supported employment

a guide for mental health planning + advisory councils

US Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

This pamphlet provides an introduction to employment programs for people with psychiatric disabilities. It will help State Mental Health Planning and Advisory Councils and others concerned about people with such disabilities assess the community-based programs and services offered in their states to assist people with psychiatric disabilities achieve satisfying employment.

2003

supported employment

Introduction

For many people, employment is an important source of dignity, purpose, and identity. For individuals with a psychiatric disability, employment can be a step toward recovery. Unfortunately, only a small number of individuals with disabilities are able to find satisfying work. In the United States, the employment rate for individuals with severe disabilities is approximately 25%.[1] The employment rate for individuals with psychiatric disabilities is often even lower – as low as 15%.[2] Assisting individuals with psychiatric disabilities return to work is particularly significant since they account for a large percentage of public support beneficiaries. For example, in 1999 about 34% of Supplemental Security Income (SSI) recipients were working aged adults with mental illness.[3]

These employment statistics contrast with the clear desire of adults with psychiatric disabilities to work. Research has found that nearly 70% of adults with psychiatric disabilities aspire to obtain satisfying employment.[4] To understand this paradox, we must analyze the barriers to obtaining employment.

Two of the obstacles adults with a psychiatric disability face are stigma and discrimination. Unfortunately, many employers do not believe that someone with a psychiatric disability can be successful in a competitive job.

An equally daunting barrier to entering or returning to the workforce is post-employment access to adequate healthcare. Though many unemployed or underemployed individuals with disabilities receive ongoing financial assistance through government programs, healthcare and financial benefits may be terminated before workers can afford to pay their own healthcare expenses.

For example, SSI provides financial assistance to individuals who are aged, blind, or disabled (including children under age 18) who have limited income and resources. The federal government funds SSI through general tax revenues. Some states supplement SSI cash benefits to increase the available support. Individuals who receive SSI benefits also receive healthcare coverage through the Medicaid program.

The Social Security Disability Insurance (SSDI) program supports individuals who are disabled or blind and are "insured" by workers' contributions to the Social Security trust fund through the Federal Insurance Contributions Act (FICA) and Social Security tax. These contributions may have been made by the beneficiary or by a spouse or parent. Beneficiaries of SSDI are eligible for health insurance coverage through the Medicare program

Though SSI and SSDI beneficiaries may become able and ready to work, our public support systems have inherent work disincentives. Once a beneficiary begins earning a more substantial income, healthcare and financial benefits are terminated. Fortunately, public policy in this area is beginning to change. During the past decade, several federal initiatives have addressed this issue and have implemented work incentives that allow individuals with disabilities, including psychiatric disabilities, to return to work and gain independence from public support. Examples of such work incentives are described later in this pamphlet.

A further barrier to employment is finding the right support services to help with the transition to work. Even for adults without disabilities, finding, holding, and fulfilling the expectations of a job can be stressful. For an individual recovering from a psychiatric disability, navigating through eligibility determinations, benefits counseling, and vocational assessments is an even more difficult process. To be successful, employment programs for people with psychiatric disabilities must provide support to overcome all of these barriers and to help build self-confidence. Many providers of vocational and employment services to people with disabilities recognize this dynamic and offer both job coaching and post-

employment support such as ongoing counseling, identification of resources available through the employer, and other problem-solving assistance.

Integrating people with disabilities into the competitive workplace brings benefits both to the worker and the wider community. Benefits to the community include

- Significantly reduced costs for public support services (SSI/SSDI and Medicaid/Medicare) as workers become self-sufficient.
- Increased community revenue as individuals previously on public support begin to pay income taxes.
- Decreased stigma associated with disabilities as diversity in the workplace increases.
- Improvements in quality of life and worker satisfaction and self-esteem.

Evidence Base for Employment Programs

How can people recovering from psychiatric disabilities best be helped in their transition to the workplace? What services are most effective in helping them find and keep satisfying jobs? What combinations of services are most successful? What are the direct costs of the interventions? What are some of the "reasonable accommodations" that help mental health consumers obtain and sustain employment?

In an effort to develop a base of evidence to answer these questions, the federal Center for Mental Health Services (CMHS) of the Substance Abuse and Mental Health Services Administration (SAMHSA) conducted a five-year, multi-site study of employment programs nationwide, involving 1,648 mental health consumers.

