

Employment and Economic Self-Sufficiency as Pathways to Recovery


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What Do People Want from Employment that Promotes Recovery?

- Employment careers, not just a series of sequential jobs
- Work with dignity that they can feel proud of
- Help returning to work in ways that do not endanger their benefits & entitlements
- Routes to economic security

Employment Intervention Demonstration Program (EIDP)



Funded by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration

How did the study work?

- ✓ Unemployed people with psychiatric disabilities were recruited in 7 states
- ✓ They were randomly assigned to a supported employment program or the control group condition.
- ✓ They completed in-person interviews with researchers every 6 months for 2 years, their employment was tracked weekly, & their services were monitored on a monthly basis


Experimental Interventions

- integrated clinical & vocational services
- multidisciplinary provider teams (mental health, vocational rehabilitation, substance abuse tx, peer support, benefits counseling)
- rapid job search & placement activities
- desired outcome of competitive employment
- jobs meeting preferences of participants
- ongoing supports available with no time limits

Subject Characteristics N=1273

- Half male/female
- 18-76 years; average=38 years
- 48% Caucasian, 31% AA, 14% Latino
- 90% schizophrenia, mood disorders
- 64% concurrent substance abuse diagnoses
- Avg. 6 hospitalizations
- 96% taking psychiatric medications
- 60% additional disabilities/health conditions
- 47% no employment 2 years prior to study

**EIDP Key Findings:
Achieving Employment
Outcomes**



**Economic Productivity of All EIDP
Participants**
Over a 24-month period...

- 2230 jobs were held by clients, an average of 2.2 jobs per worker
- \$4.7 million was earned by clients, an average of \$5,786 per worker
- 820,293 hours were worked by EIDP clients

Job Features

- Almost all jobs (86%) were minimum wage or above
- Jobs paid an average of only \$5.91 per hour
- Most jobs were worked an average of 19.4 hours per week
- Only 17% of all jobs were full time (35+ hours per week)

Important questions...

- Since participants worked at low-paying jobs & most worked part-time, did these jobs make a difference in their personal economies?
- In other words, were they significantly better off financially if they worked?



**One Way to Measure This:
Ratio of Income to Expenses**

Ratio
The person's income for a month divided by his/her expenses for that month
Break-Even Point = 100%
if = 100% - income equaled expenses
if < 100% - expenses exceeded income
if > 100% - income exceeded expenses

Research funded by the
Social Security Administration



**Ratios of Income to Expenses for
Employed vs. Unemployed**
(break-even = 100%)

EMPLOYED = 120%

NOT EMPLOYED = 80%

*significant difference at $p < .05$

So, people *were* significantly better off if they worked.

How did participants' work status interact with their disability beneficiary status?

❖ Did people who worked do better if they were receiving public disability income (SSI/SSDI) or worse?

Impact of SSI/SSDI & Employment Status on Ratio of Income to Expenses?

(break-even ratio = 100%)

Status	Ratio	N
Employed + SSI/SSDI	= 190%	190
Employed no SSI/SSDI	= 160%	97
SSI/SSDI not Employed	= 130%	481
No SSI/SSDI/Employment	= 60%	55

*significant difference at $p < .05$

Is Work Worth It? Yes!

- Participants' monthly cash income was very low & monthly expenses were high relative to their income
- In a typical month, the average ratio of income to expenses was barely more than 100% (i.e., participants barely break even)
- Employed participants had significantly better ratios than nonemployed participants
- Employed participants receiving public disability income had the best ratios

We Examined Multiple Employment Outcomes

- Competitive Employment*
- Work for 40+ hours per month
- Monthly Earnings
- Any Work for Pay



*Competitive Employment:
– pays minimum wage or higher;
– located in mainstream, integrated settings;
– not set-aside for mental health consumers; *and*
– job is consumer-owned.

Participants' Personal Features...

- Male vs. Female
- Race/Ethnicity
- Age
- Education
- Prior Work History
- Symptoms
- Functioning
- Marital Status
- Drug/Alcohol Abuse
- Living with Children < 18 years old
- Diagnosis of Schizophrenia
- Co-occurring Health Problem or Disability
- Receiving Disability Income

Findings: Effects of Study Condition

Controlling For Personal Features...

