

**SAMHSA's BRSS TACS**  
**Virtual Expert Resource Meeting**  
*on*  
**Supporting People with SMI or SUD in**  
**Achieving Employment Goals**

**February 25–26, 2020**

**Expert Resource Meeting Report**

**April 16, 2020**

*Prepared for the*  
**Substance Abuse and Mental Health Services Administration**

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## **ACKNOWLEDGEMENTS**

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## **Disclaimer**

The Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) team, led by C4 Innovations, developed this report under contract number HHSS283201200035I/HHSS28342002T. The Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS), supports BRSS TACS. The views, opinions, and content of this publication are those of the authors and do not necessarily reflect the views, opinions, or policies of SAMHSA or HHS.

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## **ABOUT BRSS TACS**

Led by C4 Innovations (C4) and its partners, the Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) supports programs, systems, states, territories, and tribes as they implement effective recovery supports and services for children, youth, families, young adults, adults, seniors, and other diverse populations with mental or substance use disorders. The lived experiences of people in recovery, who play key roles in BRSS TACS project leadership, development, and implementation, enrich the work of BRSS TACS. In addition to C4, the BRSS TACS team includes these organizations:

- Boston University Center for Psychiatric Rehabilitation
- Community Catalyst
- Faces and Voices of Recovery
- Georgia Council on Substance Abuse
- National Association of State Alcohol and Drug Abuse Directors
- National Association of State Mental Health Program Directors
- National Council for Behavioral Health
- National Empowerment Center
- National Federation of Families for Children's Mental Health
- New York Association of Psychiatric Rehabilitation Services
- Yale Program for Recovery and Community Health
- Youth MOVE National

The Substance Abuse and Mental Health Services Administration (SAMHSA) launched BRSS TACS in 2011. The SAMHSA Center for Mental Health Services and SAMHSA Center for Substance Abuse Treatment co-manage BRSS TACS. BRSS TACS serves as a coordinated effort to advance recovery, leveraging past and current accomplishments by SAMHSA and others. Through BRSS TACS and other efforts, SAMHSA supports high-quality, self-directed, and satisfying lives in the community for all people in recovery.

## ABOUT THE EXPERT RESOURCE MEETING

### Meeting Objectives

SAMHSA convened the Expert Resource Meeting (ERM) on February 25–26, 2020, using Adobe Connect Web conferencing software. The objectives of the virtual ERM were to:

- identify the vocational support needs of people with serious mental illness (SMI) or substance use disorder (SUD); and
- explore strategies to connect and coordinate existing programs, resources, and activities across systems and federal programs to improve the employment outcomes of people with SMI or SUD.

### Participants

Participants came from 12 states representing all regions of the United States and bringing a variety of expertise. Panelists were researchers, employers, employment service providers, and recovery support specialists (see appendix A for panel members' biographies).

### Meeting Format

The virtual meeting structure featured plenary presentations along with breakout discussions and members giving reports to the entire group. Plenary sessions provided context along with updates on research and practice, while breakout sessions provided opportunities for in-depth conversations regarding employment supports for people with SMI, employment supports for people with SUD, and employment supports for people with criminal justice system involvement (the meeting agenda is in appendix B).

### Key Themes

- Employment should be a central focus of SMI and SUD treatment and recovery support services—although it is not yet
- People with SMI and SUD need a variety of employment service and support to achieve employment success
- Helping a person get a job is not enough; employment programs should also help people with SMI or SUD move out of poverty
- Cross-system collaborations are key to improving employment outcomes
- Making a paradigm shift from *benefits first* to *employment first* will advance both recovery and workforce participation
- Employer partnerships are essential, and many employment support service providers are struggling to develop them
- Treatment and recovery support providers and practitioners need more information about funding for employment services for people with SUD or SMI

- Different stakeholders require different educational resources about the employment needs of people with SUD or SMI – tailored to their learning needs, professional roles, and work settings

## SUMMARY OF PROCEEDINGS

The meeting began with a welcome address by Amy Smith, public health advisor at the SAMHSA Center for Substance Abuse Treatment, followed by the introduction of meeting participants and BRSS TACS staff. Cheryl Gagne, senior associate at C4, moderated the meeting and oriented the panelists to the proceedings over the next 2 days.

Each day began with a plenary address by a subject matter expert. On the first day, Robert Drake, MD, PhD, gave an overview of the Individual Placement and Support (IPS) model of supported employment. Dr. Drake presented research outcomes in a variety of environments and with a diversity of research participants, highlighting recent randomized trials among people with SUD. He described modifications to the IPS model for its use with people with SUD; other chronic health conditions, including pain; criminal justice involvement; and those applying for the Social Security Disability Insurance program or the Supplemental Security Income program due to illness or disability.

To set the tone for the second day of the proceedings, Gary Shaheen, PhD, delivered a presentation titled *Establishing Partnerships with Employers and Other Community Resources to Support the Employment of People with SMI or SUD*, which described many examples of partnerships that improve career opportunities for people with SMI or SUD and emphasized the need to help people find jobs that pay living wages.

