



Mid-America (HHS Region 7)

**MHTTC**

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

# Family Peer Support: An Emerging Profession

## Session 7: How Families Can Foster Independence: Employment

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At the time of this presentation, Tom Coderre served as Acting Assistant Secretary for Mental Health and Substance Use at the Substance Abuse and Mental Health Services Administration (SAMHSA). The opinions expressed herein are the views of the speakers and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

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The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED  
AND HOPEFUL

INCLUSIVE AND  
ACCEPTING OF  
DIVERSE CULTURES,  
GENDERS,  
PERSPECTIVES,  
AND EXPERIENCES

HEALING-CENTERED/  
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS  
PARTICIPATING IN THEIR  
OWN JOURNEYS

PERSON-FIRST AND  
FREE OF LABELS

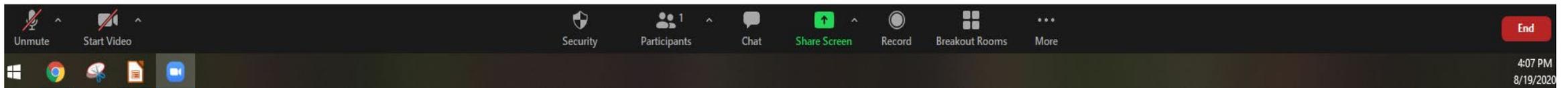
NON-JUDGMENTAL AND  
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR  
AND UNDERSTANDABLE

CONSISTENT WITH  
OUR ACTIONS,  
POLICIES, AND PRODUCTS

# Announcements

- All attendees are automatically muted.
- Submit questions via the chat box at any time during the webinar.
- The slides are available in the chat box.
- This webinar is being recorded