- in both the experimental & control groups, people's employment *outcomes improved over time*
- those in the *experimental groups had better outcomes* than those in the control groups
- the *advantage of the experimental group participants increased over time* relative to the control group

Characteristics Associated with Success

- better work histories
- fewer symptoms
- younger people
- lower levels of functional impairment
- no health problems or disabilities
- not receiving disability income
- diagnoses other than schizophrenia
- no co-occurring substance abuse

Razzano, Cook et al., *Journal of Nervous & Mental Disease*, 2005;
Burke-Miller, Cook et al., *Community Mental Health Journal*, 2006

Types of Services Measured in EIDP Study

<u>Vocational</u>	<u>Clinical</u>
Vocational Assessment/Evaluation	Case Management
Client Specific Job Development	Family/Couples Counseling
Collaboration with Employer	Emergency Services
Vocational Support Groups	Evaluation/Diagnosis
Collaboration with Family/Friends	Individual Counseling
Vocational Treatment	Group Counseling
Planning/Career Development	Medication
Off-Site Skills Training/Education	Evaluation/Maintenance
Off-Site Vocational Counseling	Partial Hospital Program
On-Site Job Support	
Transportation	

EIDP Results: Service Integration


- Subjects in models with **high service integration** were more than twice as likely to be **competitively employed**, & almost twice as likely to **work 40+ hours/month**.
- **Higher amounts of vocational services** were associated with **better employment** outcomes, all other things being equal.

(Cook et al., 2006, *American Journal of Psychiatry*)

What Do We Mean by Clinical & Vocational Services Integration?

Level of services integration was defined as "high" when vocational & mental health services were delivered...

- ☒ by the same agency
- ☒ at the same location
- ☒ using a single case record
- ☒ with regularly scheduled meetings of vocational & clinical providers (i.e., daily or no less than 3 times/week)



EIDP Results: Vocational Services

- ✓ Participants who received **job development** were almost five times as likely to obtain competitive employment as individuals who did not receive it.
- ✓ Those who received **ongoing job support** tended to have significantly longer job tenure in their first competitive job, but there was no impact on total number of hours worked.

Leff, Cook et al., 2006, Psychiatric Services

Unemployment


How are the careers of people with psychiatric disabilities affected by the local economy?

- Does the local labor market make a difference?
- Does the local unemployment rate influence vocational success?
- Can best-practice supported employment help to overcome a poor local economy?

People with Psychiatric Disabilities ARE Subject to General Labor Market Trends

In the EIDP, all four vocational outcomes were worse for those residing in counties with higher unemployment, regardless of:

- Participants' study condition (E or C)
- Participants' individual characteristics (demographics, clinical features, work experience, etc.)



If Local Unemployment is So Important, Do Best-Practice Services Even Matter?

To address this we looked at 4 groups...

- Those receiving best practice in areas with low unemployment did best
- Those receiving best practice in areas with high unemployment did 2nd best
- C condition with low unemployment 3rd best
- C condition with high unemployment worst

SE Helps to Ameliorate the Effects of High Unemployment

- Best-practice SE services allow individuals in areas with high UR to do better than Control subjects in areas with low UR
- Most important: without best-practice services, those in areas with high UR are highly unlikely to work or build careers

(Cook, Grey et al., Journal of Vocational Rehabilitation, 2006)

Employment is Only One Component of Economic Security

Other components include...

- Financial Literacy
- Asset Accumulation
- Long-term Financial Planning



Many People with Psychiatric Disabilities Live in Poverty

Among those participating in the EIDP, almost three-quarters (73.9%) were at or below the poverty level, including those receiving disability income support...

- | | |
|-------------------------------------|-----|
| • % living in poverty on SSI | 78% |
| • % living in poverty on SSDI | 59% |
| • % living in poverty on SSI + SSDI | 75% |
| • % living in poverty on neither | 87% |

When People Live in Poverty It's Difficult to "Risk" Employment



For people receiving public disability insurance income, employment is a RISK

- Risk of job discrimination
- Work accommodations require disclosure & potential rejection
- Risks to one's economic safety net

Is it possible to reduce the risk?