The study, the Employment Intervention Demonstration Program (EIDP), evaluated innovative models of vocational rehabilitation services at eight sites (plus a coordinating center, which provided overall program administration, data management, and data analyses). The EIDP demonstration sites were located in Arizona, Connecticut, Maine, Maryland, Massachusetts, Pennsylvania, South Carolina, and Texas.

In all EIDP sites except Pennsylvania, participants were unemployed at the beginning of the study. All had serious mental illnesses (50% of participants had schizophrenia-related disorders). Each participant was randomly assigned to one of several intervention models available at the demonstration sites (each site had at least two service models).

The majority of the model intervention programs studied by the EIDP program combine vocational and clinical services to achieve employment goals for participants. The model interventions studied are described below.

- **Integrated Supported Employment (SE).** This model provides services from an integrated treatment team, including psychiatrists, case managers, rehabilitation counselors, employment specialists, job developers, and benefits specialists, all of whom work within a single organization and at the same physical location. The Arizona site tested this model.
- **International Center for Clubhouse Development (ICCD) Accredited Clubhouse**. In this model, a planned community of staff and consumers work together on a daily basis to provide and receive services such as meals, companionship, skills training, and paid work. Transitional employment placements are an important part of the vocational support strategy of the Clubhouse model. The Massachusetts site tested this model.
- **Individual Placement and Support (IPS).** This model focuses on rapid job placement with ongoing support. It seeks to find employment opportunities consistent with mental health consumers' preferences, skills, and abilities. The Connecticut and Maryland sites tested this model.
- **Assertive Community Treatment (ACT).** Also called Programs of Assertive Community Treatment (PACT). This model includes a mobile team composed of a psychiatrist, nurse, clinicians, social workers, and vocational

specialists who provide direct services in the community. The Massachusetts site tested this model.

- **ACT/IPS**. In this fusion of two service models, the vocational specialists on the ACT team use the IPS model of supported employment. The South Carolina site tested this model.
- **Family/ACT**. This model combines features of the ACT model with family participation in mental health education, rehabilitation, and multiple-family support groups. The Maine site tested this model.
- **Mental Health Employers Consortium (MHEC)**. In this model, a group of businesses pledge to hire mental health consumers and meet regularly with vocational and mental health specialists to learn about mental illness and to problem-solve on issues such as developing reasonable accommodations for employees with mental illnesses. The Maine site tested this model.
- **Employment Assistance through Reciprocity in Natural Supports (EARNS)**. In this model, services are designed to help consumers move from support networks characterized primarily by professional support, in which the relationships tend to be hierarchical (professionals serving the consumer), to networks that are larger, more diverse, and characterized by more reciprocity (less hierarchical, with more peer-level interaction and greater contribution by the consumer). EARNS program staffers and consumers work directly with employers, coworkers, family, and friends to strengthen existing support relationships and develop new ones. The Texas site tested this model.
- **Long-term Employment Training and Supports (LETS).** The Pennsylvania LETS model is designed to help working consumers stay employed and develop satisfying careers. This model provides long-term services including clarification of career and educational goals, job development activities, securing of job accommodations, skill-building for coping with work problems, assistance with Social Security benefits, and peer support group meetings focusing on employment issues. The Pennsylvania site tested this model.

For more information on the EIDP Program and specific information on each EIDP site, visit The University of Illinois National Research and Training Center (NRTC) website at www.psych.uic.edu/uicnrtc. See page 20 for complete NRTC contact information.

EIDP Program Outcomes

The outcomes measured in the EIDP study were

- Income earned.
- Percent of participants who worked at all.
- Percent of participants who worked 40 or more hours in one month.
- Percent of participants competitively employed. The study used a strict definition of "competitive" employment:
  - A paid position open to anyone (not set aside for people with disabilities).
  - In a mainstream, integrated setting (i.e., working alongside people without disabilities).
  - Paying at least minimum wage.
  - "Owned" by the consumer (not sheltered work or jobs guaranteed by employer to be filled from consumers at a particular mental health agency).

Study Findings

With the help of vocational interventions, even people with most severe and persistent mental illness can work.

Some of the findings from the EIDP study are summarized below. They reveal the effectiveness of integrating vocational supports with mental health treatment services, and the importance of providing time-unlimited supports to consumers.