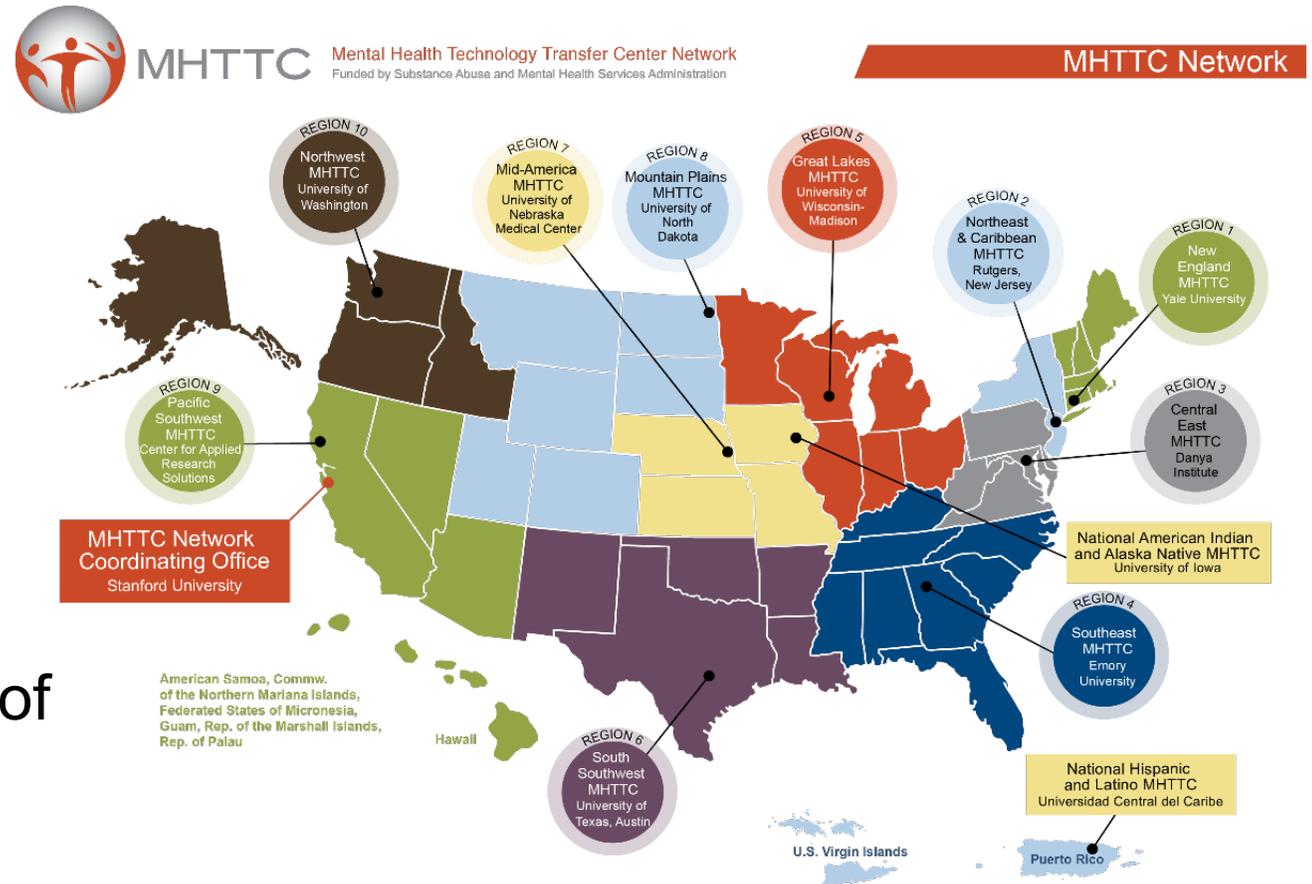
# Evaluation

- At the end of this session, you will be asked to complete a brief evaluation.
- Because this event is federally funded, we are required to ask about participants' satisfaction with our services.
- To maintain our funding, we are required to get 80% participation.
- We greatly value your feedback and participation in the survey!!

# Mid-America Mental Health Technology Transfer Center

Established to increase utilization of evidence-based mental health practices.

- Missouri, Iowa, Nebraska, and Kansas.
- Free training and technical assistance.
- SAMHSA grant awarded to the Behavioral Health Education Center of Nebraska at University of Nebraska Medical Center. (5 years, \$3.7 million, grant number: H79SM081769)



# Family Peer Support: How Families Can Foster Independence: Employment

In this presentation, Mid-America MHTTC specialists and partners with Omaha-based Community Alliance will demonstrate ways in which family peer support empowers families to support their loved one's desire to work. In particular, participants will learn how recipients of family peer support:

- Learn to engage their loved ones in conversations about employment and help them become motivated to work;
- Learn to support their loved ones with job development and seek referral for vocational rehabilitation and supported employment;
- Learn to help their loved ones thrive and find independence at work.

# Question

There is one great predictor of employment success in Supported Employment programs...

- Diagnosis?
- Psychiatric symptoms?
- Substance use (co-occurring disorder)?
- Age?
- Education?
- Work history?
- Disability status?
- Prior hospitalization?

# Answer

There is only one great predictor of employment success in Supported Employment programs...

- Diagnosis?
- Psychiatric Symptoms?
- Substance use (co-occurring disorder)?
- Age?
- Education?
- **Work History?**
- Disability status?
- Prior hospitalization?

(Bond et al. (1995), Drake et al. (1996), Drake et al. (1999), Goldberg et al. (2001), Meisler et al. (1997), \*Miller et al. (2006), Sengupta et al. (1998))

# People with mental illness want to work

75% of people with serious mental illness wants a job

(Corrigan et al., 2008)

72% of persons with co-occurring substance use wants a job

(Fraunfelker, 2011)

15% of people with serious mental illness work

(Bond, 2007)

61% of people with serious mental illness can find work

(Bond et al., 2008)

45% (**and increasing**) of people with mental illness in Community Alliance

WorkSource Program find and keep a job for at least 90 days, N=102

(Baerentzen &  
Stuart, 2011; unpublished)



# Supported Employment

- Published by SAMHSA
- 1<sup>st</sup> RCT published in 1996
- Intervention of choice in most states to help persons with mental illness find employment

# Empirical Evidence for Supported Employment

Literature review:

11 Randomized Controlled Trials of Supported Employment (IPS)

In 11 of 11 RCT's, SE had significantly better competitive employment outcomes than controls

Mean across studies of consumers finding competitive employment:

61% for SE

23% for controls

0.83 effect size (mean, unweighted, range 0.56-1.23; Bond et al. , 2008)

# Specific Findings

- SE has significant effect on all vocational variables

	SE	Control
Pay	?	?
Worked more than 20 hours per week	43.6%	14.2%
Days to competitive job	138	206
Weeks worked during study		
(N=working participants only)	24.2	25.5
(N=all study participants)	12.1	4.8

(Bond et al. , 2008)

# 2 follow up studies on Supported Employment

## 10-year follow up

- 47% of all enrollees in SE currently working
- 33% of all enrollees in SE had worked more than 5 years

(Salyers et al., 2004)

## 8-10 year follow up

- 71% of all enrollees in SE currently working
- 71% had worked for more than 50% of time (4-5 years)

(Becker et al., 2007)

# Non-Vocational outcomes of Supported Employment

## Perceived effects of working

<b>Work affected...</b>	<b>Worse</b>	<b>Same</b>	<b>Better</b>
... relationships with others	3%	29%	68%
... feelings about life	8%	24%	68%
... feelings about yourself	11%	21%	68%
... self-confidence	13%	18%	68%
... symptoms	16%	26%	58%
... energy level	18%	26%	55%
... medication side effects	8%	61%	24%
... alcohol use (68% NA)	8%	16%	8%
... drug use (84% NA)	5%	8%	3%

