were enrolled left the program at some time. These trends again provide evidence that early success in obtaining jobs may slow down as the most motivated and most capable find jobs and leave behind their more settled, less forward looking peers.

One agency in particular, TSI, has had serious problems in recruiting new participants as well as in keeping consumers enrolled. Based on the process evaluation data, this appears to stem from the fact that TSI has many strong employment and vocational programs and the consumers who truly want to work go directly to these programs, bypassing Ways to Work or leaving early in order to focus more exclusively on work. This agency may better serve its continuing day treatment program consumers by focusing on building work confidence and motivation and then streamlining the referral process so that those individuals who come to "want to work" are quickly identified and referred to the appropriate in-house services.
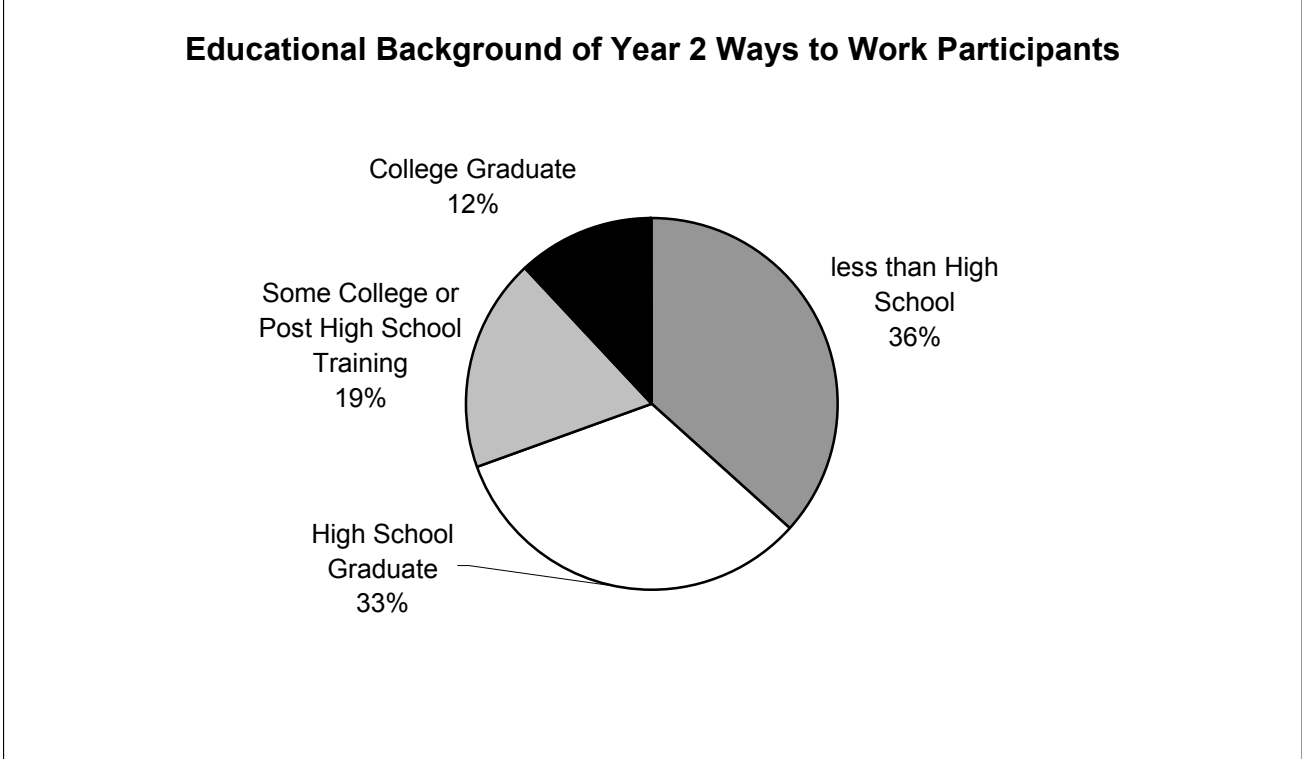
Overall, participants in the *Ways to Work* programs during the second year are very similar to the first year participants and both are representative of the larger population of adults with serious mental illness participating in community mental health treatment in urban U.S. areas. Average age was 40 years. Overall, across the five *Ways to Work* programs, a slight majority of the participants were male (57%).

Year 2 participants were slightly less likely to be African American (48% in Year 2 vs. 56% in Year 1) than those in Year 1.

Race/Ethnicity of Year 2 Ways to Work Participants

Asian 4%
Other 4%
White 29%
African American 47%
Latino/a 16%
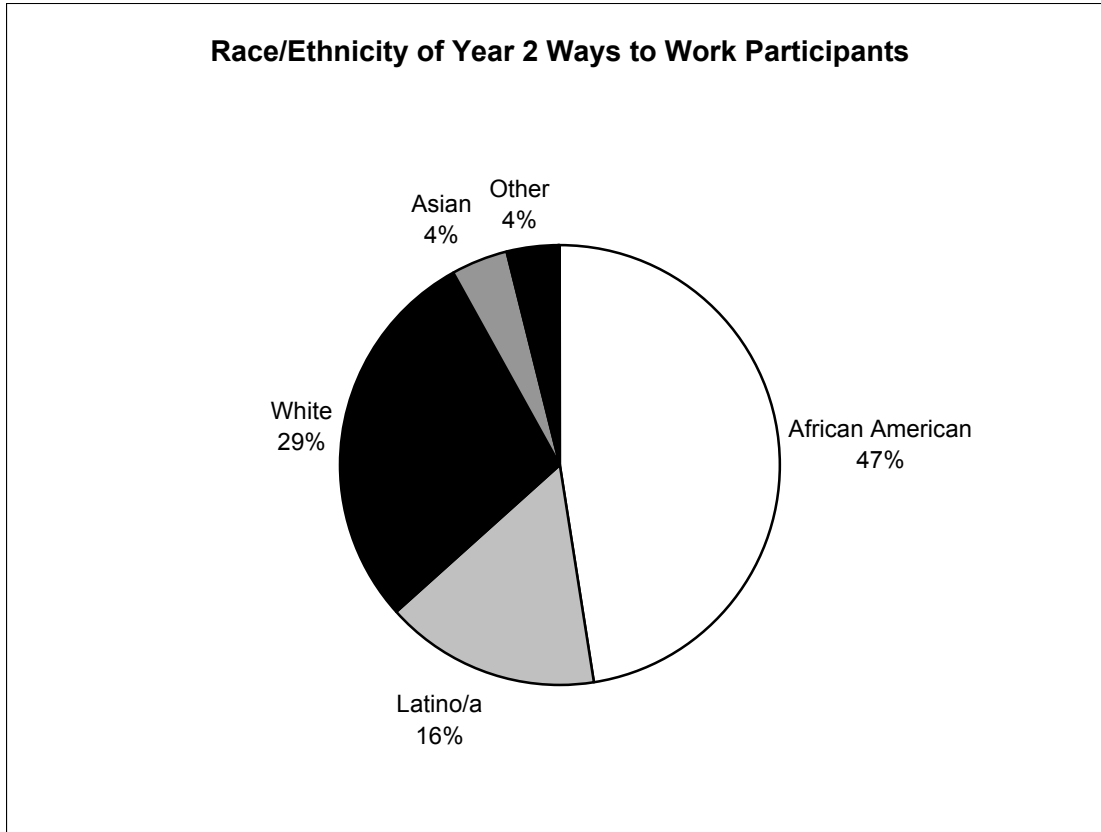
English was still the primary language for the vast majority of participants but less so than in year 1 (81% in Year 2 and 95% in Year 1).

In terms of educational background, there was substantial variability: more than a third did not have a high school diploma (37%) and almost a third (31%) did have some college experience. This distribution is almost identical to that of the previous year's participants.

Educational Background of Year 2 Ways to Work Participants

College Graduate
12%

Some College or
Post High School
Training
19%

less than High
School
36%

High School
Graduate
33%

Participants' housing situation was also varied. Surprisingly perhaps, most individuals were living independently (53%), although this year our baseline questionnaire allowed us to determine that 35% of those living independently were living with family. About a third were living in some sort of supported or supportive housing.

Housing Situation of Year 2 Ways to Work Participants
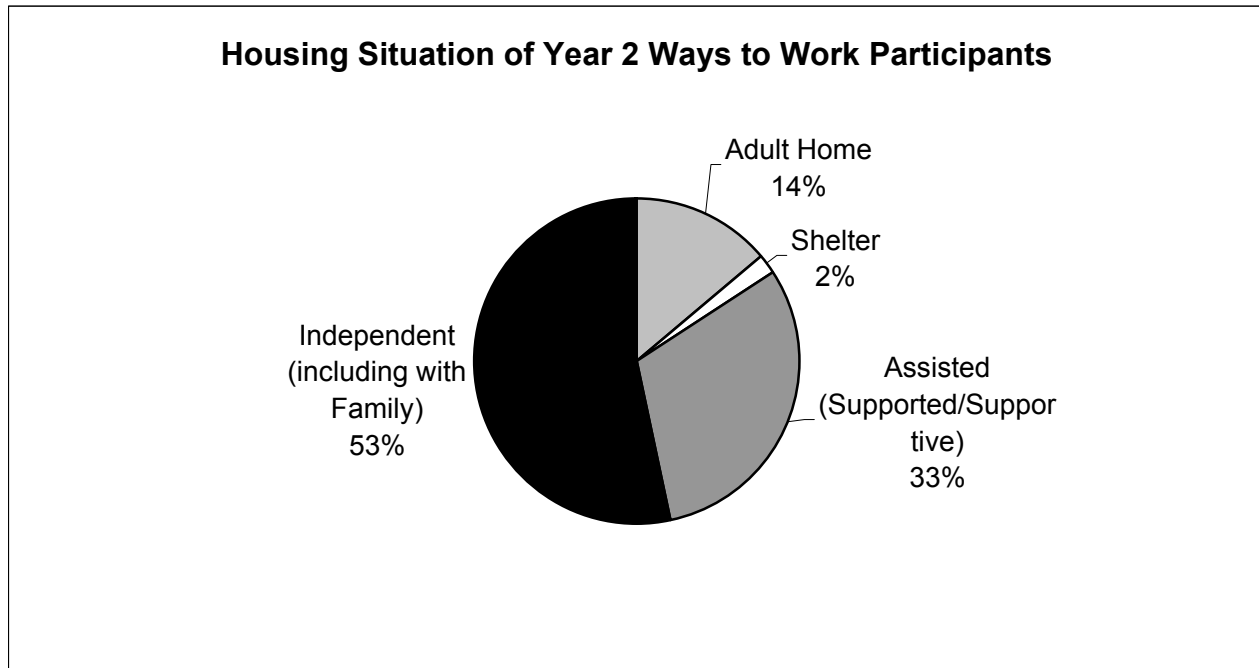
More than three quarters (79%) of *Ways to Work* participants were receiving Supplemental Security Income benefits and just over a quarter (26%) were receiving Social Security Disability benefits (almost exactly the same proportions in Year 1).

