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The Substance Abuse and Mental Health Services Administration presents the *Road to Recovery*. This programming aims to raise awareness about substance use and mental health problems, highlight the effectiveness of treatment, and that people can and do recover. Today's program is Ready, Willing, and Able To Work: Employment for People in Recovery.

Ivette Torres:

Hello, I'm Ivette Torres, and welcome to another edition of *The Road to Recovery*. Today, we'll be talking about obtaining and retaining employment for people in recovery. Joining us in our panel today are David Berns, director, District of Columbia Department of Human Services, Washington, DC; Dr. Gary Bond, professor of psychiatry, Dartmouth Psychiatric Research Center, Lebanon, New Hampshire; Peggy Burns, EAP counselor, Employee Assistance Program, University of Maryland Medical System, Baltimore City, Maryland; Neli Vasquez-Rowland, president, A Safe Haven, Chicago, Illinois.

Of those individuals that are unemployed, there was about a 15.7 percent rate of drug dependency among them. Of the ones that are employed with a drug dependency, there were 23.3 million people overall, and about 49.8 percent of them were employed. And from the mental health community, there were 6 million people who were served by mental health authorities across the nation, and roughly 21 percent, or about, of the 6 million, were employed.

What does that tell us? What types of challenges, David, do these individuals present as they approach the employment marketplace?

David Berns:

Well, that's telling me that, actually, most people that are served by my agency, which provides welfare or TANF services or homeless services, do not have mental health or substance abuse problems. There— but the percentage is a lot higher than the general population. So probably 20 percent of the people that we're serving in TANF have substance abuse problems and a similar type for the homeless programs.

But, when they have both substance abuse and poverty issues, their problems are much, much higher and really need a much more concentrated effort.

Ivette Torres:

Yeah, for them to get help. And, Neli, for, for individuals who are dealing with substance use disorder, let's take them first. What do they present as they come into the marketplace?

Neli Vasquez-Rowland:

The underlying issue of drug and alcohol addiction is the underlying issue. The real barrier as to employment are some of the criminal justice backgrounds that people have established along the way that prevent them from getting a job: their financial history, the fact that they may be homeless and don't have a base to operate from, the fact that they might have children in tow.

And, you know, education can be a barrier, if, you know, there's a very high likelihood of drug and alcohol addiction and failure to complete a formal education. So the barriers, basically, just go on and on, with the underlying issue being drug and alcohol addiction. So what we do at our program is, at A Safe Haven, is that we find out why people are in crisis, if it's chronic or if it's for the first time.

And if it is a drug and alcohol problem that's keeping them from the workforce, let's solve that first. And then let's move them through a continuum of care that's going to be unique to their specific challenges so that we can really pave the way so once they do get employed, they're going to be retained and they're going to be successful. And that's, I think, at the end of the day what all employers want.

Ivette Torres:

And, Gary, does this change much for those who have mental health problems?

Gary Bond:

Well, I think the situation for people with severe mental illness, and by that I'm referring to schizophrenia and bipolar disorder. But it includes a wide range of psychiatric disorders. That their challenges certainly overlap with the, the two populations that, that Dave and Neli just mentioned. And, oh, about half of them have substance abuse problems of the severe mentally ill group.

The challenges that they have are, are not what you might expect. The first thing that pops into people's heads might be, or often is, that they have psychiatric symptoms that prevent them from working. And that turns out not to be the biggest barrier. There are a range of things that really interfere with their getting into employment. They want to work.

Our statistics suggest over two-thirds want to work. Even though, as you indicated earlier, a very small percentage, maybe as little as 10 percent in some of our surveys, are actually working at a given time. There's a big gap there. And the reasons, the barriers, include the lack of encouragement and help from the mental health community, from mental health professionals. And, certainly, we think of stigma as another big barrier, that the public and employers may have misconceptions about how violent people are with mental illness, even though the findings are way blown out of proportion by, you know, by the media. Another huge barrier is fear of losing benefits. Okay. Folks with severe mental illness are living on the edge. They're living in great poverty, and they don't want to lose their health care benefits and other benefits.