Over the course of the 2 days, panelists participated in plenary sessions and small breakout group discussions to explore topics in greater depth. Plenary sessions included presentations and discussions among the entire panel. The meeting ended with a final plenary session where each panelist made key recommendations.

## DISCUSSION THEMES

This section highlights the key themes and panelists' recommendations that emerged over the 2-day meeting.

### **Employment should be a central focus of SMI and SUD treatment and recovery support—although it is not yet**

Most treatment and recovery support service providers and practitioners do not focus on the central role of employment in the recovery of people with SMI or SUD. Treatment and service providers and practitioners address symptom management and health needs, but they may not know how to explore an individual's employment needs or access resources to support workforce participation. In addition, there are often conflicts between employment and clinical

services that have limited hours for people employed full-time. While many SUD treatment organizations offer services in the evening and early morning, these services are not universally available, which means that many individuals must choose between treatment or employment. With few exceptions, peer-run and recovery community organizations do not emphasize employment for their members and do not typically collaborate with employment service providers. One shining example of a recovery community organization providing employment support is the Connecticut Community for Addiction Recovery employment program, Recovery-Oriented Employment Services (ROES), in Hartford. ROES provides individually tailored employment support to assist people achieve their employment goals.

There is a need for increased attention on employment measures as a critical recovery outcome for people with SUD or SMI. For example, the Interdepartmental Serious Mental Illness Coordinating Committee does not currently attend to employment outcomes for people with SMI. At the same time, there are a few treatment models—such as first episode psychosis programs—that integrate employment and educational needs into treatment goals.

### **People with SUD or SMI need a variety of employment services and support to achieve employment success**

Panelists recognized that because of the diversity of individuals' strengths, needs, and circumstances, services need to be flexible. Factors that influence a person's employment service and support needs include age, education, culture, employment experiences, socioeconomic background, co-occurring health conditions, and employment goals. For example, young people may need career exploration services, supported education and job placement, as well as support to launch a career that provides a living wage.

Panelists applauded the evidence-based IPS supported employment approach because it succeeds at rapid job placement with support. Work experiences help individuals shape their career goals and direction, and IPS is a proven model for helping people get and keep jobs. At the same time, panelists noted that IPS is not the best model for everyone, and some individuals may need different approaches to achieving employment success. For example, some young adults benefit from supported education, while others find success through models that support entrepreneurship.

Panelists discussed models of supported education and recognized the need for supported education services for young adults with SMI or SUD. There are several campus-based programs in colleges and high schools that coordinate wraparound services. These campus-based services and supports are not universally available, however, and many students do not receive the coordinated services they may need. Education and training lead to employment and higher paying jobs.

Panelists also acknowledged that accessing and coordinating employment services, as well as other recovery support services and high quality treatment, continue to be difficult for many people. Those with SMI or SUD often need treatment and recovery support services over the course of many years. Panelists described siloed systems of service provision with little coordination among organizations. The panelists made several recommendations for treatment and recovery support services to better serve people with SMI and SUD overall, especially in pursuing their employment goals:

- Improve integration of mental and substance use disorders at the system and program levels.
- Address the social determinants of health that prevent people from working. People with SUD or SMI may be experiencing barriers to employment such as homelessness, poverty, or health conditions, and treatment and service providers and practitioners need to help people address their basic needs.
- Facilitate cross-training and network development to educate—
  - treatment providers and practitioners about the importance of recovery support services for people living with SMI or SUD;
  - recovery support providers and practitioners about the importance of employment services; and
  - employment service providers about the needs of people with SMI or SUD.
- Connect all providers and practitioners with current information about community resources and pathways to help people access these services.
- Explore diverse models of employment services, including entrepreneurship and career counseling.
- Establish evaluation methods to assess the effectiveness of different approaches to supporting employment among different populations.
- Continue expanding opportunities for supported education services.
- Reduce barriers for people with SMI or SUD in accessing employment support services.

### **Help getting a job is not enough: employment programs should help people with SMI or SUD move out of poverty**

While the panelists were very positive about the effectiveness of IPS supported employment, they acknowledged that most jobs obtained are low-paying. Many individuals find it difficult to achieve self-sufficiency on low-wage jobs. Panelists emphasized the importance of supporting people with SMI and SUD to achieve financial self-sufficiency through employment and made the following recommendations:

- Teach financial literacy to help people manage money and benefits.
- Advocate for underserved populations by providing education and employment support services.

- Orient conversations about employment toward recognizing the distinctive needs of various populations living with SUD or SMI and that one model will not serve the needs of all people.