Most individuals had a primary diagnosis of schizophrenia or schizoaffective disorder (62%) or major depression (36%) although there were more slightly more participants with major depression this year as compared to last year (27%).

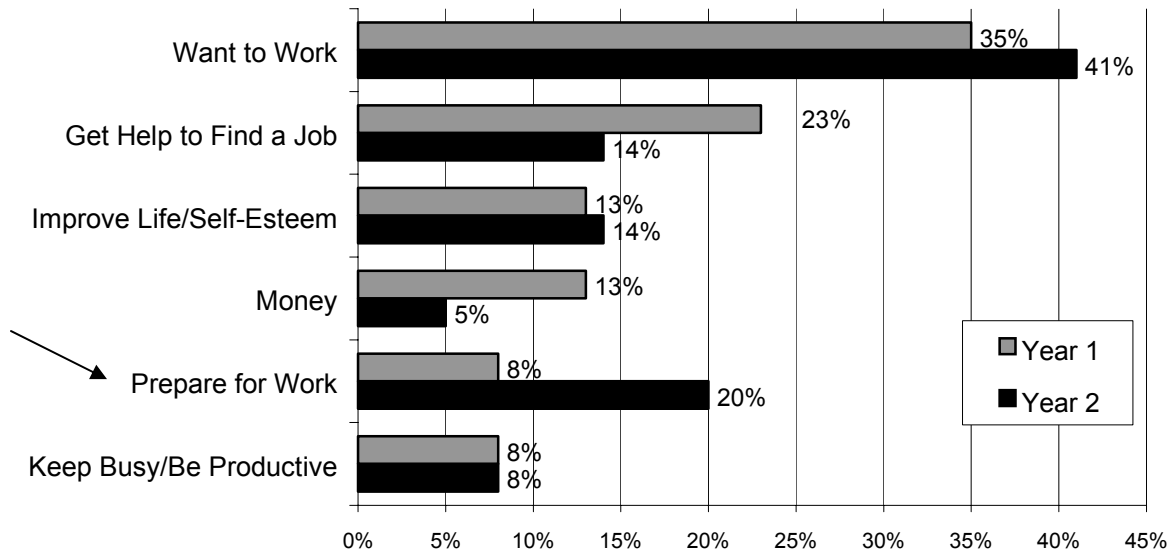**Primary Diagnosis of Year 2 Ways to Work Participants**
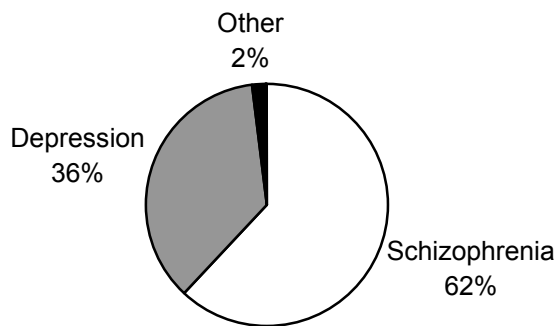
Finally, just as in the previous year, the majority of participants reported having had at least one paying job in the past five years (59% of those in Year 2 and 54% of those in Year 1). However, in this second year, those past jobs appeared to be even more tenuous: Almost 80% of these jobs were temporary (compared with 54% the previous year) and only 6% carried benefits with them (compared to 23% in Year 1).

WHY INDIVIDUALS DECIDED TO PARTICIPATE IN *WAYS TO WORK*

Participants had a variety of reasons for signing up for the Ways to Work program, from simply wanting to work or make more money, to improving self-esteem and feeling productive. Not surprisingly most consumers signed up for the *Ways to Work* program because they "want to work." However, others cited much more practical concerns related to needing more money. Some focused more on recovery-related goals that had to do with "getting a better life" or "improving self-esteem" while others seemed resigned to simply "keeping busy" or, more positively, "being independent and productive." Others wanted to get help either in "preparing for work" or in "finding a job."

Participants' goals in participating in Ways to Work programs were fairly similar from Year 1 to Year 2. However, compared with the first year, more Year 2 participants cited reasons related to "preparing to work" as their main reason for signing up for Ways to Work.

Reasons Why Ways to Work Participants Signed Up

Reason	Year 1	Year 2
Want to Work	35%	41%
Get Help to Find a Job	23%	14%
Improve Life/Self-Esteem	13%	14%
Money	13%	5%
Prepare for Work	8%	20%
Keep Busy/Be Productive	8%	8%

EMPLOYMENT DATA

During Year 2, the programs served 161 individuals in total: 106 people who continued on from the previous year, and 55 individuals who began participating in Ways to Work during Year 2.

Over two years, Ways to Work participants obtained a total of 58 competitive jobs – 27 jobs in the first year and 31 in the second year. In the first year, no one obtained more than one job and so 27 people got jobs. In the second year, 25 people got 31 jobs (an average of 1.24 jobs per person, ranging from 1 to 3 jobs) -- 20 people obtained one job and 4 people obtained 2 jobs and 1 person obtained 3 jobs.

The employment rate for the first year was 20% (27 people out of 135 participants in Ways to Work programs). For the second year, calculating the denominator, or the number of people who participated in Ways to Work programs is a little more complicated because a number of individuals (n=17) disappeared from the database between the end of Year 1 and the end of the first quarter of Year 2. Interviews with Employment Specialists suggest that these individuals essentially disappeared over the holidays or simply did not return in the new year and as such did not substantially participate in Year 2 activities. Therefore, they are not included in the denominator for Year 2. And so, the employment rate, based on this approach, for Year 2 is 17% (25 people obtained at least one job out of the 144 people who truly participated in Ways to Work programs). 14 of the 24 people who obtained jobs in the second year were new to Ways to Work programs in that year and 10 were continuing their involvement from the previous year. The percent of Ways to Work participants working varied over the four quarters of the second year from 24% in the first quarter (January through March, 2003) to 10% in the last quarter (October through December, 2003).

Overall, across the two years, the employment rate is 27%: 52 people obtained at least one job out of the 190 people who enrolled in the Ways to Work program at any time during the first two years, 135 in the first year and 55 in the second year).

Rigorous studies evaluating the impact of supported employment approaches as compared with traditional vocational services have found that about half of individuals (e.g., an average of 58% across six studies) receiving supported employment services obtain jobs in a 12 to 18 month period, compared with about a fifth of those (e.g., an average of 21%) who receive traditional vocational services.[1] While this data is useful for estimating the magnitude of the effect of providing supported employment services when compared to traditional vocational services, it is less useful in the Ways to Work situation, where essentially no employment-related services were provided until the new programs began. Data from evaluations of the impact of converting day treatment programs into supported employment programs has documented similar employment rates (44% - 57% employment rates in converted programs compared with 20% in the day treatment program that did not convert[2]). Once again, however, the implications for Ways to Work programs are unclear as, based on our initial data, the consumers in the day treatment programs had effective employment rates of 0% prior to initiation of the Ways to Work programs as compared with the approximately 20% employment rate in all of the studies cited above. What our data do provide is an estimate of the magnitude of the impact of this approach for day treatment programs where very few individuals are already working, few or no vocational services have historically been provided, and where supported employment services, rather than replacing clinical services, are integrated into the clinical setting.

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[1] Bond, G.R., Drake, R.E., Mueser, K.T., & Becker, D.R. (1997). An update on supported employment for people with severe mental illness. Psychiatric Services, 48, 335-346.

[2] Becker DR, Bond GR, McCarthy D, Thompson D, Xie H, McHugo GJ, Drake RE. (2001). Converting day treatment centers to supported employment programs in Rhode Island. Psychiatric Services, 52, 351-7.

During the second year, it took, on average, 8.4 months of participation in the Ways to Work programs for those consumers who got jobs to get their first job. There was significant variation, however, with some participants getting jobs within weeks of starting in the Ways to Work programs, and others taking more than a year (up to 16 months). And of course, many have yet to find work. It is clear that programs and consumers should expect that it may take many months of sustained effort to find and get a job.

During the first year, however, it took Ways to Work participants about 5 months (4.8), on average, to find and get jobs[3]. This finding is one of many wherein it appears that the Ways to Work programs face more difficulty in effectively promoting competitive employment among their participants the more time passes. In other words, those most motivated and able to get jobs appear to do so early on, leaving those who may not yet feel as ready and/or may not be as employable.

In the second year, participants obtained jobs much like those obtained in the first year.
They included the following kinds of jobs:
- security guard (28%)
- newspaper salesperson (16%)
- retail (16%)
- messenger (12%)
- porter/maintenance worker (8%)
- tutor (8%)
- administrative assistant (4%)
- telemarketer (4%)
- construction worker (4%)

Ways to Work Employment Specialists have expressed their frustration regarding the diversity of jobs that they have been able to develop – they wish they could find more jobs that suited more of their consumers' interests and career goals.

On average, those with jobs worked 23 hours per week, ranging from 6 to 40 hours. Pay averaged about $6.75 per hour (ranging from minimum wage to $15/hour).