Ivette Torres:

And Peggy, let's take a look at your work within the EAP realm. What other presenting issues have you faced, you know, as an EAP counselor?

Peggy Burns:

I work for a medical system and with medical professionals as well as everyone that's employed by the system. What often happens is we have nurses, doctors who have an issue with substance problems, and then

they're in a position where it's very easy to divert. Then, if they get caught—and they usually do—they'll come, via employee health, where they get a evaluation, and then the employee health sends them to EAP.

We assess the situation, evaluate, and then send them to a outpatient treatment center for further evaluation, and then follow with those recommendations as to whether or not they're going to be sent to an inpatient facility or outpatient. In most cases, it starts out with outpatient because of the different insurance companies that are out there are not ready, willing, or able to want to put someone in a 30-day program, or an inpatient program.

They come from all different angles; there's no specific way. So, usually what happens is the manager or the supervisor will send them for a fitness-for-duty. If their observation is that they're not functioning; oftentimes they miss days—Mondays and Fridays particularly—and when they are on the job, there may be some physical impairment that can be observed.

Ivette Torres:

And you, yourself, have an experience because you, you're a person in recovery.

Peggy Burns:

That's exactly right.

Ivette Torres:

Want to talk a little bit about your own experience?

Peggy Burns:

Yes. I've been in recovery for a little over 33 years. And when I came into recovery, at that time I was not employed outside the home. I was at home, taking care of my children. And this is a disease, and the disease continued to progress. I didn't recognize that I had a disease called alcoholism until I went into an AA meeting right off the street. And that's how I got sober. But as the years went on and I got involved in this field, I began doing a lot of work with women who were employed and who had barriers to even looking to get treatment, seeking treatment, because of taking care of their children, that type of thing.

Ivette Torres:

And, when we come back, we'll be able to continue with the rest of the panel and get their views. We'll be right back.

Male Narr:

For more information on *National Recovery Month*, to find out how to get involved, or to locate an event near you, visit the *Recovery Month* website at recoverymonth.gov.

Male Narr:

Timothy C. Cantrell, Executive Director of ResCare Workforce Services for the WeCARE Program in New York City, describes their organization and the population they serve.

Timothy C. Cantrell:

WeCARE stands for Wellness, Comprehensive Assessment Rehabilitation and Employment. It's a program under the Human Resources Administration of New York City, and it serves approximately 50,000 public assistance recipients each year—those who have indicated that they have some medical or mental barrier, which prevents them from reengaging in the workforce.

Male Narr:

Marcia O'Brien, Senior Clinical Operations Manager of ResCare Workforce Services for the WeCARE Program, explains the services that they provide.

Marcia O'Brien:

We work with our clients to provide job placements. We work with them to get their GED, to help them get their resumes together, and we work with them to find the jobs that are suitable for them. Whatever their skills are, we use their skills and look at their limitations and help them to apply for those specific jobs that are suitable for them.

Male Narr:

Constantine Mirras, Program Participant and Person in Recovery at the WeCARE Program, discusses how the program helped him in his recovery journey.

Constantine Mirras:

For somebody in recovery, you need to feel like you're someone. Like, this place is called WeCARE. I care now. You get people that care, you

start caring, and when you start caring, it transposes to everything else in your life.

Ivette Torres:

David, let's talk a little bit about why employment is such a critical factor in recovery.

David Berns:

Okay. And, of course, I work with unemployed people, that's my focus, people who are in shelters, or receiving welfare benefits. When we find out that they have substance abuse issues, then we find that the substance abuse is a barrier to the employment, but a lack of employment is a barrier to their recovery.

So a lot of times, you don't start out with just getting somebody a job, but actually the first thing we find is getting them into safe and stable housing. Because they can't be successful with a job and they can't be successful with treatment until they have a place.

Ivette Torres:

So it's an issue of housing first?

David Berns:

It is an issue of housing first, but then the job that they often need is often just a part-time job, just to get them stabilized, get them a little extra money. Give them some hope, some sense of self-esteem, and it gives them the resources then to maybe be able to take a class or two that will

prepare them for a career. So it's get a job, get a better job, get a career. And, at the same time, addressing all of their barriers, whether they're mental health or substance abuse.

