



**SAMHSA's Resource Center to Promote  
Acceptance, Dignity and Social Inclusion  
Associated with Mental Health**

# **The Role of Employment in Recovery and Social Inclusion: An Integrated Approach**

**August 14, 2012**



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Center for Mental Health Services  
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## Archive

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## Disclaimer

The views expressed in this training event do not necessarily represent the views, policies, and positions of the Center for Mental Health Services, SAMHSA, or the U.S. Department of Health and Human Services.



## Questions

At the end of the speaker presentations, you will be able to ask questions. You may submit your question by pressing “\*1” on your telephone keypad. You will enter a queue and be allowed to ask your question in the order in which it is received. On hearing the conference operator announce your first name, you may proceed with your question.





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# Changing the Vision, Changing the Policies

Virginia Selleck, Ph.D.  
Chief Clinical Officer  
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# Side Effects of Unemployment in the General Population

- Increased substance abuse
- Increased physical problems
- Increased psychiatric disorders
- Reduced self-esteem
- Loss of social contacts
- Alienation and apathy

(Warr, 1987)



# Effects of Unemployment for People with Mental Illness

- Unemployment is worse for your mental health than the stresses of employment.
- Getting a job quickly is more likely than just planning is to lead to a career.
- Employment is a way to meet people and expand social networks.
- Relying on Supplemental Security Income/Social Security Disability Insurance and other “public benefits” still often leaves people in poverty.

(Marrone & Golowka, 2000)



# **Poor Performance of Mental Health System in Terms of Employment Outcomes**

## **Employment Statistics for United States *Adult* Mental Health Clients**

**OVERALL Employment rate = 21 percent**

**Rate for mental health clients ages 18–20 = 17.9 percent**

**Rate for mental health clients ages 21–64 = 22.7 percent**

**Rate for mental health clients ages 65 and over = 6.9 percent**

**(SAMHSA, 2008)**





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# Mortality Associated with Mental Disorders: Mean Years of Potential Life Lost

| Year | AZ   | MO   | OK   | RI   | TX   | UT   |
|------|------|------|------|------|------|------|
| 1997 |      | 26.3 | 25.1 |      | 28.5 |      |
| 1998 |      | 27.3 | 25.1 |      | 28.8 | 29.3 |
| 1999 | 32.2 | 26.8 | 26.3 |      | 29.3 | 26.9 |
| 2000 | 31.8 | 27.9 |      | 24.9 |      |      |

Compared with the general population, people with major mental illness lose 25–30 years of normal life span.

(Lutterman, Ganju, Schacht, Monihan et al., 2003; Colton & Manderscheid, 2006)



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## Is This a Coincidence?

Shockingly high rates of unemployment for people with disabilities. High mortality rates for people with disabilities.

What to do??



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# Changing Our Belief System: One Turn of the Kaleidoscope

- **From:** Work is too stressful. People can only hope for “maintenance” and “stabilization.”
- **To:** Work helps with recovery! People can and do work!



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# Recovery-Oriented Practice Described

“Recovery-oriented practice . . . reverses the conventional wisdom . . . that people become less symptomatic first before trying to return to work . . . *work reduces symptoms while sustained unemployment and inactivity do not.*”

(Davidson, 2010)



# Historical Policy and Funding Barriers

- Prohibition by Medicaid Rehabilitation Option (primary funder of mental health services) of funding for “hard” employment services
- Assumptions that vocational rehabilitation system has resources to support the needs
- Byzantine system of Social Security, Medicaid, and housing subsidies for persons served



## Working the “Levers of Public Policy”

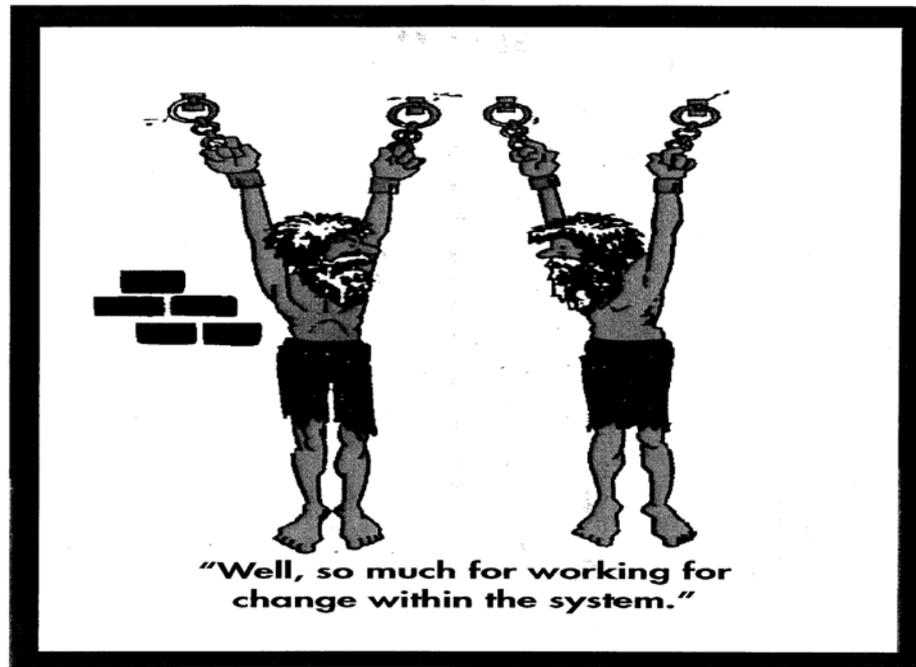
“It is difficult to get a man to understand something, when his salary depends upon his not understanding it!” —Upton Sinclair