Combining the data across years 1 and 2, those who got jobs held them for an average of 5.5 months, ranging from just one day to eighteen months (and counting). This finding is consistent with the job retention statistics found in other studies (e.g., 4.5 months[4]).

Job Tenure	%
Up to 1 Month	17%
1 to 3 Months	40%
3 to 6 Months	19%
7 to 12 Months	9%
12 to 18 Months	15%

The aggregate job retention statistic, however, masks significant differences between the two years: Those who got jobs during year 1 held onto those jobs for an average of 7.7 months while

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[3] It's worth noting that the Department of Labor reports that among the unemployed in 2003, the average length of a job search was 4.9 months.

[4] Wong K, Chiu LP, Tang SW, Kan HK, Kong CL, Chu HW, Lo WM, Sin YM, Chiu SN (2000). Vocational outcomes of individuals with psychiatric disabilities participating in a supported competitive employment program. Work, 14, 247-255.

those who got jobs during year 2 held onto those jobs for an average of only 2.6 months. While this difference is striking and reinforces our belief that Year 2 participants may be a bit harder to employ and therefore, arguably, less likely to stay employed, it should be interpreted cautiously as those who started jobs in Year 2 had less time to hold them than those who started jobs in Year 1 and could continue them into Year 2.

Almost half of the jobs that people obtained ended at some point during the data period. Only one person was fired. Three jobs ended because they were temporary. The remaining 10 jobs ended because the jobholder quit. Job-holders quit for a number of reasons including that they simply didn't like the job (4 jobs), they "blew it" ("got frustrated with supervisor," "didn't follow the rules", 3 jobs); were getting pressure from their residence or family to quit (2); or became symptomatic (1).

PREDICTORS OF EMPLOYMENT
Once again, as we found in Year 1, baseline sociodemographic variables did not distinguish between who became employed and who did not. This is consistent with the literature[5,6,7,8,9]. Who obtains employment cannot be adequately determined by any of the characteristics traditionally thought of as important including educational background, primary language, training experience, previous work history, and diagnosis. Demographic variables such as age, race/ethnicity, and gender also did not predict who succeeded in getting a job and who did not. And unlike in Year 1 where residence in an adult home was associated with not obtaining employment, there were no housing effect trends in the Year 2 data.

OTHER EMPLOYMENT-RELATED ACTIVITIES
A substantial minority (31%) of those who did not work in Year 2 were nonetheless busy engaging in other employment-related activities including going on interviews (76%), participating in trainings (43%), and taking on volunteer positions (22%). Ideally, in light of the evidence-base supporting the competitive employment model, more Ways to Work participants (virtually all) should be actively seeking jobs and going on interviews. Closer inspection of the numbers shows that about a third of all interviews (36%) appeared to be "mock" interviews or practice interviews. About a tenth of the interviews were with VESID, a tenth with local stores, and a tenth for computer and/or clerical jobs. And only about 17% of those going on interviews went on multiple interviews during the data period (quarter). Other interviews were for peer counselor positions, security positions, service organization positions and airport positions. And while close to half of all of those who did not work at some point during the 2nd Year (43%) did participate in trainings, half of those trainings were what could be called "job readiness" trainings – trainings that focused on coping skills, social skills, "soft" skills. These types of job readiness trainings may be essential for the population that has not yet found work after significant involvement in Ways to Work – next year, though, should see these individuals involved in more activities directly related to finding competitive employment (going on interviews, getting jobs) if the approach is to remain true to the evidence-based model of supportive employment. Of those that attended specific job trainings, most were for computer and/or clerical positions (71%).
SATISFACTION WITH WAYS TO WORK SERVICES – INTERVIEWS WITH CONSUMERS

[5] Bond, G.R., Drake, R.E., Mueser, K.T. et al (1997). An update on supported employment for people with severe mental illness. Psychiatric Services, 48, 335-346.
[6] Drake, R.E., Becker, D.R., Biesanz, J.C. et al (1994). Rehabilitation day treatment vs. supported employment: I. Vocational outcomes. Community Mental Health Journal, 30, 519-532.
[7] Bailey, E.L., Ricketts, S.K., Becker, D.R. et al (1998). Do long-term day treatment clients benefit from supported employment? Psychiatric Rehabilitation Journal, 22, 24-29.
[8] Bond, G.R., Dietzen, L.L., McGrew, J.H. et al (1995). Accelerating entry into supported employment for persons with severe psychiatric disabilities. Rehabilitation Psychology, 40, 91-111.
[9] Bond, G.R. and Dincin, J. (1986). Accelerating entry into transitional employment in a psychosocial rehabilitation agency. Rehabilitation Psychology, 31, 143-155.

Interviews were conducted with from one to three Ways to Work participants at each site in the early spring of 2003, during the 2nd year of the programs. The interview was a semi-structured instrument designed to be fairly informal and non-threatening and to focus on participants' views of the programs rather than on summative evaluation of the programs' effectiveness. Most questions were open-ended; however, participants were also asked to rate their satisfaction with specific Ways to Work services as well as rate the degree to which the Ways to Work program at their site reflected the core elements of the Supported Employment model. Staff was encouraged to set up interviews with participants who were expected to represent a range of opinions regarding and experiences with the Ways to Work programs. However, given both the small sample (3 per program) and human nature, the participants interviewed are likely to be more positive about the Ways to Work program than some of the other participants. That is, our data should be interpreted in light of its expected tendency to reflect a positive bias.

Overall, participants indicated that they were between satisfied (3) and very satisfied (4) with the Ways to Work services. They were most satisfied (average of 3.7) with Ways to Work services that focused on "helping participants keep their jobs." They were least satisfied (average of 3.1), however, with services focused on helping participants get jobs. Taken together these findings could suggest that participants who find jobs are very pleased with the support they get in keeping their jobs, while those without jobs appear to want a little more help getting jobs.

Consumers' Satisfaction with Ways to Work Services (n=14)
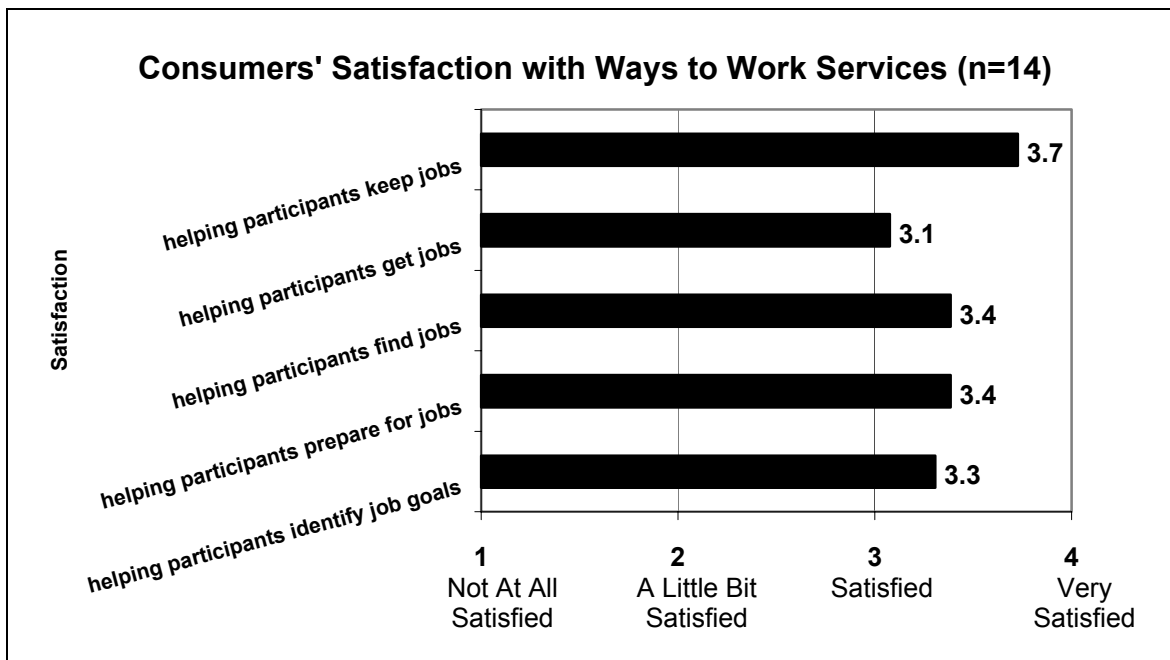
Similarly, the Supported Employment principle that the "job search starts right away" was seen as true by only about half (54%) of the interviewees. Programs may want to shift priorities a bit to ensure that the search for jobs happens fairly soon after people get involved – this may best capitalize on people's initial motivation to work.

Virtually all the participants (between 92% and 100%) felt that in their Ways to Work programs jobs matched participants' interests, the goal was competitive employment, there was no criteria for participation, and counselors talked to consumers about work on a regular basis. However, only a bit more than two-thirds (69%) felt that counselors talked to the Employment Specialist suggesting that integration, at least from the perspective of the participants, had not yet been fully achieved.