### **Cross-system collaborations are key to improving employment outcomes**

Panelists highlighted the importance of cross-system collaboration and partnerships to improve the employment outcomes of people with SUD or SMI. There are many state or federally funded training programs that could benefit people with SUD or SMI. Multiple federal agencies, including the Department of Labor, the Department of Education, the Department of Agriculture, the Department of Housing and Urban Development, the Department of Veterans Affairs, and the Administration for Children and Families all fund employment services that serve people with SMI, SUD, or both. At the local level, many of these programs provide similar services and target the same industries and employers, often with little coordination and with limited awareness about what others in their community are doing. Providers and practitioners need access to information about these potential resources. Panelists made the following recommendations:

- Learn about available resources and programs offered through various federally funded programs.
- Create cross-sector partnerships at the local, state, and federal levels.
- Develop a national online repository for information and resources related to employment for people with SUD or SMI.

### **Making a paradigm shift from *benefits first* to *employment first* will advance both recovery and workforce participation**

Panelists were enthusiastic about the Employment First movement as an approach to employment services for people with SMI or SUD. Research suggests that the sooner individuals begin work after the onset of illness, the more likely they will be working years later (Drake & Bond, 2008). Many people with SMI or co-occurring conditions are encouraged to apply for Social Security disability benefits rather than engaging in employment support services. Panelists described situations where lawyers told people not to work or engage in employment services so that they would be more likely to qualify for disability payments.

Since 2014, the U.S. Social Security Administration (SSA) has conducted demonstration projects at 40 different SSA offices to engage people denied disability payments in employment services. People may participate in employment services instead of appealing the decision or during the appeal process. The application and appeal process can take up to 2 years, which provides an opportunity for individuals to engage in employment services.

Panelists made these recommendations regarding Employment First:

- Provide benefits counseling to people applying for disability benefits so that they can assess the financial and other benefits of employment.
- Identify financial and benefit disincentives that continue to pose significant barriers in many parts of the United States and work to eliminate these disincentives.
- Increase awareness of options that mitigate financial and benefit disincentives. For example, in Medicaid expansion states, people with SUD and SMI can access health insurance if their employer does not offer health insurance.
- Engage people with SMI or SUD who are applying for disability benefits in motivational discussions about employment.
- Continue to develop strategies that offer people with low-wage jobs the opportunity to purchase health insurance.
- Promote the Employment First philosophy among treatment and recovery support providers and practitioners as well as people living with SMI or SUD and their family members.

### **Employer partnerships are essential, and many employment support service providers are struggling to develop them**

Panelists emphasized the importance of equipping organizations providing employment supports with the necessary skills and connections to help them cultivate employer partnerships. Local connections are critical for the development of work opportunities for people with SUD or SMI. Panelists made these recommendations:

- Replicate models of partnerships with local chambers of commerce and other business associations.
- Conduct demand-side analysis to determine the economic outlook for specific occupations and to inform partner development strategies.
- Form a consortium for employers that hired people with SMI or SUD so that they can meet to exchange their challenges and successes. Employer consortia could be local, state, or national.
- Create and deliver training and technical assistance for employers on best practices for employing people with SMI or SUD.

### **Treatment and recovery support providers and practitioners need more information about funding for employment services for people with SUD or SMI**

Panelists discussed innovative funding strategies for employment services that mental and substance use disorder treatment providers and practitioners may not be using. These were the funding strategies that the panelists consider to be underused:

- 1115 waivers for supported employment
- Foundation grant funding, especially regional or state-focused foundations

- Corporate support may involve direct financial support or opportunities for the employment of people SUD or SMI
- Ticket to Work programs
- Community college certification programs and GateWay Community Colleges
- Federal and state tax credits for hiring people in recovery
- State dollars allocated for recovery support workforce

### **Different stakeholders require different educational resources about the employment needs of people with SUD or SMI – tailored to their learning needs, professional roles, and work settings**

Panelists discussed the training and technical assistance needs of diverse stakeholders to improve the employment success of people with SUD or SMI. Since each stakeholder may have specific training needs and limited access to training, trainers need to tailor resources to their specific needs. Panelists offered these recommendations:

- Create materials in easily accessible formats such as tip sheets, handouts, and toolkits.
- Create toolkits to help agencies collaborate with federal and state agencies, such as the Department of Labor and the VA Vocational Rehabilitation and Employment Program.
- Offer regional trainings to boost cooperation among entities that work to improve the employment success of all citizens, including people experiencing challenges in employment.
- Address prejudice and discrimination in education and employment settings that pose a barrier for individuals with SUD or SMI. One way to do this would be to create a media campaign promoting the benefits of hiring people in recovery.

## **CONCLUSION**

The February 2020 Expert Resource Meeting on Supporting People with SMI or SUD in Achieving Employment Goals engaged a diverse panel of professionals committed to advancing the employment success of people with SMI or SUD. The virtual meeting provided participants with a unique opportunity to learn from one another, examine challenges, and consider best practices. The panel engaged in productive discussions about the current state of employment services and supports and generated practical recommendations for improving the employment success of people with SMI or SUD.

## REFERENCES

Drake, R. E., & Bond, G. R. (2008). Supported employment: 1998 to 2008. *Psychiatric Rehabilitation Journal*, 31(4), 274–276.