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# Two Guys Hanging



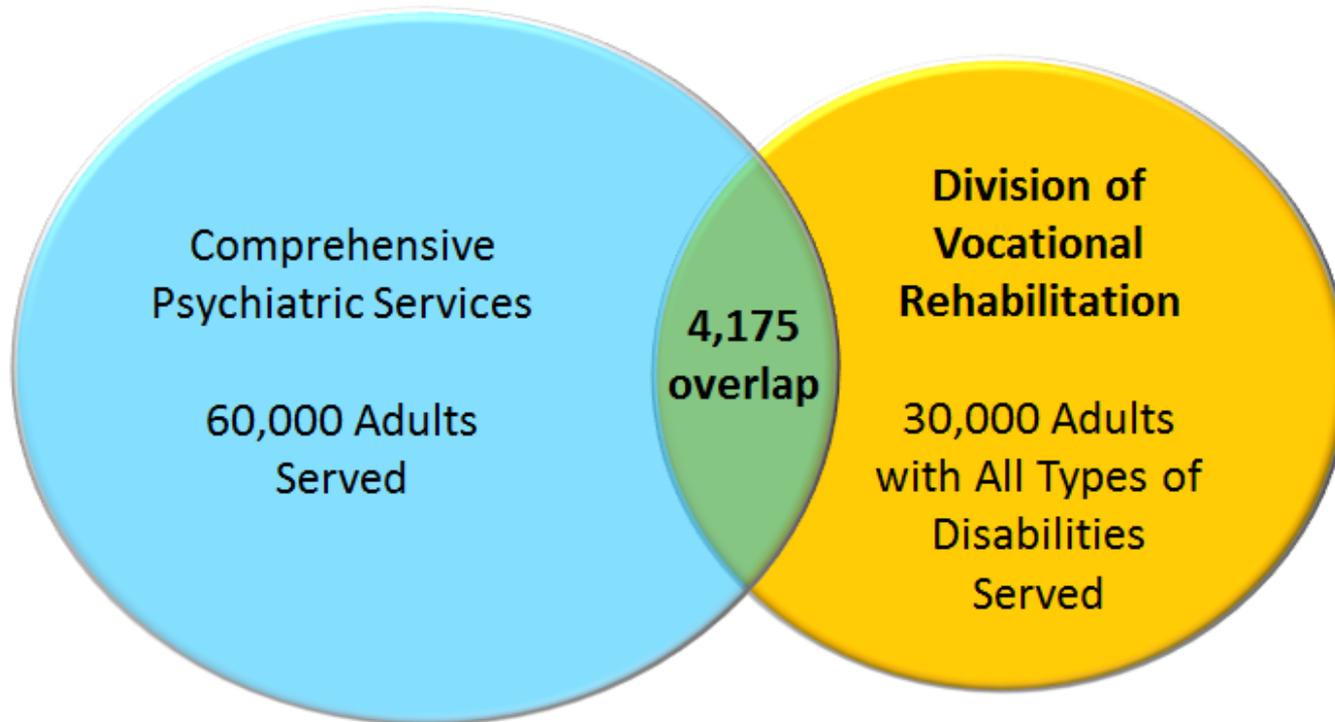
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# Missouri Example 2009



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## Possible Responses to These Barriers

- Clear policy guidance from State mental health agency that employment is part of the mission. This involves encouraging staff to work across departmental boundaries and figure out payment matrix for elements of employment supports.
- Benefits planning tailored for **each** State—there is variation!
- Cheat sheet with clear scenarios usable by all people.
  - Missouri Department of Mental Health *Sample Scenarios for Benefits Planning* (included in Resources list)
- Basic benefits training for mental health staff with resources for in-depth needs.
- State exploration of web tools such as Disability Benefits 101.
  - Disability Benefits 101 Online Benefits Calculators. <http://mo.db101.org/planning>
- Use of evidence-based practices—Individual Placement and Support (IPS) Supported Employment.