Consumers' Description of Whether Ways to Work Program Reflects Core Components of Supported Employment Model
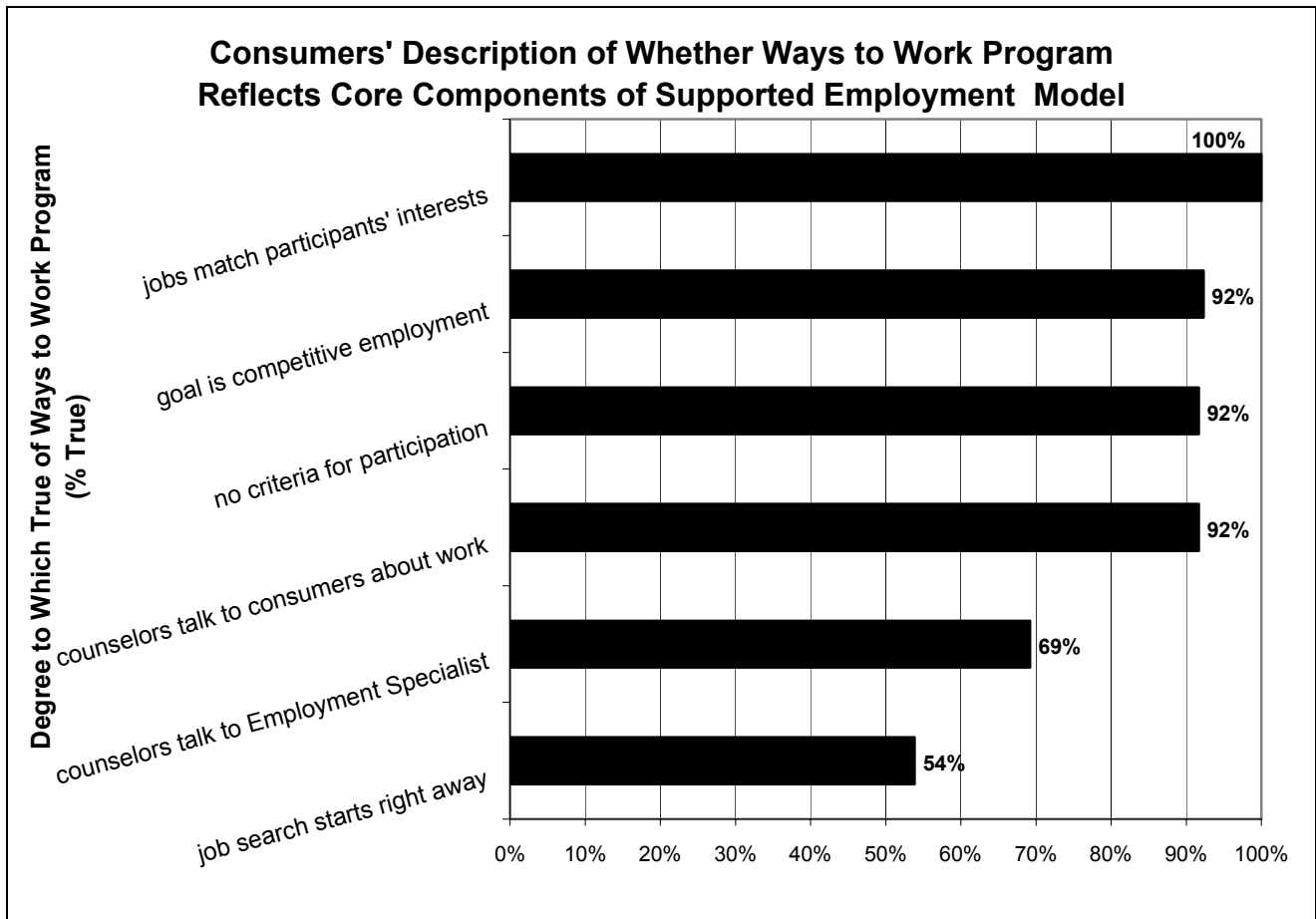
There were a number of interesting findings that emerged from the open-ended sections of the interview. For example, when participants were asked to describe their Ways to Work programs (questions like "Can you tell me about your participation in the Ways to Work program? What is the program like? What do you do as part of the program?"), they often answered with descriptions of going to a group:

- "I go to my groups."
- "I go into class."
- "We have a group called Career Training…."
- "There's groups and a counselor."

- "Well, you go to meetings on Tuesdays and Thursdays in the back room. We have work discussion on Thursday."
- "Well we meet in a group discussing sort of the whole process."

Some focused on how the Ways to Work program was more of a job preparation program:
- "It's a program to help prepare you to find a job."
- "Well, we write out resumes, we have a group in the computer room…."
- "You talk about your interests in work and your interest in the field you want to go into and you get feedback."

While there is nothing intrinsically wrong with a focus on groups and job preparation, the most critical part of helping consumers find jobs is one-on-one work with the Employment Specialist around actually looking for jobs (pounding the pavement if necessary) and interviewing for jobs. It's striking that virtually none of the *Ways to Work* participants mentioned these kinds of activities as part of the *Ways to Work* program, as what they did in the *Ways to Work* program. This may be based on misperceptions stemming from a tendency to identify groups as discrete, structured events that are easy to keep track of and worth noting, while viewing meetings and discussions with the Employment Specialist as more natural conversations that don't get registered in people's minds as related to a specific program. However, it does, at the very least, suggest that agencies should review their programs to make sure that sufficient emphasis is being placed on the most critical parts of the supported employment model.

Criticisms of the program were rare, but usually constructive when they were voiced.

> "The only bad thing about Ways to Work is when you go out there and find out it's not all it's cracked up to be, you have to have some motivation."

Some suggested simply adding more staff, recognizing that "it's a lot of work."

One interviewee provided an innovative idea for engaging those not yet involved in the *Ways to Work* programs:

> "I would make time to get all involved in the program. Talk to the ones that don't want to be involved and have them communicate with each other – the involved ones and the ones not involved."

One person did note, "Some people think *Ways to Work* is taking them too long to get a job." And another said, without providing further information: "About half like it. And half don't."

An interviewee detailed the need to go out into the community to develop jobs:

> "What I think they should do is contact people in different areas, local merchants and things, and tell them about us, stress that we're hard workers even though we have emotional problems or mental problems."

Participants were asked whether they knew anyone from the program who got a job. One respondent answered enthusiastically:

> "Yes.   They've moved on a lot of people since [the ES has been here]. Because I've seen a lot of guys move out and stay on the job. I said, 'Where's everybody going?' and they said, 'They got jobs!!!' I wasn't ready last year but I think this year will be the year."

Most did seem to know at least one person who got a job, so programs appear to be doing a pretty good job of advertising successes or the communication networks in the programs are sufficiently well established as to circulate the news of someone getting a job. On the other hand, one person noted that, "Some people don't want to work. They're on SSI and they're happy to be on SSI."

Participants were also asked about whether they thought the staff, in general, felt that consumers could get and keep good jobs. Most said they did.

> "Yes, that's why they talk to us and try to motivate us. They tell us we can get a job instead of getting a check. They make me feel like I can get a job and stay off drugs and do what I gotta do."

Several people described how staff showed that they believed in their ability to get and/or keep a job:

> "Like the first time I got fired, I go to _____ and she was telling me don't worry about it, you can get a job. And she was telling me about this guy, that was the first time I heard about the new work guy. And how he could find a job for me. So she must have known I could keep a job."

> "By being there, by helping me out, by telling me not to give up, by being positive – that's how they help me live up to my work goals.   And people do succeed. I know I will."

Others responded a bit more equivocally:

> "I think most jobs they're looking at are minimum wage jobs.   And I think it depends on the individual because some people can't go to work with symptoms of mental illness. They can't function on the job because of their mental illness."

In general, participants had some very positive things to say about the Ways to Work program.

> "The good thing about it is it's a sure thing that you're gonna get a job. They're doing their best to get you one, he's gonna take you out on interviews, you're gonna talk, you're going to see what the people have to say and you're going to learn what it is to look up in the papers and go out on your own and try to get a job for yourself."

> "I think it's fantastic! You're not sitting around in the lounge, you're getting out into the workforce, meeting people."

Overall, the participants we interviewed appeared to appreciate the opportunities for talking about work and searching for and getting jobs provided by the *Ways to Work* programs. From the perspectives of the consumers of these programs, more emphasis should be placed on specific job finding activities and less on groups and job preparation activities. An echo of this is that the search for jobs should probably start a bit sooner than it does in some of the programs. Beyond the specifics of the programs, however, it was the impact of staff members' beliefs in consumers' abilities on how consumers felt about themselves and their future prospects that was the most striking.

PROCESS EVALUATION
ISSUES AND CHALLENGES FACING THE WAYS TO WORK PROGRAMS DURING THEIR 2ND YEAR OF OPERATION

Data was collected on the process of implementing and sustaining the Ways to Work programs during the 2nd year through quarterly reports, focus groups with Employment specialists, and informal discussions and interviews with program staff. Below I use the quarterly elicitation of "breakdowns and breakthroughs" as a framework for discussing the process evaluation results, incorporating and integrating data from interviews, focus groups, and discussions with program staff throughout.

Breakdowns and Breakthroughs
Each quarter, program staff were asked to complete a summary of the status of their Ways to Work program focusing on the major breakthroughs (successes) and breakdowns (problems or failures) that occurred over the previous three months. This open-ended questionnaire focused on four major areas related to supportive employment: job development, job support/coaching, integration of work and clinical services, and change in attitudes toward work. An "other" category was included to elicit breakdowns/throughs in other areas as well. Those completing the form (mostly Employment Specialists) were encouraged to think about breakdowns/throughs that occurred among participants, staff, or within the organization as a whole. Qualitative data from additional sources is integrated within each category to enrich the discussion of that issue as a key factor in successfully incorporating supported employment into these clinical settings.

Job Development
Agencies shared many of the same struggles over the course of the year. The most consistent and, arguably, the most challenging of these "breakdowns" was programs' inability to develop a broad and varied pool of jobs. Most jobs were entry level and were concentrated in a few areas as documented in the statistics noted earlier. While most still felt the diversity of jobs was limited even at the end of Year 2, some "breakthroughs" were achieved in this area: one agency worked to explore the "hidden workforce" through friends, family members and community contacts; another agency developed clerical positions in a local hospital by having participants start in volunteer positions and then building in a process whereby those positions transitioned quickly into competitively paid jobs. Everyone cited the scarcity of anything but entry-level positions in a few major occupations (e.g., retail, security) as a major problem and others suggested that participants' limited and outdated work experience and skills made it difficult for them to compete effectively for the few jobs that existed outside of these narrow fields.

The evidence-based supported employment model would suggest that one solution to the challenge of developing diverse jobs would be to focus on working one-on-one with each consumer to research and find job matches. One Employment Specialist felt that this process in and of itself led to better outcomes as "people feel good about helping to find the job and compared with people who are *placed* in a job are much more involved, feel more ownership, and are less likely to quit because they know the work that goes into finding a job."