Ivette Torres:

Gary?

Gary Bond:

We say in the mental health field that work is the key to recovery. And building what Dave said about substance abuse, many of the same themes you'll see there, in terms of, of giving people a sense of self-worth, a sense of direction. Work really structures people's lives. It's a normal adult role. It gives great meaning to people's lives. And as we hear the stories of people in recovery from mental illness, almost invariably one of the key ingredients is that they have found a way to find meaningful activity. And most often that means competitive employment. And so, we believe that supported employment, which is a program to help people get employment, is the best therapy around. And actually the research shows it's the most effective of any of the psychosocial interventions, any of the things that we do. And more effective, actually, than medications. And I'm not saying that we don't need medications. But if you look at a single ingredient that makes the biggest difference, it's helping people find their niche in, in the workplace. That's one key ingredient to a meaningful life.

Ivette Torres:

Neli, when individuals come into your center for assistance, what do they really ask for, you know, in terms of do they primarily want to be retrained?

Or do they, do they basically say just try and get me a job first? What is their initial contact?

Neli Vasquez-Rowland:

Well, the initial contact is really to get them a job. And what's different about A Safe Haven, and I agree with both of you, and it really was great to hear, you know, that housing is a critical piece. You know, you cannot begin the process of even looking, or having a job, without having a place to live. And I agree with Gary that, you know, work is definitely a critical piece. However, where I disagree with both of them is that it's part of the process. You know, what we do at A Safe Haven is as people come to us and say we hear you get people jobs, we do. But we assess the individual situation, and we tell people, at A Safe Haven, here you have an opportunity to reinvent yourself.

Let's find out why you're in the position that you're in. Is it chronic or is it for the first time? Is there education barriers? Is there drug and alcohol involved? Let's solve those pieces first, and then let's move you to the next steps. So for an individual, for example, a woman coming out of the prison system that has been in and out of the prison system for years, or, you know, maybe for the first time, and her children are in the DCFS system.

A job would be nice, but first we've got to get her in a position to be stabilized, to be reunited with her children, and in our program can be reunited with her children, and then take on the responsibility of possibly taking on a job and, you know, taking the next step forward. So, it really is

individualized, you know, people are not one dimensional. You know, and a job isn't a solution for everybody. The end goal is, you know, to get people a job. The end goal is to get people permanent housing. But for each individual, the path to getting there is different.

Ivette Torres:

Well, when we come back, what I'd like to do is really, we already have the dynamics of, of the timing, of when someone ought to look for a job and some of the conditions, preexisting conditions that need to be in place. But there's also an aspect of some of the barriers that they will face as they go into that workplace, and that's what we're going to deal with when we come back. We'll be right back.

(Music)

Ivette Torres:

So, David, we've talked a little bit about what are some of the challenges for people coming in. Talk to us about what is working. What programs do you currently have that basically provide great opportunities for individuals who may have had a problem and, and are now in recovery?

David Berns:

That's a great question. And the first thing we've discovered was that we didn't even know who had the problems before. So the first element is to do a much better assessment, screening, and to find out who has the problems. The second is, we have moved away from the continuum of approaches to having much more of an array of approaches. So a person

might start out with a part-time job at the same time they're in substance abuse treatment and going to some counseling for mental health issues and dealing with family problems, all simultaneously. And in order to do that, the third element of the approach is everybody seems to have, for our clients, about a half dozen or more case managers. And so, I said, when I first came to this job, if they already have a case manager, that's good enough for us. And, and we will deputize other case managers in the city to be our TANF or our homeless case manager as long as they can continue to help the people along the road both to recovery and to self-sufficiency, and they can tap directly into our services and supports so that they can have help with housing, have help with education, have help with getting a job. But maybe they're bringing their expertise from substance abuse or mental health and the final element is the family or the individual chooses who their primary case manager is going to be and then we all support both that family and that primary case manager.

Ivette Torres:

Excellent. And, Peggy, you see the whole realm of it. You deal not only with the individual but with the family. And what things are the most successful, in your view, in terms of retention of good employees? Because, as we were noting before, individuals that are in recovery, or individuals that have a problem, that need to go to treatment, are individuals that are, I suspect, very valuable to, to the employer.