# A “New” Tool with Decades of Research behind It . . .

## IPS Supported Employment

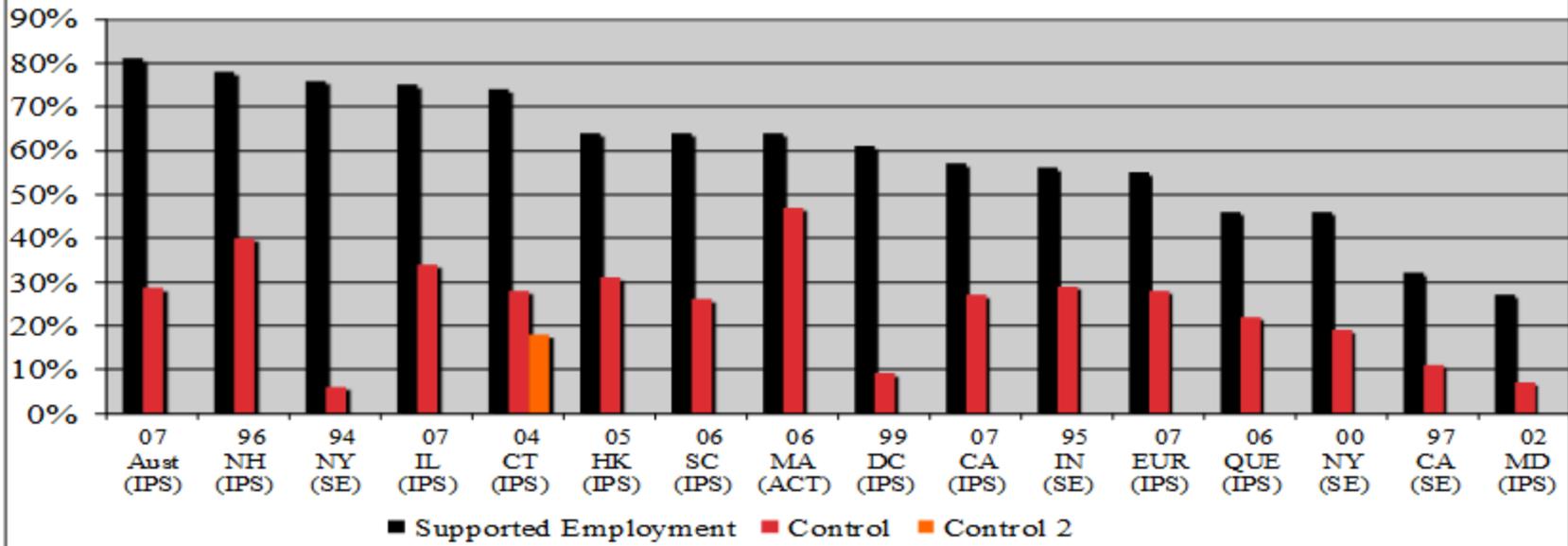
### Definition of Evidence-Based Supported Employment

- This approach leads to a mainstream job in the community.
- The job pays at least minimum wage.
- The work setting includes people who are not disabled.
- The service agency provides ongoing support.
- This type of employment is intended for people with the most severe disabilities.



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### Competitive Employment Rates in 16 Randomized Controlled Trials of Supported Employment



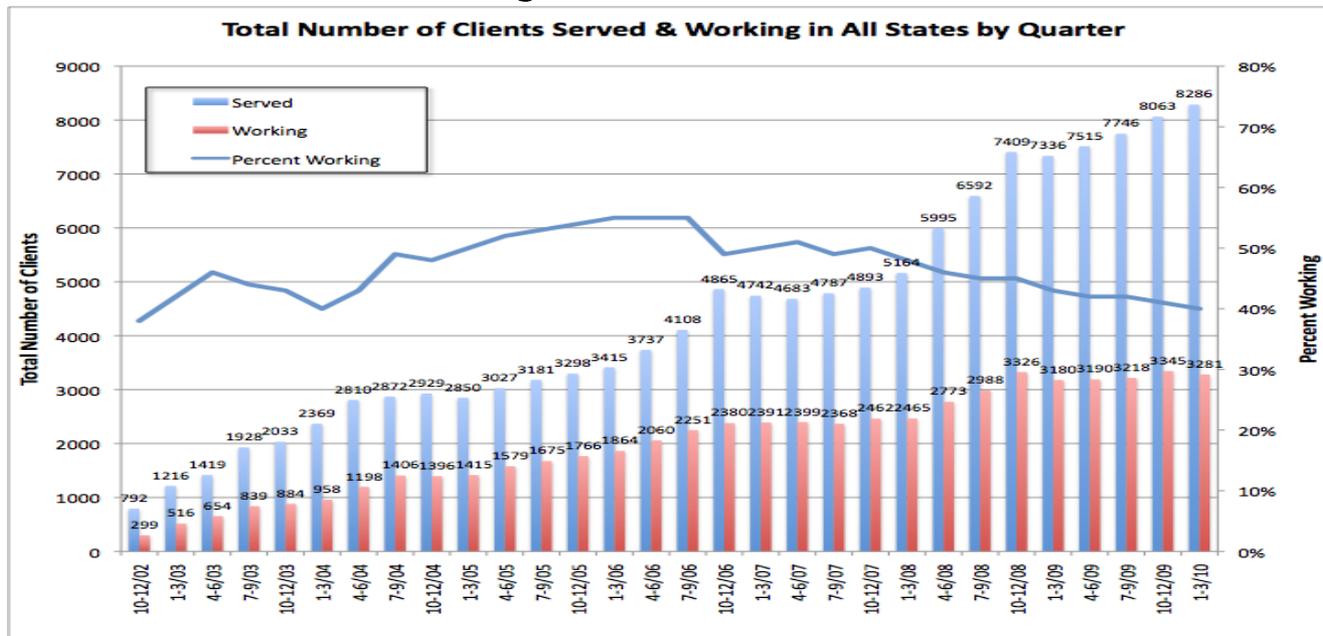
(Drake, Bond, & Becker, 2012)



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# Johnson & Johnson–Dartmouth Project Results



(Drake et al., 2012)



# Funding Strategy

## Affordable Care Act Provision

- 1915(i) State plan option—can cover Supported Employment and other “habilitation” services:
  - This option could be the “workaround” to the issues of how to pay for employment services under Medicaid.
  - This method could fund all parts of evidence-based Supported Employment just like Vocational Rehabilitation does.



Change is the handmaiden Nature  
requires to do her miracles with.