## APPENDIX A: MEETING PARTICIPANT LIST

# BRSS TACS

Bringing Recovery Supports to Scale

TECHNICAL ASSISTANCE CENTER STRATEGY

February 25 – 26, 2020

### BRSS TACS Expert Resource Meeting

*Supporting People with Serious Mental Illness or  
Substance Use Disorder in Achieving Employment Goals*

### Meeting Roster

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## APPENDIX B: EXPERT PANEL MEMBERS' BIOGRAPHIES



February 25 – 26, 2020

### BRSS TACS Expert Resource Meeting

*Supporting People with Serious Mental Illness or  
Substance Use Disorder in Achieving Employment Goals*

### Participant Biographies

#### Crystal Blyler, PhD

*Senior Researcher*

#### **Mathematica**

Dr. Blyler is a senior researcher at Mathematica and a psychologist by training. Before joining Mathematica in 2011, she worked for 12 years as a social science analyst with the Community Support Programs branch of the SAMHSA Center for Mental Health Services. While at SAMHSA, her portfolio included multisite evaluations of supported employment, Social Security Disability Insurance work incentives, consumer-operated services, integrated primary and behavioral health care, mental health systems transformation, and comprehensive services for transition-aged youth. Her portfolio also included technical assistance programs focused on community- and evidence-based practices, including supported employment and supported education, and the use of evaluation, research, data, and performance measurement to improve services and systems. She also served on numerous interagency workgroups and projects for the employment of people with disabilities, including psychiatric disabilities and substance use disorder.

At Mathematica, Dr. Blyler has continued working on the employment of people with behavioral health challenges and other disabilities and conducting evaluations of mental health services, systems, and policy innovations. In recent years she has broadened her expertise and experience in substance use disorder prevention, treatment, and recovery by directing the evaluation of the SAMHSA State Targeted Response to the Opioid Crisis grant program and serving as Principal Investigator for the evaluation of U.S. Department of Labor National Health Emergency Demonstration Grants that address the workforce impact of the opioid crisis. Before joining SAMHSA, Dr. Blyler was a schizophrenia researcher and therapist/treatment coordinator for people with serious mental illness.

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## Judith A. Cook, PhD

*Professor, Department of Psychiatry*

*Deputy Director Center on Mental Health Services Research and Policy*

### **University of Illinois at Chicago**

Before assuming her current teaching and administrative positions at the University of Illinois at Chicago, Dr. Cook led the coordinating center for the first national, multisite, randomized controlled trial of supported employment for people with psychiatric disabilities in eight states. Her published research includes studies of vocational rehabilitation outcomes, employer attitudes toward workers with psychiatric disabilities, the role of work in recovery from serious mental illness, policy issues in disability income support programs and supported education services for people with mental illness. Dr. Cook's current research focuses on the employment of people with serious mental illness and multiple physical comorbidities; onset of disability status among working-age Medicaid beneficiaries; long-term follow-up of recipients of evidence-based supported employment; employment status of participants with behavioral health disorders in the Demonstration to Maintain Independence and Employment; and employment services for medical health home patients with co-occurring serious mental illness.

## Robert Drake, MD, PhD

*Professor, Geisel School of Medicine*

### **Dartmouth College**

Dr. Drake has studied psychiatric rehabilitation for nearly 40 years and is recognized internationally for his many contributions to transforming services to better align with client goals and the recovery process. Before joining Westat, he was a professor at the Dartmouth Institute for Health Policy and Clinical Practice and the director of the Dartmouth Psychiatric Research Center at the Geisel School of Medicine at Dartmouth College. He co-developed the Individual Placement and Support (IPS) model of supported employment, one of the most successful and influential evidence-based practices in psychiatric rehabilitation. Dr. Drake has devoted his career to the conceptualization, development, evaluation, and dissemination of evidence-based practices, including IPS, integrated dual disorders treatment, and many other models. He has directed numerous randomized controlled trials, extensively reviewed the psychiatric rehabilitation literature, and published more than 20 books and 600 research articles.

## Raymond Gregory, BS, CACDC

*Senior Technical Assistant Trainer—Implementation Specialist*

*Center for Practice Innovations*

### **New York State Psychiatric Institute**

In his current position as a trainer and implementation specialist, Raymond focuses on Individual Placement and Support (IPS) as he provides technical assistance and on-site training to programs that are licensed by the New York State Office of Mental Health.

His expertise involves working with mental health agencies to create community partnerships and develop programs. He focuses on model implementation adherence that supports evidenced-based practices to meet mental health standards.

Raymond's experience spans more than 20 years. Before joining the New York State Psychiatric Institute, he served for 12 years as the director of employment for a clubhouse model program.

His goals are workplace diversity, erasing the stigma of mental illness within the business community, and raising the employment numbers of individuals with mental illness.