Job Coaching and Support

Job Coaching
The area of job coaching and support represented a major dilemma and challenge for virtually all of the employment specialists. Most felt strongly that participants needed support and coaching in order to keep their jobs, however, most participants did not want to disclose their psychiatric diagnosis to employers. This tension, in at least some Employment Specialists' minds, was responsible for many of the job failures.

Participants did not need job coaching in the traditional sense, that is, having someone help them learn their job duties and responsibilities. Instead, they needed support in dealing with the emotional aspects of working, in heading off crises, and in handling small failures and problems so that they did not mushroom into job termination (voluntary or involuntary). Employment Specialists' ability to provide these kinds of job supports often depended upon access to employer-provided information about participants' job performance. In many cases, participants were reluctant to or lacked the insight needed to share the relevant information with Employment Specialists or clinical staff and therefore the first time an Employment Specialist might learn of such problems is when the job had already been lost. Timeliness was considered a major issue here – without access to the right information at the right time, staff often were unable to save jobs that could have been saved if they had been able to act earlier. The five Employment Specialists described similar scenarios in which, for example, a participant failed to make it to work one morning and rather than call in sick or call the next day and explain their absence, simply stopped going to work and subsequently lost the job. Had Employment Specialists known about this problem early enough, they could have worked with the participant, the employer, and/or co-workers to develop solutions that could have, in all likelihood, preserved the job. Thus, disclosure was felt by most to be important in order to be able to know when and what kinds of job supports were needed.

Disclosure
Emotions ran high around the issue of disclosure, largely because of the tricky balance of costs and benefits associated with both disclosing and not disclosing. Some Employment Specialists and consumers felt that the stigma associated with mental illness was still too great to expect to be able to get a job if one disclosed one's psychiatric status. Others felt that disclosing was essential as it unlocked the door to the Americans with Disabilities Act and its mandate of reasonable accommodations.

In general, disclosure was a stressful and challenging issue for Employment Specialists. During the focus groups, they shared their struggles with disclosure and provided support for how difficult it is to manage the many conflicting pressures inherent to disclosure in the context of employment. One ES noted, "I've never gotten over the stress of disclosing." Another says, illustrating some of the inherent tensions associated with disclosure, "I have a terrible rate of placement when I disclose. But maybe it's really our own attitudes."

Ultimately, each Employment Specialist found an approach or several approaches that helped balance these costs and benefits. One ES was careful to disclose only that the job applicant might have some special needs: "If I do disclose, I don't use the words 'mental illness.' I say medical condition or disability. And focus on 'if you hire this person you'll get lots of support from me. I want you to meet them. You need this job to be done and this is the person who can do this job.'

Another ES tries never to disclose, encouraging consumers to do the same, albeit after an open discussion of the benefits and costs associated with disclosure.

Illustrating the range of approaches, yet another ES feels that disclosure is essential and that to not disclose is to set participants up for failure. This ES feels that "if people are still all about hiding it, then it's still shameful. Especially if someone needs to be disclosed. Not disclosing them ends up hindering them."

This belief that disclosure is necessary stems from a view of the consumers as low-functioning and symptomatic and therefore obviously mentally ill or "troubled" in some way. This ES felt that

employers would respond to the visible "differentness" in the most negative way unless they are fully informed and then educated about the nature of a person's disability. In addition, the ES believed that an employer must be aware of the kinds of supports and/or accommodations that would help the person do their job well. For example, "It's important that an employer know, ahead of time, that a client is very anxious – not violent, not paranoid – just very, very anxious. The person I'm thinking of knows that he's very anxious and so he wants his job structured in a way that acknowledges that."

But even if an ES has a clear philosophical stance on disclosure and/or simply follows the participants' lead on how to handle disclosure, multiple job placements with one employer can make it extremely difficult to manage disclosure. "I'm working with a really good employer and I have this situation where the first person I placed doesn't want to disclose and the second person does want to disclose. I don't want to jeopardize any future placements or the privacy of the first person I placed there."

And one person pointed out that a participant's particular needs or symptomatology may determine whether or not to disclose:

> "If someone tends to be paranoid, disclosure can be a real problem because then that person can really focus on thinking that everyone knows they have a mental illness and are talking about it. That stress can then make things worse. I had a woman who had been on the job for 8 months but she worried that everyone there, not just her boss, knew she was mentally ill, and she was so stressed that she got symptomatic."

All of the Employment Specialists had spent considerable time developing strategies that allowed them to respect the wishes of those participants who did not want their mental illness to be disclosed. These included very practical concerns like getting separate business cards and having a separate phone line/voice mail so that the Employment Specialist and their client would not be associated with a mental health agency during interactions with potential or actual employers. One ES discussed how he identifies himself, "I say I'm with an employment agency that is city-funded and strives to move people into jobs and provides lots of supports to keep those jobs."

Disclosure as a Reinforcement of Institutionalization
One ES very strongly believed that disclosure was unnecessary and in fact counter-productive because employers were both less likely to hire people who had disclosed and more likely to interpret problems through the lens of the mental illness diagnosis rather than simply as work behaviors that needed to be fixed. In the minds of employers, "bad" behavior is easier to fix than "mental illness" as they view mental illness as a very serious disability, one that has negative consequences for almost all areas of functioning, and one that has little hope of being effectively treated.

Despite the majority support for disclosure, some Employment Specialists were concerned that disclosure would lead participants to expect less of themselves, have diminished expectations, and to remain rooted in a kind of institutional identity, that like the views of some of the employers described above, reinforced an all-encompassing disability.

Solutions?
Developing Trust
One approach to the dilemmas raised by disclosure cited by the Employment Specialists is to spend a significant amount of time early on helping participants feel better about and more willing to share negative job experiences with them, building problem-solving skills early on for dealing

with the most frequent job problems (tardiness, missing work, anxiety, handling stress), and checking in more frequently with participants about how the job is going. Several Employment Specialists cited doing just this as "breakthroughs" and, in particular, discussed the importance of forming a positive and emotionally supportive relationship with participants. Such a bond helped consumers feel comfortable sharing more information, positive or negative, which assisted them in keeping jobs even after experiencing some work problems.

Developing Problem-Solving Skills
An important part of job coaching and support is to help participants develop the problem-solving skills they'll need to keep the jobs they do get. As much as it's important to normalize failures and see them as steps in the process, both Employment Specialists and Administrators pointed to the need to proactively arrive at workable solutions, particularly in the context of consumers' tendency to walk away from problems.

> "It's so important to explore your feelings around quitting before you say the words, 'I quit.' Once you quit, that's the end. But if you explore your feelings beforehand, you can try and get your schedule changed or take some time off. I always tell people it's o.k. to ask for that. If you talk about it, you can figure it out."

> "That kind of regular problem-solving work has to be part of the ongoing support. You take what's a small problem and put it before the group and think about other processes (solutions really) to go through. That there's lots of gray. Not so much black and white. Like a consumer will just not think to call in sick. They didn't realize they should since in CDT programs they can just drop out and come back anytime. They do need some work education. It's that learned helplessness thing again, too. Someone will always be there to help you fix it after you screw up."

Integration of Employment and Clinical Services
In Year 2, the degree to which employment issues were integrated into clinical services (and vice versa) was generally viewed as a "breakthrough." Employment Specialists felt like they were members of the clinical team and that clinicians were now thinking about and talking with consumers about employment much more than they had previously. All the programs cited such progress. Employment Specialists cited examples where integration really mattered including one situation where a consumer sat down with her therapist to work out some solutions to interpersonal problems she was having with her boss at work.

> "I work with the therapists. They refer people to me. I attend clinical meetings every week. In essence, we all work together as a team."

> "I have definitely seen the impact. Employment is much more in the forefront of their minds then it was before I started attending meetings. It's not that efficient, 85% of the time it doesn't pertain to you, but then 15% of the time you can bring up a really essential employment issue."

> "Thinking about Ways to Work, we've really built a bridge between the vocational and the medical model."

Integration is a two-way street, however, and the Employment Specialists noted the need to understand clinical issues.

"It also helps a lot to know more about clinical issues and vice versa. The ES usually knows more about the consumers, though, and can share information on epiphanies – real breakthroughs."

"The director comes from a medical model – very psychodynamic. He really works to support Ways to Work, but sees work as treatment. That medical model approach – actually they realize it's a two-way street. We need to be more aware of the mental health piece, just like the clinicians have to be aware of the employment stuff."

Breakdowns in this area tended to stem from the need to continue to be a presence to remind clinicians to think about employment. If the ES stopped attending meetings or did not bring up employment issues and/or clinical issues in the context of work, not much integration occurred. This pattern suggests that there must be someone to champion work in order for integration to occur. The cohort of clinicians in this study did not easily assume employment-related responsibilities, probably because of their training and background. This interpretation is supported both by the tendency for this to remain a problem even at the end of year 2 (i.e., that the ES had to be physically present to trigger discussion and integration of employment and clinical issues) and also the clinicians' unwillingness to conduct more structured career explorations at several agencies, even when forms for doing so were integrated into the routine intake process.

Employment Specialists fully recognized the importance of having one person who focused completely on employment and was the "go to" person for anything related to employment:

"This position is all about not just working with the consumer, but working just a few feet away from the consumer. Working as a team with them!"

"That's really how I think you get integration. You have the one person responsible for all of that. There's no separate job development or coaching or counseling stuff."

"Here, our caseloads are our caseloads. We do everything for them. That's what is special about Ways to Work."

A further advantage of employment specialists is that because of their generalist approach and freedom to focus on each consumer individually, they can understand work issues in the context of consumers' full lives – in and outside of the CDT program.

"The Employment Specialist is really all about the need to be wherever the client needs you. To be holistic. To meet them coming through the door and then stick with them throughout. But funding sources follow the medical model."

"Everything is connected, people bring personal life issues to work, boy do we all know that! It's a kind of reality therapy to recognize that life is complicated and work is complicated and both affect each other. But the more I work with someone, the more I can understand what's going on, how their life stuff might affect their work stuff. Therapists don't see enough of that."