- In sites where participants started out unemployed, 55% had obtained jobs by the end of their first year in the program. This is a great improvement over studies estimating that as few as 10-15% of people with serious mental illness work.
- The direct cost of vocational services was $2,000 - $8,000 per person. As a result of this investment, participants earned a total of $5 million and worked over 863,000 hours during the life of the project.
- Receiving more hours of clinical services alone did not improve employment outcomes. But receiving more hours of vocational services did lead to better work outcomes.

Some vocational services are more effective than others.

- No single vocational program model was found to be superior to the others. However, certain common characteristics among the models studied produced better outcomes.
- The programs with the best employment outcomes integrated mental health and vocational supports, focused on rapid placement into jobs of the participant's choice, and provided ongoing support. For these programs, the percentage of participants who worked was roughly 5-30 percentage points higher than for clinical programs that referred clients to outside vocational providers.
- Collaboration between support providers and the businesses who employed participants was associated with improved work outcomes. This result illustrates the importance of engaging employers.

Employment patterns indicate the need for long-term supportive services.

- On average, it took six months for participants in the study to obtain work; thus programs should not be overly focused on short-term attempts at placement.
- Most participants changed jobs at least once (with an average of 2.3 jobs per person) during the study.
- For those participants who did change jobs, most were not fired but left jobs for various other reasons.

Jobs alone do not ensure economic stability for consumers.

- Most jobs obtained were entry-level, and 85% were part-time. The average wage was $6 per hour. These results indicate that concentrated attempts must be made to improve the career outlook for many mental

health consumers. Fewer than 8% of participants had a four-year college education. Supported education programs, therefore, are crucial to improve the employment potential of many mental health consumers.

- Only 15% of full-time jobs provided insurance with mental health benefits. Continued efforts, therefore, are needed to find ways of insuring working people with mental illnesses, such as through Medicaid buy-in programs.
- 72% of the participants were receiving SSI or SSDI benefits at the beginning of the study, and most continued to receive benefits while working. Benefits counseling is critical for assuring people that the benefits they rely on will not be lost when they go back to work.

Research-Based Principles of Successful Vocational Rehabilitation Strategies

The EIFP Steering Committee articulated the following principles based on research findings from EIDP and other studies.

- People with serious mental illness can be successfully engaged in competitive employment.
- Vocational rehabilitation services should involve employment in integrated settings for minimum wage or above.
- Consumers should be placed in paid jobs as quickly as possible and according to their preferred pace.
- Ongoing vocational support should be available as needed and desired.
- Consumers should be helped to find jobs that match their career preferences.
- Vocational rehabilitation services should explicitly address financial planning and provider education/support around disability benefits and entitlements.
- Vocational and mental health services should be integrated and coordinated.
- Vocational service providers should work collaboratively with consumers to address issues of stigma and discrimination, and to help negotiate reasonable accommodations with employers.
- Vocational rehabilitation services should be made available to all mental health consumers.
- Vocational services should involve family and friends in supporting consumers' efforts to work.

Financing Employment Programs

As with most community-based mental health services, a number of funding sources are available to support employment programs. Depending on state policies and program structure, resources for funding employment programs may include one or more of the following:

- The Federal Department of Education's Rehabilitative Services Administration funds **State Offices of Vocational Rehabilitation (VR).** These offices can use networks of local vocational rehabilitation counselors or contract with private service providers or community mental health centers to provide employment support services to mental health consumers. The Federal Department of Education and state VR agencies often offer grant programs to support creative employment services and to enhance the community-based service system. State VR agencies can also help pay for tuition at colleges or trade schools to help individuals with mental illness achieve education-related goals.
- A number of states allocate portions of the federal **Mental Health Services Performance Partnership Block Grant** to support employment services offered in the state. Block Grant funds can be used to leverage additional funding from the state VR or Medicaid office or can be used to support evidence-based employment support projects.
- Traditionally, supported employment services have been funded by the **State Mental Health Authority**. This funding may appear in the ongoing services budget or may be provided through special, time-limited grant programs.

- **Medicaid Rehabilitation Option** or **Case Management** dollars can be used if available. This funding source has not been used in the past to fund employment services for people with serious and persistent mental illnesses, since there are multiple restrictions on their use. For example, Medicaid dollars cannot be used to fund job training and placement, or to fund support services on the job. But these funds can be used for mental health case management and other rehabilitation services that are necessary for achieving employment. Planning Councils can work with the state's Medicaid office to clarify rules in this area and to develop plans for funding employment services.

