

# Encouraging Employment for People with Serious Mental Illness: Challenges and Opportunities

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# Overarching Premise

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Unemployment in the general population correlates with illness, substance abuse, domestic violence, lack of social connection and other adverse outcomes.

People with serious mental illness are unemployed at shockingly high rates, exceeding 85% in some states.

People with serious mental illness die of treatable conditions 25 years younger than the general population.

**Employment is a health intervention. Where they exist, correlational studies have found reduced healthcare spending for people as their employment increases.**

# Barriers and Misunderstandings Exist in Multiple Domains

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- **From the state/provider perspective:** Federal and state Policy disincentives
- **From the practitioner perspective:** confusion about how to fund it; lack of access to training for legacy staff
- **From the perspective of the person served:** Disconnect of messages: People are told they are permanently disabled; that they should not work at all when seeking essential safety net resources

# Funding and Policy Concerns:

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- Medicaid Rehab Option (primary source for community support in many states) prohibits “straight” vocational services.
- Policy makers often do not understand that VR resources are very small in comparison with Mental Health system need: Cantaloupe compared with an orange.
- State Directors of Mental Health rarely believe employment is part of their core mission.
- **The ability to correlate wage and hour data with health care spending could provide motivation to bring employment supports to many more people. Data mining is difficult and expensive.**

# List of possible funding streams for pieces of IPS:

AKA “*When you’ve seen one state, you’ve seen one state.*”

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- ❖ Medicaid Rehab Option for the Illness management parts **IF** states provide proper guidance re: Medical necessity;
- ❖ 1915i is an option for states to pursue **BUT** barriers with respect to residential setting of recipient
- ❖ Other Medicaid waivers and Managed Care **depends on** “selling employment”
- ❖ VR - excellent partnerships exist but **depend on heavy lifting by state policy staff** and will always fall short of need (cantaloupe vs orange)
- ❖ Ticket to Work milestones are **complex** to administer
- ❖ State block grants and general revenue—very flexible and **very scarce**
- ❖ County grants; mil taxes; city budgets— creates **variation in access** within a state
- ❖ Provider level fund raising—**depends upon agency mission**

Adds up to this.....and it is uphill both ways.

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Multiple sources of funding are both a blessing and a curse:

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Remember:

**At the provider end, the more sources of funding and the greater the complexity, the less likely they will be interested in implementing.**

# Practitioner issues

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- Staff concerns that people will lose Medicaid (that pays for care) and SS that pays for housing if they go to work. **There is a big gap in available benefits counseling for persons served and their families.**
- Legacy staff still think “work is too stressful.”
- Disability lawyers advise staff and persons served that ANY work will result in no SS.

# Issues for Persons Served

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- Disconnected messages abound. People must be “disabled” in order to get urgently needed resources, YET they must have work potential to be served in employment services.
- There is a matrix of supports for poor people that are affected in confusing ways by income.
- Staff helping them are equally confused.

**People struggle mightily to keep benefits which still result in a life of poverty.**

# Contact Information

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