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## Tammy Guest, MA

*Individual Placement and Supports (IPS) Statewide Trainer/Fidelity Reviewer*

### **Oregon Supported Employment Center for Excellence (OSECE)**

Tammy has worked with adults with disabilities for 20 years, primarily in the area of employment services. Before joining OSECE in 2014, she was an Individual Placement and Support (IPS) Supported Employment Team Lead and IPS Employment Specialist for over 6 years. In 2014, the governor of Oregon appointed Tammy to the State Rehabilitation Council, where she helped develop statewide policies for vocational rehabilitation and advocated for employment service equity for Oregonians with mental health and other disabilities. She represented Oregon in the Expert Employment Specialist research project with Dartmouth College in 2009–2010. The program contributed to current best practices in employment for people with justice system involvement and psychiatric disabilities. In 2009, Tammy successfully spearheaded the petitioning of the Oregon Employment Department to reinstate the Federal Bonding Program, which had been inactive for almost 15 years. While completing her master's degree in community counseling in 2010, Tammy completed an internship with Marion County Alcohol and Drug Treatment Services, where she provided substance use disorder (SUD) group and individual therapy and developed an IPS-based employment group for individuals receiving medication-assisted treatment. In 2009, she received an award from OSECE and the director of the Oregon Department of Human Services for obtaining the most jobs for state residents with mental health disabilities. Tammy has seen firsthand how the IPS model consistently changes lives for the better. Her work is informed by almost 15 years of sobriety and from being a family member of individuals with behavioral health needs.

## Corinne Hernandez, MS, LCDC

*Case Manager*

### **Texas Peer Assistance Program for Nurses (TPAPN)**

In this role I collaborate with employers, treatment provider and other professional in the field using person-centered approach, motivational interviewing, and other data driven techniques. I trained volunteers nurses on best practices of peer support. I conduct community outreach presentations on Texas Peer Assistance Program for Nurses. I have over eight years' experience as a Social Service Coordinator for a drug court program. In this role I coordinated services to employ participants with substance use and mental health disorder overcoming difficult background checks. I have a Master of Science degree in psychology with a concentration in Applied Behavior Analysis and I am a licensed chemical dependency counselor.

## Nev Jones, PhD

*Assistant Professor, Department of Mental Health Law & Policy*

### **University of South Florida**

Dr. Jones is an assistant professor in the Department of Mental Health Law & Policy and a faculty affiliate with the Louis de la Parte Florida Mental Health Institute. She also holds an affiliate clinical faculty appointment with the Yale Program for Recovery and Community Health at the Yale School of Medicine. Dr. Jones received her PhD from DePaul University in 2014 and was a postdoctoral fellow in medical anthropology and psychiatry at Stanford University.

An interdisciplinary scholar and behavioral health services researcher, Dr. Jones has lived and worked in rural Nepal and Japan. Before beginning graduate study in psychology, she trained as a cross-cultural philosopher with a focus on social justice, equity, cross-cultural epistemology, and ethics. Following her postdoctoral fellowship and before joining the University of South Florida in 2017, she held leadership positions in state government and nonprofit community mental health. Her research has focused on the social, cultural, and structural determinants of disability and recovery; youth and young adult behavioral health services; cultural/racial/ethnic disparities; peer and family support; and stakeholder involvement and leadership in behavioral health evaluation, research, and policy.

Dr. Jones's research has been published in many peer-reviewed journals. She developed substantive SAMHSA-funded technical assistance materials for the National Association of State Mental Health Program Directors, including a series of toolkits on supported education and a guidance manual on youth/peer involvement in early intervention services. Dr. Jones also created materials for a training series on clinical intervention and engagement with psychosis in community

mental health, meaning-centered intervention, and structural competency, and worked with a wide range of counties and provider agencies. She serves on the scientific advisory committee for Early Intervention in Mental Health, on the editorial board for *Philosophy, Psychiatry & Psychology*, and as an expert advisor on multiple federal and state initiatives.

Her teaching and theory interests include global mental health, the social and political forces shaping contemporary behavioral health research, shifting socio-medical explanatory frameworks, and structural mechanisms of social marginalization in the context of knowledge production.

### **Teesha Kirschbaum MS, CRC**

*Supervisor, Recovery Support Services*

*Division of Behavioral Health and Recovery*

#### **Washington State Health Care Authority**

Teesha is a passionate advocate for supportive housing, supported employment, and peer services and has spent the past 18 years working in many areas of vocational rehabilitation and supported employment. She has worked with and on behalf of people with lived experiences, organizations, communities, and systems since 2002. In her current position, Teesha works to develop sustainable funding sources for supported employment and supportive housing services across Washington State. Previously, she served as the executive director of the Washington State Rehabilitation Council, a governor-appointed council that seeks to ensure that individuals with disabilities have influence over the vocational rehabilitation services they receive. Teesha has a master's degree in vocational rehabilitation counseling and is a Certified Rehabilitation Counselor.