"Because it's a working relationship, you end up getting much closer to clients. You walk with them, you take the bus with them, you talk about everything. They confide in you and you learn about things that they don't talk to their counselors about. Because it's a different level of interaction – it's like daily life. You see more of a well-rounded person."

A downside to integration was noted by administrators but did not show up in the breakdowns quarterly reporting. Integrating employment services into the clinical settings can swing fairly far into the medical model realm whereby the focus is on work as therapy.

> "Everything is medical model. Even skills-building is billable. We bill for everything except job development and coaching. And actually, the language is very symptom-oriented and it's in direct conflict with wellness and recovery."

In several of the Employment Specialists' minds, the advantage of a focus on work is that you are able to concentrate on consumers' strengths and abilities and you are more "forward-looking" compared with when you have an overly clinical focus. For example, one person said that, "if you are a clinician you have to write up these treatment plans [that say]: 'Here is what's wrong with you in each of these compartmentalized areas.'"

<u>Attitude Change</u>
Attitude change is needed at several levels for continuing day treatment programs (and clinic programs as well) to successfully incorporate supported employment services. At least some of the consumers must want to work, i.e., to believe that they can work and to expect that work is an important aspect of their lives and their recovery. Clinicians must be able to see their clients in a new light – focusing not on deficits but on strengths and capabilities that exist outside of the day treatment setting. And organizations and administrators must change how they structure programs and services in order to incorporate the flexible, individualized, and time-sensitive services essential to helping their members get and keep jobs.

Attitudes Toward Consumer Capabilities
In focus groups the Employment Specialists talked about how their work allowed them to see consumers in a new way and that clinicians did not have that kind of opportunity and therefore tended to continue to view consumers largely in their roles as continuing day treatment program or clinic participants.

> "They see the therapist for a half hour every week – I seem them for more than an hour on most days. I see more of the real person, the issues in action. I just see a different side of the person."

Interestingly, what seemed to change clinicians' views the most, in terms of participants' capabilities, was when those they would have predicted would fail miserably actually had success in employment. Such cases were powerful motivators of changes in how clinicians' viewed consumers: As one Employment Specialist said, "Now the clinicians are like 'a year ago I would have said he's not ready, there's no way, but now, after seeing what J. can do, I think we should just give C. a chance and see what he can do. He'll probably surprise all of us.'"

> "Yeah, counselors will be like 'Wow!' He was able to focus? He really was able to follow-through like that?"

> "It all goes back to the effects of institutionalization. The structure. The lack of empowerment. The counselor has the power. They can send you back to the hospital. It's not that the counselors are close-minded, they've just all been trained in that structure, they tend to be pretty Freudian…"

Many interviewees saw attitude change among clinicians as a breakthrough that had been achieved during Year 2. Clinicians came to believe that CDT participants were capable of working and even that consumers could start working while symptoms were still present. They

sought to remove barriers to employment and considered what supports and circumstances would help individuals make it in the world of work.

The Director of a MICA program at one agency personifies such change: Originally she was completely opposed to any MICA program participants even considering employment until they had officially graduated from her structured program. By the second quarter of Year 2, she stated that her goal was to see "employment on 100% of MICA clients' goal plans." And at another agency where some clinicians continued to be hesitant to support employment for some CDT participants, an in-house employment opportunity wherein consumers assembled the agency's brochure served to open their eyes to the capabilities and strengths of many of the participants. In addition, this work experience helped many consumers whom staff perceived to be very "work resistant" reconsider work and think seriously about finding jobs.

Consumer Attitudes About Working
The theme of consumers' views toward working was an important feature of this second year. During the first year, the Ways to Work programs were able to recruit those most motivated to work – these individuals were eager to take advantage of the Ways to Work opportunities and very little outreach, engagement, and/or education was necessary to encourage people to participate in the programs. By the 2nd year, however, recruiting sufficient numbers of individuals proved to be more difficult, particularly for some agencies. Many staff members saw this as a product of having to work with the most "work resistant" individuals and with those least prepared to enter the workforce because they were the most "institutionalized."

> "The whole day treatment mentality is so set – people telling them how to feel, what to do. They need confidence. They need a chance to believe in themselves. They need to feel like they can do things, make decisions, take chances."

To some degree this may depend on the degree of turnover and the nature of the population served at the agency.

At one agency where there was not significant turnover and people tend to be older and have spent more time in the CDT program, the ES notes:

> "At this point, I'm mostly working with the same people. There are not a lot of new people coming into the program. And some are very resistant. But even some of them are thinking about Ways to Work. Certainly they may not be quite "ready" for work yet, but they are exploring the idea. It takes time. But this is a real step forward for them."

At a different agency, with younger participants and more turnover, the ES stated:

> "I usually focus on the person with the most momentum. Doing whatever it takes. Often it's the case that one person needs more attention. That's hard – juggling everyone's varying needs since everyone is at different stages in the process. But you figure out who is raring to go and you work with them. Sometimes that means you let the others go to give that one person everything he or she needs to make the big step."

One agency developed a one-month interactive training to focus on those that needed support and encouragement in order to see themselves as ready for work. The training, "Ending Barriers to Employment", focused on building a positive self-image, marshalling self-motivation, soft skills like interpersonal relations and manners, understanding and fulfilling job responsibilities, effective communication, time management, decision-making, goal-setting, handling stress, and interviewing skills. Graduates of this program appeared to feel much more positive about their

potential to find jobs and be successful in the workforce. The ES also noted that graduating from the training appeared to enhance consumers' self-esteem and self-confidence more generally.

In particular, many consumers' fears about losing entitlements proved to be a significant barrier to employment and therefore showed up frequently as an example of a "breakdown."

> "Part of the frustration is people who could make it but don't. I had someone yesterday who came by. She's been so good, doing so well. She had a great job interview and I think she'd get the job with no problem. But she's been getting her SSI and the long and short of it is that she decided she doesn't want the job. She said, 'I was homeless for ten years and I don't want to risk it all over having a job.' It feels like such a loss. I would have sworn that she's the epitome of 'job ready.'"

> "At [Agency 3] we had one guy turn down a job with a salary of $30,000 because of his fear of losing benefits. With that kind of money, there's no way he could keep SSI. It's that fear of losing benefits, but it's more than that, too…."

Participants also felt very differently about the money they worked for and the money they received automatically.

> "When their pocket money suddenly has to start paying for what was an invisible cost before (e.g., rent), they wonder, 'Why am I working?'"

> "People don't necessarily know how to manage their money. If they are working, then their rent money will have to come out of their salary. It's part of self-sufficiency. We need to do more work on what it means to be independent. It's a new concept. And it's a real adjustment for the care providers too."

Family fears about jeopardizing the security and stability of monthly checks in order to explore employment led, in several cases, to pressure on individuals to stop working. Little progress was made in changing the attitudes among those most concerned about benefits – at the end of Year 2, several agencies were still citing this as a major deterrent to work for some program participants.

Housing providers are also significant players in fostering the tension between benefits and employment.

> "It's even worse with housing providers. They actively discourage people from working. But we're working with the residential staff."

Fear of Failure
A somewhat more subtle attitude change that appears to be necessary is one in which failures are normalized, relapses are expected, and secondary and tertiary prevention or harm reduction is valued. These attitudes need to be present at both the staff level and the consumer level. Program staff noted that a very strong fear of failure can be paralyzing to consumers and to counselors, making it very difficult to take the first steps toward employment, **and** that such a fear of failure increases the negative consequences once people do enter the workforce.

One administrator pointed out, "Once they lose a job, we lose them. They disengage. They feel bad, guilty, like they disappointed the staff, that somehow they failed. If anything goes wrong, they quit their job, and that often means that they leave services too." Another program director noted how much internal embarrassment there is among program participants if someone loses a

job – they are deeply ashamed when they have to tell their peers and counselors and the employment specialist that they couldn't keep their job."

> "That's why relapse prevention is so important. You need to normalize and reinforce that relapse does happen. We try to emphasize that at intake. When it does happen, consumers often avoid everyone for a few months. Staff may even support that: 'You tried but it didn't work out.' The job is still seen as the final goal. You have to get a job. If you lose a job, you've failed. We work really hard to help them see that it's part of the process, that it's a learning process. It's all about building a career. What do you hope to get from the job? What is your exit strategy? That losing your job isn't so terrible."

> "Some people think that if they're gonna get fired, it's better to walk away first. We try to help them get something out of it, like, 'so, now you know you're not interested in that kind of job."

> "When people lose jobs, it's almost always not because they're not doing their job well, it's because their lack of social and/or "soft" skills causes problems."

These issues are important in the context of interviews as well. There is a lot of expectation and pressure attached to going on job interviews.

> "People going on a job interview look great. But if they don't 'win' the job, there's a big adjustment that has to happen. You have to de-pressurize the whole thing. You have to work to make sure to emphasize the importance and value of going on the interview in and of itself and not set them up for failure simply because they didn't also happen to get the job. There's a tension with advertising success – then you're setting a standard that's pretty high, that's hard to be judged against."

Other Implementation Issues

Dwindling numbers of participants was a major concern during the second year of the Ways to Work program. What could be called the "sophomore slump" had many causes according to program staff, described below, but may also more generally be a feature of any new program.

In many individuals' eyes, the biggest contribution to the slump was the fact that the most motivated and capable CDT and clinic participants had taken advantage of the program during the first year, leaving those most afraid of work, least qualified to work, and most resistant to work.

> "During that first year, we dealt with the most motivated and had less turnover. Now we're working with the harder to place, they just have more issues and they are harder to keep in the program and so we have more turnover. They require more time and encouragement."

> "Those with a mental illness and an underlying developmental disability are a real challenge to place. They get scared and they self-sabotage. But even among the higher functioning, there's a tremendous amount of fear."