—Mark Twain



# Resources

- Colton, C. W., & Manderscheid, R. W. (2006, April). Congruencies in increased mortality rates, years of potential life lost, and causes of death among public mental health clients in eight States. *Preventing Chronic Disease*, 3(2). Retrieved from [http://www.cdc.gov/pcd/issues/2006/apr/05\\_0180.htm](http://www.cdc.gov/pcd/issues/2006/apr/05_0180.htm)
- Dartmouth IPS Supported Employment Center. <http://www.dartmouth.edu/~ips/page66/page66.html>
- Davidson, L. (2010, Sept. 17). More FAQs for recovery-oriented practice. *Weekly Highlight*, 19. Recovery to Practice Resource Center for Mental Health Professionals, SAMHSA. Retrieved from <http://www.dsgonline.com/rtp/WH%202010/Weekly%20Highlight%20September%202017.pdf>
- Disability Benefits 101 Online Benefits Calculators. <http://mo.db101.org/planning>
- Drake, R. E., Bond, G. R., & Becker, D. R. (2012). *Individual placement and support: An evidence-based approach to supported employment*. New York: Oxford University Press. Available from <http://ukcatalogue.oup.com/product/9780199734016.do#.UA6-9l4ueTM>



# Resources

- Lutterman, T., Ganju, V., Schacht, L., Monihan, K., et al. (2003). *Sixteen State study on mental health performance measures*. Rockville, MD: Center for Mental Health Services, SAMHSA. Retrieved from [http://www.nri-inc.org/reports\\_pubs/2003/16StateStudy2003.pdf](http://www.nri-inc.org/reports_pubs/2003/16StateStudy2003.pdf)
- Marrone, J., & Golowka, E. (2000). If work makes people with mental illness sick, what do unemployment, poverty, and social isolation cause? *Speaking Out (Psychiatric Rehabilitation Journal)*, 23(2), 187–193.
- Missouri Department of Mental Health. (2012). *Sample scenarios for benefits planning: Navigating the systems of employment and support*. Retrieved from <http://dmh.mo.gov/docs/ada/BenefitPlanningScenarios.pdf>
- SAMHSA—National Outcomes Measure, 2008.

# Grassroots Advocacy for Employment and Economic Self-Sufficiency in New York State



Chacku Mathai, CPRP  
Associate Executive Director  
New York Association of Psychiatric  
Rehabilitation Services





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# New York State (NYS) Advocacy on Employment

- History of advocacy related to improved outcomes and relationships with State Vocational Rehabilitation since 1993
- Support for advocacy for Ticket to Work legislation in late 1990s; NYS implementation since 1998
- Direct involvement with Social Security Administration's New York Works demonstration
- Call for increased resources for supported employment
- Medicaid Buy-In (MBI) for Working People with Disabilities (WPD) in 2003



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## Harvey Rosenthal Arrested with Fellow New York Advocates Urging the Governor to Sign MBI Work Incentives Legislation



**Advocacy for Medicaid Buy-In for WPD (June 2003)**



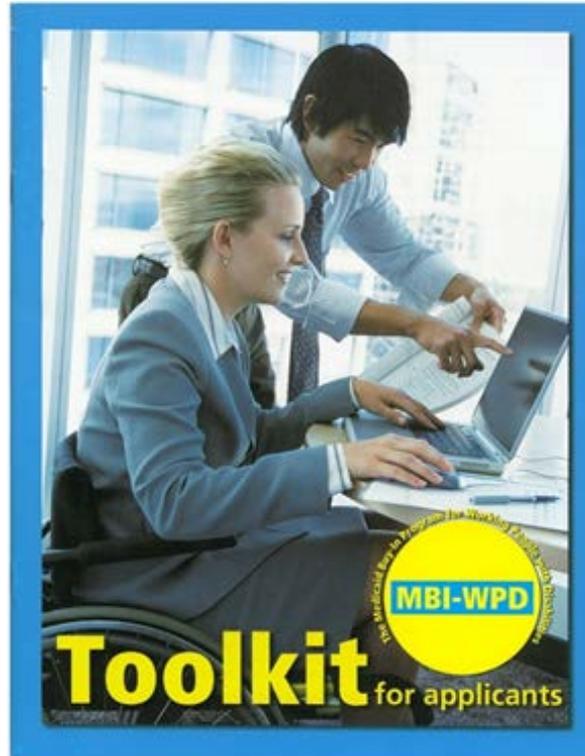
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# Increasing Awareness about Resources



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# NYS Campaign for Employment

- State leadership on employment
- Interagency task force on employment
- Most Integrated Settings Coordinating Council
- Pursuit of Medicaid Infrastructure Grant (Comprehensive Employment System)
- *WE Can Work/WE Can Save* campaigns
- Redirection of resources to integrated employment
- Development of integrated funding and data system
- Connection of employers to people seeking work





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## What Is the *WE Can Work/* *WE Can Save* Campaign?

***WE Can Work and WE Can Save*** is a grassroots movement that aims to build hope so that all people in mental health recovery achieve employment and economic self-sufficiency.