(Cook, Grey et al., Psychiatric Services, 2006)

Financial Planning Needs of People with Psychiatric Disabilities

- Research funded by the National Endowment for Financial Education (NEFE®), a Denver-based, nonprofit foundation focused on helping individuals control their financial lives <http://www.nefe.org/>
- Conducted focus groups & interviews with consumers, advocates & providers



Study Findings: Financial Planning Needs

- Having to focus on basic needs limits the ability to plan
"The money that's left over after [bills] has to go toward food, medications, and transportation costs."
- Lack of basic education skills & financial literacy
Poor reading & math skills, problems navigating the benefits/entitlements systems or adhering to a budget
- Need to learn how to handle the emotional issues associated with lack of money.
"...one of the biggest reasons that people commit suicide is over financial issues."
- Need for emotional support.
"Case managers should be...vigilant with clients having financial struggles, even when they say they're doing fine."
- Many reported embarrassment turning to peers or providers with financial problems.

Results: People Demonstrated Expertise & Desire to Manage Money



- Diverse financial management strategies...
 - envelope budgeting; money jars; using generics; shopping at discount & outlet stores; clipping coupons; stocking up at food banks; sharing resources; finding free/low-cost services; self-denial; bartering; calendars.

Conclusions: Financial Education

- Financial education should be based on an individual planning model
- Teach short-term money management strategies & long-term financial goals.
- Recovery & self-determination (not mental illness) should be emphasized
- On-going support needed until self-efficacy is developed
- Need for supportive group activities & strategies for handling emotional stress related to finances

Members & Staff of the UIC Individual Development Account Project



Funded by the Consumer Affairs Program of the Center for Mental Health Services of SAMHSA, & the National Institute on Disability & Rehabilitation Research of USDOE

Individual Development Accounts (IDAs)




- ⚠ Assets for Independence Act (AFIA, 1998) administered by HHS
- ⚠ Save earned income for 1st home, small business capitalization, or post-secondary education
- ⚠ Income below 200% of poverty level to qualify
- ⚠ Savings must be from earnings; 3-year limit
- ⚠ Savings excluded from SSI/SSDI beneficiaries
- ⚠ Individual must receive financial education
- ⚠ Individual's contribution is matched by federal & non-federal source (e.g., 1-to-1 match: \$100 individual's deposit + \$100 federal + \$100 non-federal = \$300)

3-Year Potential Savings

Month/Yr	Individual	Federal	Foundation	Total
Dec 06	\$25	\$25	\$25	\$75
Jan 07	\$25	\$25	\$25	\$75
Feb 07	\$25	\$25	\$25	\$75
Mar 07	\$25	\$25	\$25	\$75
Apr 07	\$25	\$25	\$25	\$75
May 07	\$25	\$25	\$25	\$75
Year 1	\$300	\$300	\$300	\$900
Year 2	\$600	\$600	\$600	\$1800
Year 3	\$900	\$900	\$900	\$2700

What will \$2,700 buy in Chicago?

- ⚡ 3% down on a \$90,000 condo
- ⚡ 12 credit hours of undergraduate tuition at UIC
- ⚡ 10 credit hours of graduate tuition at UIC
- ⚡ Microsoft Office Specialist Certification
- ⚡ Laptop, printer, office supplies, phone, and transportation for small business

UIC Financial Education Curriculum

Six sessions involving small group interaction, humor, & expenditure tracking

- Values, needs vs. wants; identifying financial goals; tracking income & expenses
- Fixed vs. flexible expenses; envelope budgeting; how to start & maintain a savings plan; track expenses
- How to increase income/decrease spending; track expenses
- Understanding credit; credit report/score; managing credit/debt problems; track expenses
- Using financial institutions; track expenses
- Consumer skills & rights; track expenses

The Bottom Line re: Financial Education

- Financial security is essential to well-being.
- Even as people return to work, debt, poor credit, & financial hardship can threaten the recovery process.
- People with psychiatric disabilities are likely to experience poverty & other financial insecurity.
- Financial education & on-going support is a matter of effort, not expenditure.

A Closing Thought from Charles Dickens...



“Annual income twenty pounds, annual expenditure nineteen nineteen six, result happiness. Annual income twenty pounds, annual expenditure twenty pounds ought and six, result misery.”

David Copperfield (1849)

Learn more about the EIDP by visiting its website...

www.psych.uic.edu/eidp/

- full descriptions of study conditions including research & provider contact information
- downloadable protocols & documentation
- latest study findings & publications
- downloadable presentations re: the study
- links to relevant sites