N=38, 8-10 years after finding employment through SE program

(Becker et al., 2007)



# Specific Findings

- Non-vocational outcomes
  - Hospitalization days
    - 14.90 (Year prior to IPS)
    - 4.86 (Year one of IPS)
    - 5.59 (Year two of IPS)

(Kukla & Bond, 2012)



# 2 competing models for Vocational Rehabilitation

- Train then Place (old school)
  - Optimal symptom reduction and development of vocational skill prior to job placement
- Place then Train (Supported Employment)
  - Job placement prior to optimal symptom reduction and development of vocational skill



# Cost and Access

- Average per client cost is \$5500 (2012)

(Bond & Drake, 2014)

- 2.1% of patients with SMI receive Supported Employment

(SAMHSA, 2009)

# 8 Principles of Supported Employment

- **Zero exclusion criteria:** Any person who has serious mental illness and is interested in a job is eligible.
- **Client preferences are important:** We respect a persons autonomy in choosing job type, and involvement of supported employment specialist.

# 8 Principles of Supported Employment

- **Work incentives planning is offered to all:** People are provided accurate information about their benefits (e.g., Social Security) before and after they find a job.
- **The focus is on competitive jobs:** Jobs in the community that pay at least minimum wage. They are not jobs created specially for people with disabilities.

# 8 Principles of Supported Employment

- **Rapid job search:** the job search starts within the first month and clients are assisted directly in the job search.
- **Employment specialists build relationships with employers:** Employment specialists develop relationships with employers through multiple visits aimed at learning about the needs and preferences of each employer.

# 8 Principles of Supported Employment

- **Follow-along supports are continuous:** Employment specialists and other treatment team members provide individualized supports for as long as the person wishes. Typically, the employment specialist is involved for at least a year before mental health practitioners assume the responsibility for helping with job supports.



# 8 Principles of Supported Employment

- **Supported employment services and mental health services are integrated:** Employment specialists and mental health practitioners meet/collaborate frequently to think of ways to support a person's goals.

# Today's Presenters and Panelists

**Dr. Lilchandra Jai Sookram** has been in the mental health field for over 40 years. At the Nebraska State Hospital, he provided psychological services to persons with serious mental illness and to their family members, and he directed clinical services including psychology, nursing, social work, therapeutic recreation, education and return-to-work programs. He is the former director of mental health services in Kansas and clinical director of a juvenile correctional facility. Currently he is manager of family and peer services at Community Alliance.



# Today's Presenters and Panelists

**Cecilia Losee** is a financial planner who specializes in working with special needs families. Her own disability and that of her adult daughter give her a unique perspective into what it takes to plan for the future. With over 10 years in the industry she uses many different tools, such as special needs trusts, to ensure the protection of government benefits while maximizing the amount left to take care of your loved ones.



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Questions?





# Thank you very much

Please do not hesitate to contact me regarding family peer support services

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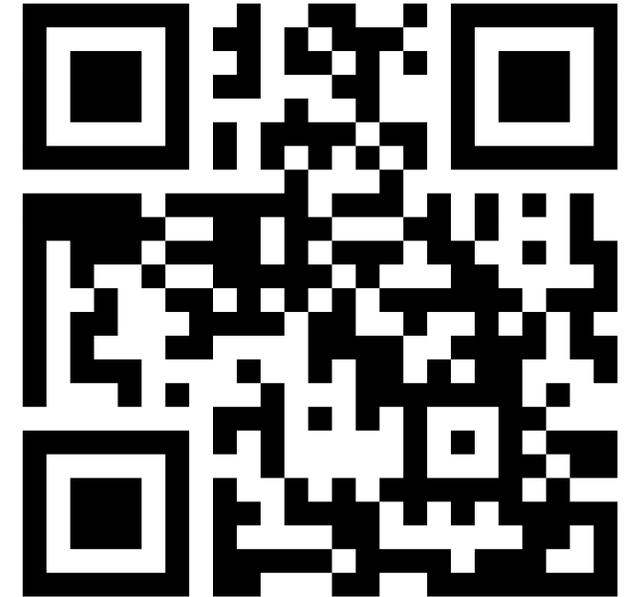
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**OR**

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Camera app to scan the  
QR code** 





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# Family Peer Support: An Emerging Profession

A webinar series to introduce Family Peer Support to the mental health community

Register for upcoming events:

- <https://mhttcnetwork.org/centers/mid-america-mhttc/family-peer-support-emerging-workforce>
- May 20th 2021, Family Peer Support: How Families Can Foster Independence: Housing