## Developed and Distributed Recovery-Oriented Tools

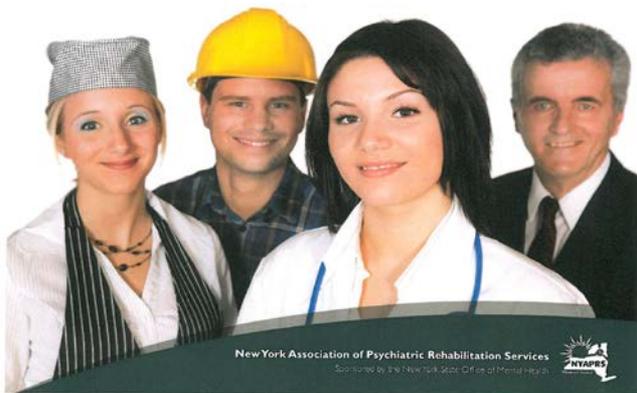
- *WE Can Work Campaign: The Employment Tool for People with Psychiatric Disabilities in New York State*
- *WE Can Work DVD: Our Stories of Recovery and Employment Success*
- *WE Can Save: A Workbook for People in Recovery Seeking Economic Self-Sufficiency*



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The **Employment Tool** For  
**People with Psychiatric Disabilities**  
in New York State



New York Association of Psychiatric Rehabilitation Services  
Sponsored by the New York State Office of Mental Health



*NOSOTROS Podemos Trabajar:*  
La **Herramienta de Empleo**  
**Para Personas con Discapacidades**  
**Psiquiátricas** en el Estado de Nueva York



Asociación de Servicios de Rehabilitación Psiquiátrica de Nueva York - NYAPRS  
Con el apoyo de la Oficina de Salud Mental del Estado de Nueva York



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***WE Can Work DVD:  
Our Stories of Recovery and  
Employment Success***



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## Tools in Development

- *WE Can Save: A Provider's Guide to Promoting Economic Self-Sufficiency; A Recovery-Oriented Approach* (in press)
- *WE Can Work: Financial Literacy Campaign Toolkit* (in development)





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# **New York Employment Services System (NYESS)**

- Medicaid Infrastructure Grant
- Engagement of employers through Department of Labor's One-Stop Operating System (OSOS)
- Access to 90,000 job openings in NYS Job Bank
- Data warehouse of employment-related information
- Access to providers, services, supports, and State agencies serving people with disabilities in NYS



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# Innovative NYS Partnership with Social Security Administration (SSA)

- “New York’s NYESS system is the first truly comprehensive employment services system of its kind in the country. This transformative development allows SSA the ability to collaborate directly with New York to document employment outcomes for individuals with disabilities holding a *Ticket To Work and demonstrate the effectiveness of the Ticket To Work program. New York and its NYESS system should serve as a model to the rest of the Nation.*”

—Robert Williams, SSA Associate Commissioner, Office of  
Employment Support Programs



# Making the Business Case for Employment and Economic Self-Sufficiency

- Mathematica studies on Medicaid costs and MBI
- New York State data on Medicaid costs and employment (44.3 percent savings in health costs)
- Health Homes
- Behavioral Health Organizations
- Managed Care Organizations



# Resources

- New York Employment Services System. <http://www.nyess.ny.gov>
- New York State's Medicaid Infrastructure Grant. <http://www.nymakesworkpay.org>
- SSA's *Red Book* guide to work incentives. <http://www.ssa.gov/redbook>
- For more information on the Ticket to Work program:
  - SSA's Work Site. <http://www.socialsecurity.gov/work>
  - Ticket to Work program information for beneficiaries. <http://www.chooseworkttw.net/>
  - The Maximus Web site for service providers.  
<https://yourtickettowork.com/web/ttw/home>
  - Or call 1-866-949-ENVR (3687).
- Any questions on the Ticket to Work program should be e-mailed to [TicketProgram@ssa.gov](mailto:TicketProgram@ssa.gov).
- *WE Can Work and WE Can Save* campaign toolkits.  
<http://www.nyaprs.org/community-economic-development/we-can-work>



# To Be Employed (When It's Against Medical Advice)



Donita Diamata  
Project Coordinator

Peerlink National Technical Assistance Center  
Project OPEN: Oregon Peer Employment Network



# My Entry into the Mental Health System

I was 21 years old.

After only **one** hospitalization, I started hearing these messages:

- “You are sick.”
- “You are fragile.”
- “You should not work.”



# Less than 4 Years Later . . .

I was living on General Assistance while applying for Social Security Disability Insurance.

| Monthly Income:     |              | Monthly Expenses:     |              |
|---------------------|--------------|-----------------------|--------------|
| General Assistance  | \$172        | Rent                  | \$200        |
| Food Stamps         | \$160        | Utilities             | \$36         |
|                     |              | Food                  | \$50         |
|                     |              | Transportation        | \$20         |
|                     |              | Extras                | \$26         |
| <b>Total Income</b> | <b>\$332</b> | <b>Total Expenses</b> | <b>\$332</b> |



# My Life While Not Working



My world revolved between the emergency department and psychiatric hospital stays. In 1 year, I was hospitalized six times.



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# How I Got Out of This Cycle

I went against medical advice.

**I got a job.**

- In 1992, I was hired for an entry-level position at The Mind Empowered, Inc., Oregon's first independent peer-run drop-in program.
- I worked for The Mind Empowered, Inc., until 1997, when the organization lost its funding.
- By the time I left, I was a program manager.



