January 24, 2014
Laura Flint Testimony
House Committee on Human Services
Re: Explanation of causes for the steady decline in successful employment outcomes within the CRT (Community Rehabilitation and Treatment) program and suggestions to reverse the trend.

Good afternoon Madam Chair and Members of the Committee. Thank you for the opportunity to testify today.

My name is Laura Flint and I will be speaking on behalf of the Department of Mental Health (DMH). I am full-time contracted employee of DMH. Officially, my employer is the Dartmouth Psychiatric Research Center yet all my work is here in Vermont and I consider myself part of the staff at DMH. My work with DMH focuses on employment supports for people with mental illness at the VT mental health centers and at the peer-run programs. For the past 20 years, I have worked in the field of supported employment in Vermont. Five of those years, I worked as an employment specialist in one of Vermont's Community Rehabilitation and Treatment (CRT) programs – the same program under discussion today.

I would like to start off by mentioning that the Department of Mental Health is fully committed to assisting Vermonters living with a mental illness to achieve their goals of working and developing careers.

Today I will discuss with you:

- How employment is incredibly important to people who are living with a mental illness
- Briefly describe the evidence-based practice for assisting people with finding employment
- Reasons that may have contributed to the decline in the employment rate such as
    - Decreased employment staffing
    - Small number of people receiving employment services
    - Challenges common to sustaining a best practice such as waning enthusiasm and attention to process improvement, competing priorities and external pressures, and reduction in available resources.
- Suggestions on how to reverse this trend to previous levels of success or higher, such as
    - Ensuring that employment is a priority and adequate funding is available
    - Increasing the number of employment staff
    - Tracking the number of people who receive employment services and employment program level data
    - Continuing to include employment as a performance measure in the master grant agreement
        - Continuing to work with key stakeholders to determine needed supports and enhancements to services to achieve their goals will be important.

"I would like to work, live in a decent home, own a car, and have a life-long companion." When asked, these are the top personal goals cited by our neighbors, family members, co-workers and friends who are living with a mental illness. **Of these goals, successful employment is the most powerful catalyst for recovery and change.** *It has been said, by a prominent researcher in the mental health field, that "Working helps further recovery more than any other single thing – more than therapy, case management or medication alone."*

Another benefit is that it makes financial sense to the individual and to our system - it saves the system money by reducing costly services such as hospitalizations, ER and crisis services. Some research shows that the system can save about $6,000 for every person who works 10+ hours a week.

Lastly, research demonstrates that unemployment is extremely bad for your health. It creates more

- sickness
- disability,
- obesity,
- use of medications,
- use of medical services,
- decreased life expectancy,
- increased physical problems,
- increased psychiatric disorders,
- and increased use of substances.

However, returning to work after unemployment improves health by as much as unemployment damages it.

Fortunately, we do have a proven method for helping people who have a serious mental illness obtain employment. It is called Individual Placement and Support (or IPS for short). It is a specific evidence-based model of supported employment and you may hear me say IPS or Supported Employment throughout my testimony.

The rigorous model of IPS is **three times more effective at helping people obtain competitive employment than other vocational services**.

One main point to remember is that **high adherence to the guidelines and principles of this supported employment practice leads to better <u>employment program</u> outcomes** and it helps mitigate some of the challenges unique to local communities such as a depressed economy.

IPS supported employment does not just focus the individual but takes a broader look at the culture of the mental health center and emphasizes the importance of developing relationships in the community. It truly takes a person-centered AND holistic approach.

If you could please turn to Chart #1

In late 1998, Vermont was the first state in the nation to implement IPS in every region. Due to the commitment of Vocational Rehabilitation and DMH leadership to increase the focus on supported employment statewide, within 2 years we witnessed almost a 200% increase in our employment rates. We maintained these higher rates until 2005 when we began to witness a gradual decline and then a more significant decline in 2007-2008. We have stabilized at 19-20% rate in the last 3 fiscal years. We are also encouraged by the 1% increase from FY12 to FY13 because it is the first time in ten years we have witnessed an increase. DMH has always been committed to helping people obtain employment and even helped organize a statewide workgroup in 2008 to address the decline in employment outcomes. A strategic plan on how to increase outcomes across the state was developed. While many of the objectives are still relevant today, we could benefit from a deeper look at the issues in order to develop an improvement plan that has wide stakeholder buy-in and addresses current challenges.