### **Marsha Langer Ellison, PhD**

*Associate Professor, Department of Psychiatry*

*Deputy Director, Transitions to Adulthood Center for Research*

#### **University of Massachusetts Medical School**

Dr. Ellison is an associate professor of psychiatry at the University of Massachusetts Medical School and the deputy director of the school's Transitions to Adulthood Center for Research, where she directs and participates in research and dissemination activities that support the learning and working goals of youth and young adults (ages 14–30) with serious mental health conditions. Dr. Ellison also holds a joint appointment at the Edith Nourse Rogers Memorial Veterans Hospital in Bedford, Massachusetts, where she conducts research on and clinical development of supported education for veterans with PTSD and other disabling conditions. She has over 30 years of experience in conducting cutting edge research on recovery and rehabilitation services for individuals with serious mental health conditions, with an emphasis on education and employment supports and career services.

### **Kristin Lupfer, MSW**

*Vice President, Program Area Director*

#### **Policy Research Associates, Inc.**

At Policy Research Associates, Kristin she manages and oversees personnel, budgets, and task timelines and is responsible for coordinating and managing all projects within her program area. Additionally, Kristin is the Project Director of SAMHSA's SOAR (SSI/SSDI Outreach, Access, and Recovery) Technical Assistance Center. Kristin earned her MSW at the Columbia University School of Social Work. Her previous experience includes work as a supported employment specialist and caseworker, assisting people with disabilities who were experiencing homelessness in New York City and Atlanta. She also conducted research and data analysis with the National Center on Addiction and Substance Abuse. Before joining the SAMHSA SOAR TA Center, Kristin was the director of the Georgia SOAR Program. Kristin oversees all aspects of the SAMHSA SOAR TA Center, which includes the development of the SOAR Online Course, supervision of staff, development of new materials, and the delivery of technical assistance to SOAR states on strategic planning, collaborations, funding, sustainability, and implementation.

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## Richard Mason

*Employment Specialist*

### **House of Hope**

Richard became the manager of House of Hope's first recovery residence in 2009 and stepped into the role of the employment specialist in June 2011. He came to the organization with extensive experience in employment services and has worked with diverse populations, from actors to homeless families and at-risk youth. He supervised the increase of recovery housing beds at the House of Hope from 11 to 47, with 80 percent of the residents achieving 1 year of continuous sobriety. Richard is an active board member of Ohio Recovery Housing, the new state affiliate of the National Association of Recovery Residences.

In 2018, Richard designed and launched House of Hope's first medication-assisted treatment program. The program integrates medication and treatment as an effective means of treating opiate addiction and can house up to 12 men at a time, allowing for both individualized attention as well as a supportive environment.

Richard is a person in long-term recovery.

## Patty McCarthy, MS

*Chief Executive Officer*

### **Faces & Voices of Recovery**

Patty is the Chief Executive Officer of Faces & Voices of Recovery, a national recovery advocacy organization based in Washington, D.C. Before joining Faces & Voices, she was a senior associate with the Center for Social Innovation, where she served as a deputy director of SAMHSA's Bringing Recovery to Scale Technical Assistance Center Strategy (BRSS TACS) initiative. In this role, Patty provided project direction and managed the quality and flow of work.

Previously, Patty served for a decade as the director of Friends of Recovery-Vermont, a statewide recovery community organization promoting the power of long-term recovery to improve the health and quality of life of Vermonters. In addition to public policy and education, her work has focused on advocacy, community mobilizing, peer-based recovery support services, and peer workforce development. She has been instrumental in the development of national accreditation standards for organizations providing peer support services. She has designed and facilitated training on topics, such as organizational development, board development, ethics and boundaries, recovery-oriented systems of care, peer volunteer management, and peer recovery coaching. Patty holds a master's degree in community counseling and a bachelor's degree in business administration. She has been in long-term recovery from alcohol and drug addiction since 1989.

## Melissa McGee

*Volunteer Manager*

### **Connecticut Community for Addiction Recovery**

Melissa has 30 years of experience in all aspects of the employment field. Her background includes hiring, training, scheduling, and supervising employees in various industries. She works as a volunteer manager at Connecticut Community for Addiction Recovery. She has spent the past 10 years providing employment support to individuals who identify as having substance use disorder or mental illness, or both. She is a woman in long-term recovery from alcohol dependence. She has not had a drink or a drug in over 17 years. "My worst experiences have turned into my greatest assets," she says.

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## Roberta “Toni” Meyers, BS, MS

*Director of State Strategy & Reentry*

### **Legal Action Center**

Roberta executes strategic state-based criminal justice and health advocacy goals and priorities for Legal Action Center (LAC). She also directs the National **H**elping **I**ndividuals with criminal records **R**eenter through **E**mployment (H.I.R.E.) Network project, LAC’s national project to improve employment and other opportunities for people with criminal records. She has decades of experience in training, workforce development, corrections, and behavioral health practitioners on employment strategies that best serve job seekers with criminal histories. Roberta has authored dozens of guidebooks and policy briefs on criminal record policies that impact employment, housing, education and other opportunities. She testified before Congress and served as a technical assistance provider to members of Congress, government agencies, and state legislators about effective reentry policies and practices that reduce recidivism. She co-leads LAC’s newest campaign, No Health= No Justice, to achieve racial equity in health care and criminal justice reform. Roberta has a bachelor’s degree in business, management, and economics from SUNY Empire State College and a master’s degree in public safety with a specialization in criminal justice and public administration from Capella University.