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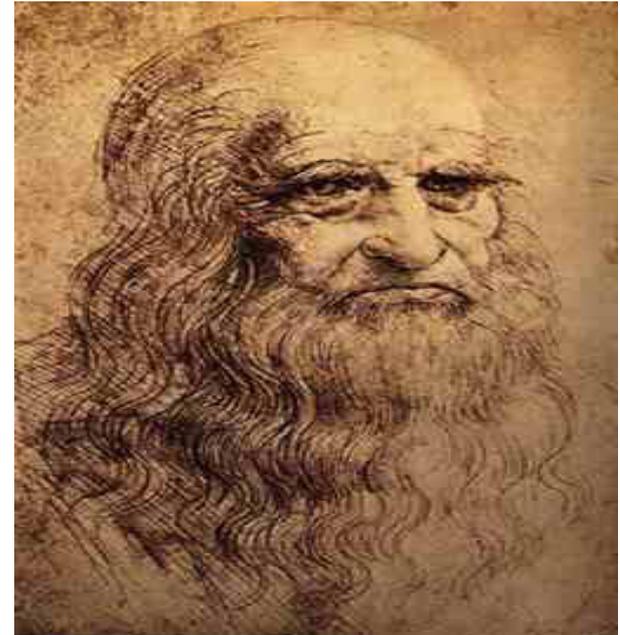
<http://www.promoteacceptance.samhsa.gov>

# From The Mind Empowered, Inc., to Starting a New Peer-Run Drop-In Program

Peer support helped me persevere.

*da Vinci Place*

opened in September 1997,  
a program of Network  
Behavioral Healthcare.



# We Were Treated as Second-Class Citizens

At first . . .

- We could not eat in the employee lounge.
- We were given no office to write our notes.
- We had to do all of our own janitorial work.
- We had to use the back door.



# Success Despite Adverse Working Conditions

- While Network Behavioral Healthcare grew to become Cascadia Behavioral Healthcare, da Vinci Place replaced the existing day program and became Renaissance, the most successful drop-in program in Oregon.
- We averaged **140 participants** each day.
- We earned over **\$1,000,000** a year.
- I was asked to replicate this success with three other struggling day treatment programs in the Portland area, turning them into peer-run drop-in centers.
- In 2000 I became Director of Peer Services. By 2003 Cascadia employed over 30 peers and had five peer-run programs.



# A Sagging Economy, Leading to More Difficult Times

- In 2003, Cascadia endured massive layoffs.
- All of our drop-in programs reverted to more traditional treatment models.
- Many peers lost their jobs.
- I sunk into a severe depression, and I was hospitalized for the first time in 7 years.
- After struggling for months and being hospitalized three more times, I was fired.
- Although I returned to Cascadia just a few months later, I lost confidence in myself.
- It took several years for me to bounce back.



## Who I Am Now



- I am now a mother.
- I am Project Coordinator for Peerlink National Technical Assistance Center and Project OPEN.
- I am an aspiring writer.

# Resources

- Mental Health America of Oregon.  
<http://www.mhaoforegon.com>
- Peerlink National Technical Assistance Center.  
<http://www.peerlinktac.org>
- Peerlink National Technical Assistance Center, Financial Self-Sufficiency.  
<http://www.peerlinktac.org/financial-self-sufficiency>
- Project OPEN.  
<http://www.peeremployment.jimdo.com>





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# What Is Your Vision?



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# Virginia's Vision

My vision is simple.

I see people with mental illnesses employed  
at the same rates as the rest of the population,  
leading to better health and longer lives.



## Chacku's Vision

People with mental health and substance use conditions  
are employed at the same rate  
as the general population.



## Donita's Vision

My vision is that no recipient of mental health services receive the message that he or she cannot or should not work. And the right kinds of supports would be readily available for those struggling to return to work or for those who struggle to keep their jobs.



## Additional Resources

- Adler School Institute on Social Exclusion, & Adler School Institute on Public Safety and Social Justice. (2011). Defining terms: Social determinants of mental health. *Intersections: A Transdisciplinary Exploration of Social Issues*, 6(4), p.9.
- Bejerholm, U., & Björkman, T. (2011). Empowerment in supported employment research and practice: Is it relevant? *The International Journal of Social Psychiatry*, 57(6), 588–595.
- Boston University Center for Psychiatric Rehabilitation. <http://www.bu.edu/cpr/resources>
  - Boston University Center for Psychiatric Rehabilitation Disability Research Right to Know section. Review of studies regarding the Medicaid Buy-In Program. <http://www.bu.edu/drrk/research-syntheses/psychiatric-disabilities/medicaid-buy-in/>
  - Synthesis of the Research Literature on Job Accommodations for People with Psychiatric Disabilities, 1990–2010. <http://www.bu.edu/drrk/research-syntheses/psychiatric-disabilities/job-accommodations>
- Collaborative Support Programs of New Jersey. <http://cspnj.org/our-services/supportive-services/supported-employment.html>



## Additional Resources

- Dartmouth IPS Supported Employment Center. (2012). *Evidence for effectiveness of IPS*. Retrieved from <http://www.dartmouth.edu/~ips/page66/page68/files/references-to-ips-evidence-1-24-12.pdf>
- Erickson, W., & Lee, C. (2008). *2007 disability status report: United States*. Ithaca, NY: Cornell University Rehabilitation Research and Training Center on Disability Demographics and Statistics.
- Forbess, R., Farkas, M., & Russinova, Z. (2010). *Enhancing workplace inclusion for employees with psychiatric disabilities*. Boston: Boston University Center for Psychiatric Rehabilitation.
- Job Accommodation Network. <http://askjan.org>
- New York Association of Psychiatric Rehabilitation Services. (2009). *Building a cross disability peer employment support model: Report to the New York State Medicaid Infrastructure Grant*. Retrieved from [http://nymakesworkpay.org/docs/Peer\\_Employment\\_Support\\_Report3.pdf](http://nymakesworkpay.org/docs/Peer_Employment_Support_Report3.pdf)