Now I will discuss the reasons for the decline in employment outcomes until recently. There really is nothing that we can easily point to and say this IS the reason for the decline because it is complex and multifaceted.

Please turn to Chart #2

This chart highlights the fact that we have been losing employment staff across the state to attrition. High turnover and low salaries make it challenging to replace people who leave so there have been vacancies for months at a time for positions agencies can fill. In addition, we are in dire need of hiring people with a lived experience of mental illness because programs report higher outcomes with peers on staff. The DA's had 6 peers at one point and now have only one part-time position, which is currently vacant. We are encouraged by the FY13's preliminary data that show a slight increase in staff, which may or may not be related to the slight increase in outcomes. It does help strengthen our belief that more employment staff will contribute to higher outcomes.

Please turn to Chart #3 and #4

We are not providing supported employment services to as many people as possible. Only 22% of the CRT population is receiving services. If we are to align ourselves with best practices, we need to at the very least double that number.

Research says up to 70% of people want to work when asked. And no, not all 70% of those individuals are going to sign up to look for employment tomorrow. Just like many of us in this room may have a goal of being healthier, it does not mean if we do not sign up for yoga classes or a gym membership immediately that we do not want to be healthier. Sometimes it takes someone else to encourage us or go with us to that yoga class. Sometimes it takes the doctor sharing important information with us that demonstrates the serious health consequences of not taking action. Direct-service staff may not know how to successfully navigate a

conversation about the importance of work with people who are not currently be choosing to pursue employment. Many staff can benefit from additional training and skill development.

With additional skills and supervision, the staff may be able to increase the number of referrals to the supported employment programs. **If we can double the number of people receiving employment services, we will see an increase in employment rates.**

On Chart #3 you will see that **<u>of the people</u> who had 6 or more employment services (the dark green tall bar), almost half found a job.** To provide you with a comparison, according to research mature, high performing programs tend to have about a 55-65% employment rate. The national average for programs that are involved in an evidence-based supported employment learning collaborative is about 40%. (We have 6 of our 10 DA's involved in that national collaborative.) Vermont's average for FY13 is at 47% which is up from 40% in FY12.

The last reason I will briefly mention is the issue common to sustainability of a best practice. It is normal to be excited when first working to improve a practice and doing something new. And it is normal to lose interest over time. It's like the 7-year itch they talk about in a marriage and if you look at the data, it was about 7 years into the commitment that our numbers started to drop. We stopped doing regular fidelity assessments with agencies whereas before they were yearly. In a nutshell, we stopped shining the light on employment and turned our spotlight elsewhere. In addition, we lost valuable resources and staff. To address this, DMH recently hired another state level Supported Employment Services staff to provide technical assistance and support to the DA's.

Please turn to the last chart, number five.

This chart shows us some interesting and positive data. Vermont increased its percentage employed of people with mental illness from FY11 to FY12. It also indicates that there are MORE people employed who have a severe and persistent mental illness than people receiving less intense case management services elsewhere in the system (of the 37% figure, 20% in CRT were employed versus 17% elsewhere in mental health). What this says to me is that supported employment works. When people receive support to find a job they want in the community, they are often successful. I am confident that the 17% figure would be much higher if more people had evidence-based supported employment available to them but it is only funded by CRT programs at this time.

How can we continue to increase our employment outcomes to our previous levels of success or even higher?

- Employment needs to be a priority and adequately funded in each DA's CRT program.
- DMH and the DA's need to determine the best way to add more employment staff using existing resources.
- Outcome measurement is one of the most important tools available to us and it is free. Simply tracking the number of people, especially new people to the system, who use SE services and the employment rate for SE participants will do 2 things:

    - One: recognize the hard work of the employment staff statewide that often goes unnoticed and
    - Two: increase the number of people receiving services. Simply tracking something often brings about change. Adding a goal to work towards may be useful.
- Continue to support employment as a performance outcome measure in the AHS master grant agreement.
    - Key stakeholders will need to work together to determine the needed enhancements and supports to achieve identified measures.

Thank you again for your time.