Peggy Burns:

Absolutely. What I think is the most important is that they develop support networks. Both with the 12-step programs, as well as an EAP counselor,

and the fact that I am in recovery adds a little bit more, that type of support to continually help them to be able to move forward. University of Maryland Medical System, in the last couple of years, worked with the Helping Up Mission in Baltimore and a few other agencies.

And they had some service positions available, and they had whoever wanted to apply, apply for these service positions and they hired about 40 men. And when the men came, they had to be monitored and followed up by EAP. And what we found was it was an exhilarating experience for the EAP counselors because we don't normally deal with that population. And what we found ourselves doing was helping them in every area that you can imagine. I mean, I had a young man who I helped to work on the computer. I helped another one to get a sponsor, to get involved in the 12-step fellowships. And they really did succeed. Of the 40 plus that were hired, I don't have the exact numbers, but I believe that there's over 35 that are still employed.

Ivette Torres:

Very good. Neli, let's talk a little bit about partnerships. Talk to us a little bit about the types of partnerships that you've been able to build with the business community to be able to get them to understand the value of hiring someone in recovery.

Neli Vasquez-Rowland:

Oh, partnerships are a huge piece of what we do. We are very engaged with various Chambers, you know, throughout the Chicagoland area. You name it, we're involved with them and they're involved with us. The great

news is we are a huge resource for them, essentially a staffing center at this point.

You know, we have been learned to be trusted, you know, so that as people are graduating from our programs, if they're getting a referral from us, they know that this person's not only been successful in the building the right type of foundation and getting the life skills and, you know, the job training and the things that they need to be successful but they also know how to follow through and execute on the jobs for an employer. They become a very productive employee.

Just firsthand, you know, to tell you, A Safe Haven is an employer of many of our graduates. You know, we have about 180 employees, and I want to say at least 50 percent of our employees are graduates of our programs. We have a very intense professional development training program. So we train people that have gone through the system that have expressed an interest, and they have the propensity to help others. We help them, you know, to get the certifications that they need to grow with us.

Ivette Torres:

Gary, tell me a little bit about what happens to a potential employee that goes into a place that believes in supported employment.

Gary Bond:

The approach is based on eight principles. They include one that I've already mentioned, what we call rapid job search. So we don't have a lot of preparatory work before people go out looking for a job, if they say that

they want to work. The objective of this program is competitive employment. That is, getting a job that anybody can hold in the regular workforce and in integrated settings. We're very interested in people working alongside people without disabilities. We work very closely with the treatment teams. That's another core principle. And then there is a principle of job development, which gets to the point of how do you interact with the employers? Another principle is that of client preferences for jobs. We try to find jobs for people that suit what their interests are, what their strengths are. Then long-term follow along, we know that's another key ingredient to stay with them over the long term.

Ivette Torres:

Well, when we come back, I want to touch on some of the issues that will help us to place more people, and that's dealing with the stigma associated with both mental health problems and addiction issues. And we'll be right back.

Male VO:

I own.

Female VO:

I own my recovery from addiction and depression.

Group VO:

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Male NARR:

For information on mental and substance use disorders, including prevention and treatment referral, call 1-800-662-HELP. Brought to you by the U.S. Department of Health and Human Services.

Ivette Torres:

Let's take a look at, now, the governmental structures that are necessary to get some of these issues dealt with. In the city of Washington, DC, for example, David, have there been special policies that have been presented related to this that foster a better understanding of the issue and that deal with a higher degree of participation from employers? Are there incentives? Because I know that within SAMHSA, the recovery support initiatives, which is one of the strategic initiatives of our agency, is taking a look at, indeed, not only housing, as you were mentioning, housing first. But in addition to that, they're taking a look at workplace to see and identify what kind of incentives can be made in order to encourage more people to hire.

David Berns:

Yeah. We work with a variety of programs. Our Department of Employment Services and vocational rehabilitation programs, substance abuse treatment programs. So, we don't do a lot of the direct placement or dealing with the stigma, but trusting and partnering with the other agencies to work with the families. I think a big change is just having a sense of hope, and we have to get rid of our own stigma first, before the client can get rid of it.