## Additional Resources

- Organisation for Economic Co-operation and Development. (n.d.). *Sick on the job? Myths and realities about mental health and work* [Fact sheet]. Retrieved from <http://www.oecd.org/dataoecd/17/24/49227189.pdf>
- Partnership for Workplace Mental Health. <http://www.workplacementalhealth.org>
- Shift: Line Managers' Resource. <http://www.shift.org.uk/employers/lmr/index.html>
- SAMHSA. (2012, July 3). Ready, willing, and able to work: Employment for people in recovery [Webcast]. *Road to Recovery*. Available at <http://store.samhsa.gov/product/Ready-Willing-and-Able-to-Work-Employment-for-People-In-Recovery/All-New-Products/SMA12-4676DVD>
- Think Beyond the Label. <http://www.thinkbeyondthelabel.com>
- United States Department of Labor, Disability Resources page. <http://www.dol.gov/dol/topic/disability>
- United States Department of Labor, Office of Disability Employment Policy. <http://www.dol.gov/odep>



# Additional Resources

## Mathematica Resource List

The Mathematica Policy Research Center for Studying Disability Policy (<http://www.disabilitypolicyresearch.org>) has conducted numerous evaluations of national demonstrations regarding employment and disability (including mental health disability) related to Social Security disability benefits (including work incentives planning assistance and the Ticket to Work), Medicaid employment-related services, Department of Labor One-Stop Career Centers, return to work for women receiving Temporary Assistance for Needy Families, and State vocational rehabilitation administration services. The following projects and resources may be of particular interest:

- The Demonstration to Maintain Independence and Employment. <http://www.mathematica-mpr.com/disability/dmie.asp>  
Two of the four States, Minnesota and Texas, focused exclusively on individuals with mental health problems.
- Liu, S., & Croake, S. (2010, August). How are the experiences of individuals with severe mental illness different from those of other Medicaid Buy-In participants? *Mathematica Policy Research, Inc., Working with Disability: Work and Insurance in Brief*, 11. Retrieved from [http://www.mathematica-mpr.com/publications/PDFs/Disability/WWD\\_mental\\_illness.pdf](http://www.mathematica-mpr.com/publications/PDFs/Disability/WWD_mental_illness.pdf)

# Additional Resources

## Mathematica Resource List cont'd.

- Mann, D. R., & Stapleton, D. (2012, January). A roadmap to a 21st-century disability policy. *Center for Studying Disability Policy Issue Brief, 12-01*. Retrieved from [http://www.mathematica-mpr.com/publications/pdfs/disability/roadmap\\_ib.pdf](http://www.mathematica-mpr.com/publications/pdfs/disability/roadmap_ib.pdf)
- Mann, D. R., & Wittenburg, D. (2012). Back to work: Recent SSA employment demonstrations for people with disabilities. *Center for Studying Disability Policy Issue Brief, 12-05*. Retrieved from [http://www.mathematica-mpr.com/publications/PDFs/disability/backtowork\\_ib.pdf](http://www.mathematica-mpr.com/publications/PDFs/disability/backtowork_ib.pdf)
- Mathematica Policy Research Center for Studying Disability Policy (Producer), & Honeycutt, T., O'Day, B., Blyler, C., & Lakin, C. (Presenters). (2012, May 16). *The future for young Americans with disabilities: Economic success or dependence?* [Webinar]. Retrieved from <http://www.disabilitypolicyresearch.org/2012forums.asp#future>  
The third presentation by Crystal Blyler focuses on youth with serious mental illness.
- Pavetti, L., Derr, M. K., Kauff, J. F., & Barrett, A. (2010). Mental disorders and service use among welfare and disability program participants in fee-for-service Medicaid. *Psychiatric Services, 61*(5), 495–499.
- Youth Transition Demonstration: Helping Youth with Disabilities Enter the Workforce. <http://www.mathematica-mpr.com/disability/ytd.asp>  
The Maryland site is focusing exclusively on youth with serious emotional disturbances.

# Additional Resources

## Bazelon Center for Mental Health Law Resource List

- EEOC page on the ADA's protections against workplace discrimination:  
<http://www.eeoc.gov/laws/types/disability.cfm>
- EEOC page on the recent amendments to the ADA:  
[http://www.eeoc.gov/laws/regulations/ada\\_qa\\_final\\_rule.cfm](http://www.eeoc.gov/laws/regulations/ada_qa_final_rule.cfm)
- EEOC page on public meeting concerning employment of people with mental disabilities:  
<http://www.eeoc.gov/eeoc/meetings/3-15-11/index.cfm>
- White House page on Executive Order 13548 concerning increasing federal employment of individuals with disabilities:  
<http://www.whitehouse.gov/the-press-office/executive-order-increasing-federal-employment-individuals-with-disabilities>



## Questions

You may now submit your question by pressing “\*1” on your telephone keypad. You will enter a queue and be allowed to ask your question in the order in which it is received. On hearing the conference operator announce your first name, you may proceed with your question.