At the agency with the lowest Year 2 numbers, both in terms of new enrollees and jobs obtained, the Ways to Work program never really seemed to "get off the ground" as its own entity. This may, at least in part, be due to two factors:

1. this agency did not use the Ways to Work funding for a full-time Employment Specialist and instead paid for some job coach and some job development time;

2. this agency had a number of well-developed vocational programs that siphoned participants directly from the CDT program, thereby either bypassing the Ways to Work program immediately. In addition, once Ways to Work participants got jobs, they were referred to other vocational program for follow along supports. This prevented non-working CDT program participants from witnessing the success of their peers and made it harder to establish new norms that promoted work as an important and viable goal for participants.

Others provided hope for overcoming the "sophomore slump" by describing the strategies they used to combat it. The most cited approach was simply striving to keep work in everyone's minds:

> "If we didn't promote work and talk about it early on, the less motivated clients wouldn't talk about it. We keep it on the front burner."

Other strategies included making sure that the structure of the programs were well suited to individuals' needs and especially their developmental stage in the process of seeking employment. Agencies paid particular attention to the structure of their programs to ensure that there were no bureaucratic barriers to individuals' involvement – they were very aware of how easily a person's initial motivation and interest could quickly fade away if faced with hurdles and barriers or how small failures can snowball, leading people to drop out rather than move past the failure. For example:

> "We also wanted to make sure bureaucracy was not a barrier. It's very fluid. No one has to show up. People have left and come back."

Finally, turnover among Employment Specialists was almost a given as it happened in all but one of the programs. Finding someone with the necessary skills was a challenge initially, causing some programs to delay their implementation. Once hired, moreover, the turnover among Employment Specialists at these five agencies was quite striking. One agency had four different Employment Specialists in the first two years of the program. Another agency had three and two agencies had two Employment Specialists. Average job tenure for Employment Specialists during the first two years of the Ways to Work programs was approximately 10 months. The challenge of finding and keeping effective Employment Specialist appeared to stem from several issues:

- Employment Specialists rely on a rare combination of skills and experiences including
  - job development and matching expertise
  - job support and coaching
  - clinical acumen and background
  - the ability to motivate and inspire consumers.
- Maintaining motivation and enthusiasm in supporting employment can be difficult because of
  - the simple amount of effort necessary to help people pursue career goals
  - the frequency with which that effort must be repeated when specific jobs don't work out and individuals start the process again
  - balancing a very varied caseload
  - the challenge of "bucking the system" – i.e., of being the change agent and promoting employment in clinical settings
  - the loneliness and separateness of the Employment Specialist position, operating between units or departments and often acting as the sole representative of this type of position in an agency.

- Ensuring adequate compensation for this position.
- The lack of a clear career track for Employment Specialists such that advancement or promotion often requires leaving behind the work that they've been doing.

The preceding discussion of breakdowns and breakthroughs in the process of maintaining and sustaining the Ways to Work programs throughout their 2nd year is summarized in the following table.

Summary of "Breakthroughs and Breakdowns" Associated with the Ongoing Implementation of the Ways to Work Programs (Year 2)

Area	Breakdowns	Breakthroughs
Job Development	Matching jobs to individuals • jobs mostly entry-level • jobs mostly in same areas Individuals skills not well suited to employers' needs	Specific instances of finding good match Promoting ownership over job search Identifying hidden workforce opportunities
Job Coaching and Support	Not obtaining information about on-the-job problems in time to prevent or minimize consequences Difficulty in determining balance between individual job failures as normalized and potential loss of employer for future prospects	Normalizing jobs as transitions (failures expected) Building problem-solving skills Promoting sharing of information about on-the-job problems Employment specialists' work in acknowledging tensions/conflicts associated with disclosure and employment
Integration	Integration not totally institutionalized • requires ongoing efforts Over-medicalization of employment • working can serve as a respite from medical model and deficit-based approach • billing Medicaid for employment-related services may make it harder to focus on strengths and to see career promise outside symptomatology and psychiatric status	Employment specialists are members of clinical team Clinicians think and talk about employment Many instances where integration (communication and sharing of information) made a difference • helped keep a job • managed symptoms • recovery process Employment specialists served as the "go to" person Strengths-based view of consumers got a foothold
Attitude Change	Some individuals in CDT may need more time to make transition to wanting to work • fear of losing benefits • fear of losing stability • fear of responsibility • fear of failure Family members need more psycho-education to really embrace employment	Consumers believe they can work Clinicians see CDT participants in new light • new aspects of person • capabilities, strengths • unpredicted successes Importance of identifying and exploring career interests and goals, not just sole focus on those who want to work now
Other	Sophomore slump: initial enthusiasm for starting new program wanes over time Staff turnover: Difficult to find and retain Employment Specialists	Staff turnover: Occasionally provided impetus for re-invention and invigoration

FIDELITY TO SUPPORTED EMPLOYMENT MODEL

Application of the widely accepted Supported Employment Fidelity Scale[10] to these programs during Year 1 provided a useful way of describing the Ways to Work programs more generally. The researcher used her knowledge of the programs to rate each program on the 15 aspects of the supported employment model. At the end of Year 1, one program fell into the "good range" suggesting that the program that was implemented could legitimately be considered a true Supported Employment program. Two programs were rated as "fair" representations of Supported Employment and two programs were not considered to be Supported Employment because their staffing, organization, and services were not sufficiently true to the Supported Employment model.

Rating the programs at the end of their 2nd year showed that most of the programs stayed essentially the same – "good" or "fair" representations of the Supported Employment model. This represents a reasonable degree of fidelity given that none of the programs were seeking to become Supported Employment programs per se, but instead to incorporate such services into their clinical settings.

However, re-applying the fidelity ratings in Year 2 showed that some of the Ways to Work programs changed over time. One program became more like a Supported Employment program, suggesting that it may take a substantial investment of effort and especially time to achieve the core principles of Supported Employment. And another program changed in the opposite direction, adhering less to the principle of Supported Employment in Year 2 than it had in the first year. This program lost ground in three core areas: rapid search for competitive jobs, individualized job search, and assertive engagement and outreach. The services provided simply didn't live up to these standards and therefore the program, based on the scale, no longer could be considered a "supported employment" program.

The ratings within each domain of the fidelity scale received by the program that strayed further from the Supported Employment principles and the program that came to more closely follow the principles in the second year are displayed for year 1 and year 2 in the following charts.
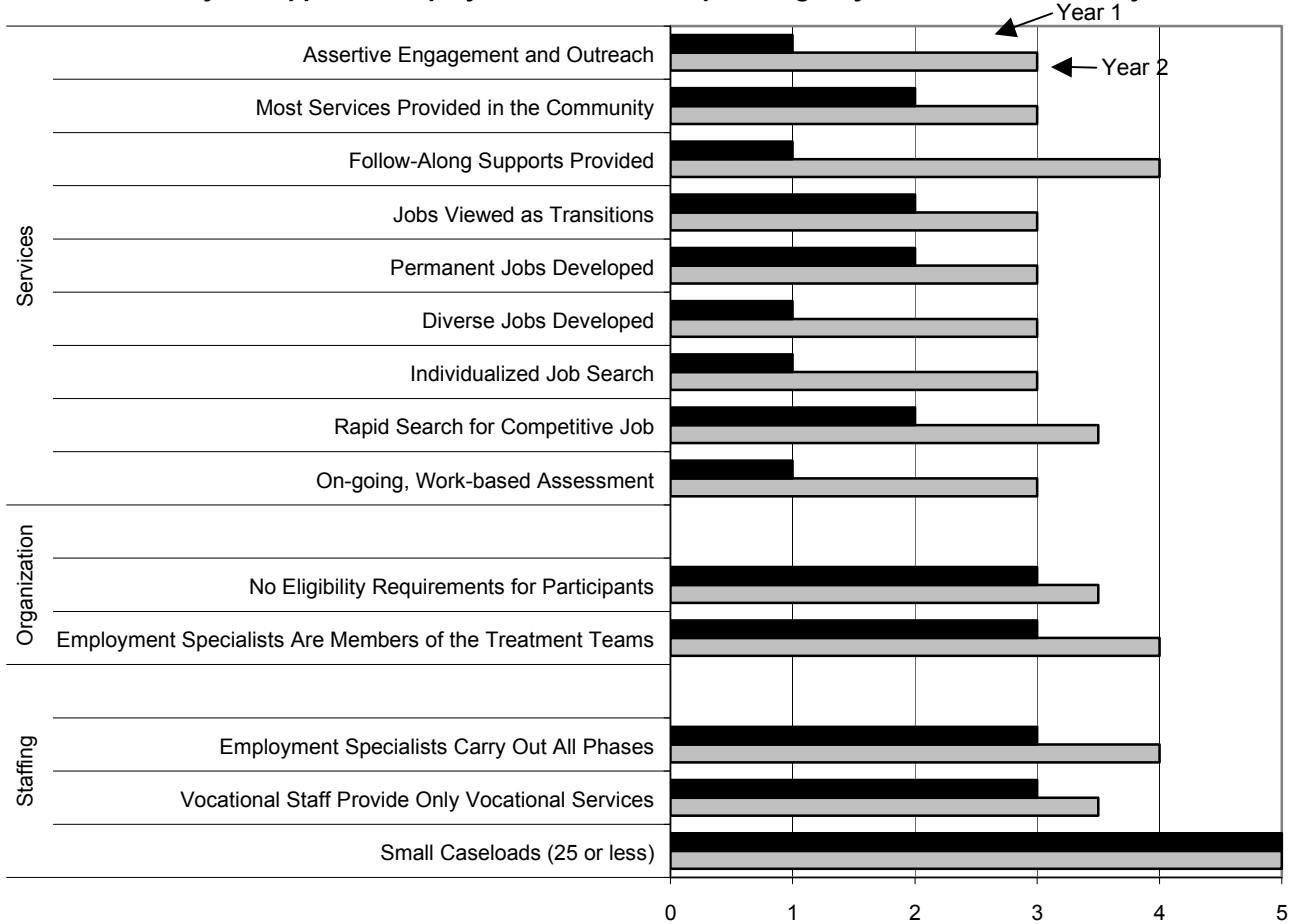
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[10] Bond GR, Becker DR, Drake RE, et al (1997). A fidelity scale for the individual placement and support model of supported employment. Rehabilitation Counseling Bulletin, 40, 265-284.