Ivette Torres:

That's a very good point.

David Berns:

So, if a client wants to disclose, then we help them with the messaging. If they don't, then we help them try to figure out a way to keep it as confidential as they can. But it's all individualized and it's all working towards that own—one person's best way and approach to overcoming both the stigma, the barriers, and, most importantly, building on their own strengths.

Ivette Torres:

And, Neli, have you had experience in terms of attempting to get your municipality or the state to develop initiatives?

Neli Vasquez-Rowland:

No, we haven't. But I think that the political and economic realities are forcing, you know, everyone to rethink, our approach. I think the stigma is associated with the issues of drug and alcohol addiction has really been, you know, endemic.

Ivette Torres:

Well, it's discrimination.

Neli Vasquez-Rowland:

It is discrimination, it's been endemic because of the way we've institutionalized this issue with the criminal justice system and the drug court system. And, you know, that things like that. As opposed to dealing with it as, you know, was mentioned earlier, as a disease. People do successfully recover. They live very successful, productive lives in

recovery. And, you know, just going back to our own issue in terms of when my family went through it. My husband went through it. We had the idea of starting A Safe Haven. I said, "You know what? We just need to own it, and we need to wear it like a badge of honor."

Ivette Torres:

Absolutely.

Neli Vasquez-Rowland:

Because truly this is something that we went through, we got through, and we came out on the right side, and others can, too. At some point employers will value that, you know, as something that they want to see in their employees; someone that's maybe overcome something and now doesn't have these issues. Because when you're hiring someone, you don't know whether they do or they don't.

Ivette Torres:

I think one of the things that I want to clarify is that the drug courts, mental health courts, they are looking at addiction as a disease. And I think that goes a long way in gaining a better understanding within the community.

Neli Vasquez-Rowland:

And I love that that's happening. And that we're starting to consider the idea of a diversion program, a no-entry program for people that do suffer from this disease. What I'd like to see is the funding follow the treatment and support services that are necessary.

Ivette Torres:

Gary, you wanted to add something?

Gary Bond:

I just wanted to add a point about the underfunding. What we know from some of our research is that in the long term, people who work use the mental health system less and so the savings, the cost savings can be phenomenal over the long term.

Ivette Torres:

David, final thoughts?

David Berns:

I like to think about a theory of abundance. That even though there's not enough money around, a lot of us, because we're getting such poor outcomes, and that if we see our roles as prevention, even my agency is preventing deeper end services. Everybody sees where their clients are coming from and where they're going to, and if we keep people from getting deeper into the problems, and support the systems that keep them out of even our own programs, the good outcomes will be much cheaper than the bad outcomes we currently have.

Ivette Torres:

Gary?

Gary Bond:

I just want to reinforce the theme that all of us have been noting. The importance of work is really the centerpiece of the recovery process. I think we can all agree on that, and there are daunting challenges, but I think there are ways around them. And we've heard some pretty encouraging case examples.

Ivette Torres:

Peggy?

Peggy Burns:

In terms of debunking the stigma, I have a little expression that I'd like to share that really helped me a lot when I first came into recovery. And that is that we are sick people who can get well, we are not bad people who have to get good. As sick people, we sometimes do bad things, it doesn't make us bad people. And I've said that a million times to many, many, many of my clients who are substance abusers, and that has really made a difference.

Ivette Torres:

And, I want to remind our audience that September is *National Recovery Month*, and, as such, we want to encourage all of our listeners to conduct events, get together with their community coalitions, community organizations to plan activities during this month, so that we can continue to make headway into the, not only the area of employment but continue to get the millions of people who need help, the help they need so they can get into recovery from mental illness or addiction.

Thank you for being here, it was a great show.

Male VO:

The *Road to Recovery* television and radio series educates the public about the benefits of treatment for substance use and mental health problems as well as recovery programs for individuals, families, and communities. Each program engages a panel of experts in a lively discussion of recovery issues and successful initiatives from across the country. To view or listen to the *Road to Recovery* television and radio series from this season or previous seasons, visit recoverymonth.gov and click on the Multimedia tab.

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