## For More Information, Contact

- Virginia Selleck, [vselleck@placesforpeople.org](mailto:vselleck@placesforpeople.org)
- Chacku Mathai, [ChackuM@nyaprs.org](mailto:ChackuM@nyaprs.org), 518-436-0008
- Donita Diamata, [donitamhao@gmail.com](mailto:donitamhao@gmail.com), 503-922-2377





# Speakers

**Virginia Selleck, Ph.D.**, is the Chief Clinical Officer for Places For People in St. Louis, MO. Prior to starting this position in July 2012, Dr. Selleck spent 5½ years as the Director of the Office of Transformation and Clinical Director for the Comprehensive Psychiatric Services Division of the Missouri Department of Mental Health. Dr. Selleck has worked in the rehabilitation field for over 30 years. Her experience includes program development, implementation, funding, legislation, and policy work. In her last job, Dr. Selleck worked with division staff and community stakeholders to create policies, practices, and technical assistance methods that would lead to enhanced recovery outcomes for people with serious mental illness. Previously, she was a supervisor in the Adult Mental Health Division of the Minnesota Department of Human Services, working on policy and technical assistance, mental health grants management, and diverse liaison services. Prior to moving to Minnesota in 1992, Dr. Selleck worked at Thresholds Psychiatric Rehabilitation Center in Chicago, IL, where she worked in all facets of the program, as well as supervising the Center's federally funded Research and Training Institute. Her early career was spent in Southern Illinois as a “circuit riding” community mental health counselor with the Egyptian Public and Mental Health Department.





# Speakers

**Chacku Mathai, CPRP**, is an Indian-American, born in Kuwait, who has over 25 years of experience in mental health and addiction community-based services in a wide variety of roles, including Peer Advocate, Peer Support Meeting Facilitator, Self-Help Educator, Community Organizer and Educator, Community Residence Manager, Psychiatric Rehabilitation Practitioner, and Trainer and Program Administrator. Mr. Mathai currently serves as the Associate Executive Director for the New York Association of Psychiatric Rehabilitation Services. He is also an implementation partner for the New York State Center for Excellence in Integrated Care, the Substance Abuse and Mental Health Services Administration (SAMHSA) Recovery to Practice Resource Center for Behavioral Health Professionals, and SAMHSA's Bringing Recovery Supports to Scale Technical Assistance Center Strategy. He served as a founding board member and advocate for Friends of Recovery New York, a statewide coalition of people in recovery from addiction, and is a former member of the commission that oversees the United States Psychiatric Rehabilitation Association's Certification Program for Certified Psychiatric Rehabilitation Practitioners (CPRPs). Mr. Mathai is regularly invited to train across the country on peer support; leadership; advocacy; and exemplary, integrated practices in supporting people with psychiatric disabilities, diagnoses, trauma-related conditions, and co-occurring substance use conditions. His personal experiences as a consumer/survivor/ex-patient of mental health and addiction services in New York launched Mr. Mathai and his family toward a number of efforts to advocate for improved services and alternative supports in the community.



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Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services  
[www.samhsa.gov](http://www.samhsa.gov)

<http://www.promoteacceptance.samhsa.gov>



# Speakers

**Donita Diamata** is Project Coordinator for both Peerlink National Technical Assistance Center in Portland, OR, and Project OPEN, a project that trains employment peer mentors. Ms. Diamata began her career in advocacy in 1992 at The Mind Empowered, Inc., a peer-run nonprofit, where she worked in their drop-in program. When the organization lost its funding in 1997, Ms. Diamata collaborated with Beckie Child to start a new drop-in program, continuing the philosophy that all would be welcome, regardless of their current status in mental health or addiction services, their ability to pay for services, or their history with other services. Under Ms. Diamata's leadership, within 2 years of the program's creation, the new drop-in center became the most successful program of its kind in Oregon, earning over \$1 million a year, and averaging an attendance of 140 participants each day. As a result of this success, she was asked to revamp three other existing drop-in programs in the Portland area, turning them into financially solvent peer-operated programs as well. Her work continued through Cascadia Behavioral Healthcare as Director of Consumer Affairs until 2006. During her tenure, one of the most important things Ms. Diamata did was to lead the effort to create Cascadia's Consumer/Survivor Advisory Council. Ms. Diamata feels fortunate to have become immersed in the peer movement, where she began a career as a provider, then creator, of state-of-the-art peer-delivered services. While Ms. Diamata continues to advocate for improved services, empowered clients, and dramatic changes within the system, she is also pursuing a writing career as she finishes the second draft of her first novel.



# Survey

We value your suggestions. Within 24 hours of this teleconference, you will receive an e-mail request to participate in a short, anonymous online survey about today's training material which will take 5 minutes to complete. Survey results will be used to determine resources and topic areas to be addressed in future training events.

Survey participation requests will be sent to all registered event participants who provided e-mail addresses at the time of their registration. Each request message will contain a Web link to our survey tool. Please call **800-540-0320** if you have any difficulties filling out the survey online. Thank you for your feedback and cooperation.

Written comments may be sent to the SAMHSA ADS Center via e-mail at [promoteacceptance@esi-dc.com](mailto:promoteacceptance@esi-dc.com).



## Archive

This training teleconference was recorded. The PowerPoint presentation, PDF version, audio recording of the teleconference, and written transcript will be posted to the SAMHSA ADS Center Web site at

<http://www.promoteacceptance.samhsa.gov/teleconferences/archive/default.aspx>.



## Also of Interest

If you enjoyed this training teleconference, we encourage you to:

Join the **ADS Center listserv** to receive further information on recovery and social inclusion activities and resources including information about future teleconferences.

<http://promoteacceptance.samhsa.gov/main/listserve.aspx>





## Contact Us

### **SAMHSA ADS Center**

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*The moderator for this call was **Maureen Madison.***



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