## Paige Pavalone, BA

*Executive Director*

### **Missoula Works**

Originally from the endless mountain region of northeastern Pennsylvania, Paige graduated magna cum laude from East Stroudsburg University in 2004, with bachelor’s degrees in political science and communication studies. As a student, Paige served as a research assistant in Ghana, West Africa, where she studied women’s grassroots political participation. Paige moved to Missoula, Montana, and attended graduate school at the University of Montana to study international relations. Between 2007 and 2015, she worked in law enforcement. Her areas of focus included cadet training, search and rescue operations, and public information. In 2015, Paige worked as a contractor for the Missoula Economic Partnership and the Missoula Airline Revenue Guarantee. In 2016, she became executive director of Missoula Works, where she continues to test new lines of revenue and expand employment opportunities to marginalized Missoulians. Paige and her partner, Cody, enjoy spending time fishing and camping with their three girls.

## Sonia Peterson PhD, CRC, LPCC

*Assistant Professor, Department of Administration, Rehabilitation, and Postsecondary Education*

### **San Diego State University**

In addition to being an assistant professor, Dr. Peterson is the director of the clinical concentration and the certificate in psychiatric rehabilitation at San Diego State University. Her areas of interest include disability policy, recovery-oriented mental health services, and evidence-based vocational counseling interventions for individuals with mental illness and co-occurring substance use disorder. Dr. Peterson is presently researching the application of the Individual Placement and Support model of supported employment within the Federal-State Vocational Rehabilitation system. She currently serves as policy chair on the American Rehabilitation Counseling Association Division Board of the American Counseling Association and is an active member of the LGBTQ+ recovery community in San Diego.

## **Gary Shaheen, MPA, PhD**

*Chief Executive Officer*

### **Gary Shaheen Consulting**

Dr. Sheehan is a nationally recognized expert in the field of mental health rehabilitation, individual and social entrepreneurship, homelessness, veterans' employment issues, and systems change. He has spent over 40 years in the public, private, and academic sectors improving policies and programs that help people with mental or substance use disorder, or both, and individuals experiencing homelessness achieve employment or entrepreneurial success. He has worked on projects with the U.S. Department of Housing and Urban Development, SAMHSA, and the U.S. Department of Labor (DOL), including the DOL's Employment and Training Administration, Office of Disability Employment Policy, and Veterans Employment and Training Services, the U.S. Department of Veterans Affairs, and numerous state governments.

Dr. Shaheen was Co-Principal Investigator for a five-city, 5-year federally funded demonstration project to end chronic homelessness through employment and housing. He served for 3 years as the Workforce Development Consultant to the New York State DOL to improve access and use of American Job Center services by people with disabilities. He directed the Homeless Veterans Reintegration Program National Technical Assistance Center and was a senior trainer and subject matter expert for SAMHSA/CMHS on projects related to supported employment. Dr. Shaheen was an adviser to SAMHSA on the Supported Employment Toolkit and to ODEP on the Customized Employment model. He is the author of numerous publications and curricula, including the Syracuse University Entrepreneurship Bootcamp for Veterans with Disabilities, a training program that he facilitated at universities across the country. He co-wrote New York State's Medicaid Infrastructure Grant and was Co-Principal Investigator for that 3-year initiative. More recently, Dr. Shaheen was a senior researcher and evaluator of the DOL's Disability Employment Initiative and its Employment First and Pathways to Careers initiatives. Throughout his career, he has managed and presented on employment and disability-related projects internationally.

## **Annika Stanley-Smith, BS, CPS**

*Director of Substance Misuse Prevention*

### **Capital Area Public Health Network**

Annika has worked in the Capital Area Public Health Network, an initiative of Granite United Way, since 2014. She was a substance misuse prevention coordinator for the organization until April 2019, when she became the director of substance misuse prevention. Annika holds a bachelor's degree in industrial-organizational psychology from Southern New Hampshire University. In May 2016, she earned her Certified Prevention Specialist credential. That same year, New Futures awarded Annika the Dr. Tom Fox Scholarship for Prevention in recognition of her demonstrated leadership and significant service to the delivery of addiction treatment for alcohol and other drugs. Annika has played a key role in the development of the Recovery Friendly Workplace Initiative. She provides ongoing coordination and support to the initiative through her work at Granite United Way.