Fidelity to Supported Employment Model: Example of Agency that *Decreased* Fidelity
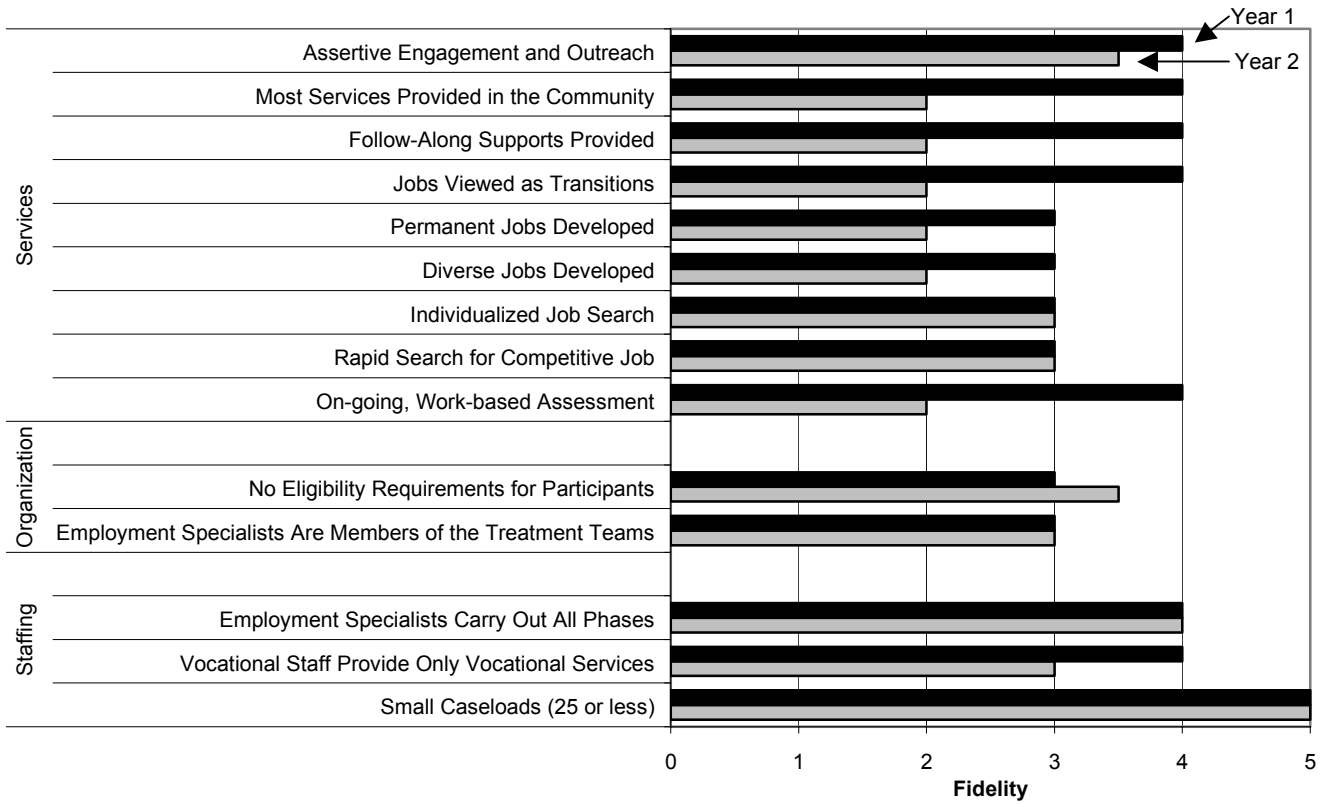
Fidelity to Supported Employment Model: Example of Agency that *Increased* Fidelity

TAKING STOCK OF CHANGES ENACTED IN ORDER TO IMPLEMENT AND MAINTAIN WAYS TO WORK PROGRAMS

Much change had to occur in order to not only implement the Ways to Work programs but to do so in ways that ensured that the Ways to Work programs were effective in attaining their goals. The end of Year 2 is an opportune time to document those changes. Whether or not those changes will be sustained in Year 3 and beyond is a critical question. Not all agencies accepted the needed changes and each agency varied in the degree to which it actively endorsed and/or promoted and/or supported some of the changes. Given the overall success of the programs, however, it is important to summarize, on a broad level, the changes that seem to have been associated with that success.

1. **Ways to Work Agencies Changed their Structure**
   - Changed the intake process
     - Asked all consumers about career goals
     - Eliminated entry criteria
   - Re-allocated resources
     - 1-on-1 individualized sessions
     - Small caseload
   - Created new ways of delivering services
     - Not group-based
     - Job search begins immediately
     - No "readiness" work
   - Integrated employment and clinical services
     - Employment Specialist attends all team meetings

2. **Ways to Work Agencies Changed Attitudes**
   - Changed clinicians' beliefs about consumers' ability to work
     - Provided clinicians with latest evidence on what works through NYWE
     - Advertised unexpected successes
     - Shared information about consumers' abilities outside of CDTP
   - Changed consumers' expectations about what was possible
     - Provided role models
     - Encouraged peer support
     - Responded immediately to consumers' job interests
   - Helped families support employment goals
     - Provided education and support around benefits and other fears

3. **Ways to Work Agencies Changed How Jobs Were Developed**
   - Developed specific jobs for specific people
     - Explored full range of consumers' employment-related goals to identify job matches
     - Used local resources, went out into the community with consumers
   - Encouraged staff to allow consumers to get feedback from the real world

4. **Ways to Work Agencies Changed How Failures Were Viewed**
   - Encouraged consumers and staff to view jobs as transitions
     - Failures are expected, unavoidable, and instructive

LESSONS LEARNED IN ENACTING CHANGES

Several broad strategies seemed to help the agencies make these changes and may be useful lessons learned for any organizations attempting to adopt an innovation:

1. Start small.
Small changes paved the way for bigger changes. Initial changes had radiating impacts that supported and sustained the next level of goals. For example, simply having the Employment Specialist sit in on team meetings had tremendous and amplifying consequences.

2. Think carefully and strategically about barriers to change.
Having a clear vision of the obstacles that may slow down or stop change efforts was important in order to develop plans for avoiding and/or minimizing those obstacles. Realistic assessments of the time and effort required to achieve changes were essential. Taking the long view helped tremendously in maintaining morale and illustrating positive outcomes.

3. Be aware of and willing to address the tensions and conflicts between the ideal and the real.
It was very important to take the time for staff at multiple levels to explore the values underlying both their everyday practice and this innovative practice. Philosophical approaches shaped underlying attitudes and beliefs and those values and philosophies were often quite ingrained by individuals' training, background, work experience and life histories. Staff needed the time and space to talk through many of these issues in order to begin to internalize them.

Absolute adherence to the evidence-based model did not always serve the programs well. Adaptations and shifting of priorities were necessary. Such modifications, however, often brought agencies closer to the ideal, albeit in a longer time frame. For example, some agencies incorporated work readiness activities and trainings into their Ways to Work program. Others used volunteer placements to move people toward employment. What made these approaches coalesce with the evidence-based model of Supported Employment was their explicit use as means to ultimately adhering to the principles of Supported Employment.

Awareness and responsiveness to the agencies' particular contextual and situational influences was essential to implementing the programs in ways that worked.

CONCLUSIONS

Overall, the Ways to Work programs are continuing to serve their mission. Participants are enrolling in the programs and a substantial number of them are finding jobs. Success generally doesn't happen overnight as suggested by our finding that the time between initial participation and finding a job averages more than 8 months.

Concern about a "sophomore slump" is legitimate as there is some evidence that agencies are investing less time and effort into the Ways to Work programs compared with when there was more enthusiasm and motivation during the first year of the program.

In addition, our data provides evidence that helping consumers in continuing day treatment and clinic programs find competitive employment may get harder over time. The most motivated and capable consumers tend to find jobs fairly quickly; those left behind may require more assistance and need more time in order to be motivated to take on the challenge of work.

The process evaluation also documents a number of successes that are less quantifiable than jobs obtained but may have equally important long-term consequences. These include real breakthroughs in integration where Employment Specialists now routinely not only sit in on but also are equal partners in clinical team meetings. Clinicians at the five Ways to Work agencies are thinking about work and employment for all of their clients and have learned that those that succeed in finding jobs might not be those they would have predicted. Clinicians and Employment Specialists have learned how to work together in finding the right mix and balance of supports to help consumers find and keep their jobs and have learned how feedback from the world of work can serve clinical goals and how clinical information can inform job supports and problem-solving. Consumers have experienced work successes or seen their peers achieve such successes leading to greatly enhanced expectations about what continuing day treatment program participants can achieve.

There are many challenges that these programs struggle with daily. They strive to reduce the many barriers to employment that stem from fear and anxiety. Consumers' and their family members' must work through their fear of the loss of stability and security associated with receiving benefits. Residential programs must acknowledge their trepidation around losing tenants who become employment and must work to diversify their funding and/or referral sources in order to ensure their financial viability without constraining their residents' opportunities for achieving independence. Clinicians need reassurance that they would not be exposing fragile consumers to excessive stress by encouraging them to seek employment. Consumers struggle with taking on the responsibilities and risks associated with moving toward independence. And Employment Specialists are faced with the day-to-day challenge of making it all work. They constantly negotiate the issues of when and for whom and how to disclose, of determining the right mix of job coaching and support while devoting sufficient resources to job development and individualized, one-on-one sessions with participants, of meeting the needs of the full spectrum of Ways to Work participants, of framing short-term failures as steps toward long-term success, and of sustaining optimism and hope in the face of relapse.

And as the programs enter their third and final year of funding, the new challenges the programs face are about sustainability and how to build-in financial and structural support for the new services and approaches made possible by the Ways to Work funds.