## **Rebecca Starr, MBA, MSW, LICSW**

*Project Director, Access to Recovery Senior Program Manager*

### **Advocates for Human Potential**

Rebecca's career has included work in behavioral and medical health care, elder care, nonprofit management, and higher education. The common link among them is her passion for supporting people and organizations in their desire to improve and reach their highest potential. Rebecca has directed the Massachusetts Access to Recovery (MA-ATR) program for 9 years. The program, which is federally funded via the Massachusetts Department of Public Health Bureau of Substance Addiction Services, gives people with substance use disorder (SUD) wider access to community services for assistance in starting or continuing recovery. Outcomes for the more than 25,000 individuals enrolled to date have received national attention. Within MA-ATR, Rebecca created the nationally recognized Career Building Initiative, an employment program specifically customized for people with SUD that offers job readiness and job training programs to as many as 600 participants annually. With further funding from the state legislature of the Commonwealth of Massachusetts, she will oversee the expansion of the MA-ATR program into housing assistance to help participants obtain housing in sober homes. Rebecca has special skills in leading and developing teams, building partnerships, building organizational capacity, developing and managing innovative programs, marketing, operations improvement, management, and strategy. She holds an MBA from Northeastern University and an MSW from the University of Southern California.

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## Len Statham, MS, CPRP, CBP

*Chief Operating Officer*

### **New York Association of Psychiatric Rehabilitation Services**

Len has worked with people with mental health and substance use issues for more than 20 years, promoting recovery-focused services and service provision. Combining his clinical and vocational background, he provides training and technical assistance about employment services and the capabilities of people with behavioral health issues to providers and people in recovery across New York State and nationally. He facilitated the adoption of the Individual Placement and Support model of employment in Utah, Ohio, New Jersey, Wisconsin, Maryland, and Colorado.

Additionally, Len also works with the National Development and Research Institutes' Addiction Technology Transfer Center and the Center for Psychiatric Rehabilitation at Boston University, offering training and technical assistance to organizations across the country that are providing employment services to people in mental health recovery.

Len has a master's degree in organizational management from SUNY Empire State College and is a Certified Psychiatric Rehabilitation Practitioner (CPRP).

Len is a person with lived experience in the mental health system, and this experience informs and strengthens his work on recovery and employment issues.

## APPENDIX C: MEETING AGENDA



February 25 – 26, 2020

### BRSS TACS Expert Resource Meeting

Supporting People with Serious Mental Illness  
or  
Substance Use Disorder in Achieving  
Employment Goals

## AGENDA

Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane, Rockville, MD 20857 • 877-SAMHSA-7 (877-726-4727)



*SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.*

## Meeting Objectives

1. Identify the vocational support needs of people with serious mental illness (SMI) or substance use disorder (SUD)
2. Explore strategies to connect and coordinate existing programs, resources, and activities across systems and federal programs to improve employment outcomes of people with SMI or SUD

## Day One | Tuesday, February 25, 2020

Time	Event
<b>11:00 – 12:45</b>	<b>Plenary Session One</b>
11:00 – 11:20	Welcome and Opening Remarks
11:20 – 11:40	Introductions
11:40 – 12:10	<b>Presentation:</b> “IPS Supported Employment: Research and Practice Updates”—Robert Drake, MD, PhD, Vice President, IPS Employment Center at the Rockville Institute and Professor, Geisel School of Medicine at Dartmouth
12:10 – 12:45	<b>Discussion</b>
12:45 – 1:30	BREAK
<b>1:30 – 2:45</b>	<b>Breakout Session One</b> <b>Group 1:</b> Employment supports for people with SMI <b>Group 2:</b> Employment supports for people with SUD <b>Group 3:</b> Employment supports for people with SMI or SUD with criminal justice involvement
2:45 – 3:00	BREAK
<b>3:00 – 4:30</b>	<b>Plenary Session Two</b>
3:00 – 3:45	Report back and discuss
4:00 – 4:20	Summarize recommendations
4:20 – 4:30	Outline next steps and adjourn

## Day Two | Wednesday, February 26, 2020

Time	Event
<b>11:00 – 12:15</b>	<b>Plenary Session Three</b>
11:00 – 11:15	Welcome, recap of day one, and preview of day two
11:15 – 11:45	<b>Presentation:</b> "Establishing Partnerships with Employers and Other Community Resources to Support the Employment of People with SMI or SUD"—Gary Shaheen, MBA, PhD, CEO, Gary Shaheen Consulting
11:45 – 12:15	<b>Discussion</b>
12:15 – 12:45	BREAK
<b>12:45 – 1:45</b>	<b>Breakout Session Two</b>
	<b>Group 1:</b> Strategies for community collaboration to improve employment outcome for people with SMI or SUD
	<b>Group 2:</b> Funding for employment services and supports for people with SMI or SUD
	<b>Group 3:</b> Strategies for employers to improve the employment outcomes of people with SMI or SUD
1:45 – 2:15	BREAK
<b>2:15 – 3:15</b>	<b>Breakout Session Three</b>
	<b>Group 1:</b> Develop recommendations for training and technical assistance activities to support scaling of promising employment models
	<b>Group 2:</b> Develop recommendations for the evaluation of employment programs for people with SMI or SUD
	<b>Group 3:</b> Describe opportunities for aligning existing federal efforts to expand access to employment support services
3:15 – 3:30	BREAK
<b>3:30 – 4:45</b>	<b>Plenary Session Four</b>
3:30 – 4:15	Report back and discuss
4:15 – 4:30	Summarize recommendations
4:30 – 4:45	Outline next steps and adjourn