- A number of **federal mental health initiatives** can be used to support employment support services as well. For example, money from the Projects for Assistance in Transition from Homelessness (PATH) grants can be used for employment efforts directed toward consumers who are homeless. In addition, the Community Action Grant program of the SAMHSA Center for Mental Health Services provides funds to help communities develop consensus regarding implementation of exemplary practices, including supported employment. Although no direct service dollars are available through this program, Phase II of the program provides money for startup expenses, such as training costs, to communities that successfully achieve consensus on the services to be implemented.

- A wide range of services is available at **One-Stop Centers** funded by the U.S. Department of Labor. Since Vocational Rehabilitation (VR) is a required partner of the One-Stop system, eligible consumers can access the full range of services provided by VR through the One-Stop system. Other disability-specific organizations provide services in One-Stop Centers as well, identifying policies and providing technical assistance to address barriers and work disincentives for people with disabilities. Planning Councils can work with their state's One-Stop Centers to provide evidence-based employment services to individuals with psychiatric disabilities.

- The federal **Social Security Administration (SSA)** funds a number of work incentive initiatives that can provide support for mental health consumers who want to return to work. These work incentives include the Trial Work Period, Continuation of Medicare Coverage, Continued Medicaid Eligibility, and the Earned Income Exclusion. In conjunction with vocational and employment services, these work incentives can help put mental health consumers into satisfying jobs. To find out more about the work incentives offered by SSA, obtain a copy of the Redbook on Work Incentives at www.ssa.gov/work/ResourcesToolkit/redbook_page.html.

  In 1999, Congress passed the **Ticket to Work and Work Incentives Improvement Act (TWWIIA).** This law established a new SSA program, the Ticket to Work and Self-Sufficiency Program intended to increase access and choice for employment services in the community. Any VR agency, One-Stop Center, or public or private provider group with experience providing employment services can apply to participate as an employment network and provide employment support services to individuals with disabilities. For more information about the Ticket to Work Program, visit the SSA Work Site on the web at www.ssa.gov/work.

  The Ticket To Work legislation also improved the **Medicaid Buy-In Program**. This program allows individuals with disabilities returning to work to retain their healthcare benefits even after they are no longer eligible for SSI cash benefits. To participate in the program, beneficiaries pay a reasonable premium to "buy in" to their Medicaid benefits. To find out if your state has adopted the Medicaid Buy-In Program visit the Centers for Medicaid and Medicare Services' (CMS) TWWIIA site on the web at www.cms.gov/medicaid/twwiiahp.htm.

A note of caution: It is important to note that, although various agencies fund employment programs, not all provide services that have been demonstrated to be effective for people with serious mental illness. Regardless of the funding source, SAMHSA recommends that consumers check to make sure that services provided adhere to the research-based principles articulated by the EIDP Steering Committee.

Conclusion

The overwhelming majority of adults with psychiatric disabilities desire to enter or re-enter the work force. As for anyone, employment can be an important source of dignity, purpose, and identity. The mental health community is committed to assisting consumers enhance their recovery by helping them participate in the open job market whenever possible.

Thousands of professionals and volunteers nationwide have already implemented evidence-based vocational services within their local communities to help people with psychiatric disabilities to overcome the numerous obstacles they face seeking employment, and to handle the challenges they face once in the workplace. These programs are particularly effective when they are coordinated and integrated with mental health services.

The National Association of Mental Health Planning and Advisory Councils (NAMHPAC) supports evidence-based programs. We urge service providers and policy makers, as well as consumers and their families, to promote the vocational service principles identified by EIDP and other research, and to take advantage of the benefits such programs provide. NAMHPAC also encourages continuing research to further the development of vocational assistance programs that effectively help individuals with psychiatric disabilities to find and keep satisfying employment.

Working together, we can continue to help mental health consumers find the dignity, purpose, and pride in work well done that is the right of all.

Role of State Planning and Advisory Councils

State Mental Health Planning and Advisory Councils can play a pivotal role in helping to plan, implement, monitor, and advocate for effective employment services for individuals with psychiatric disabilities.

To further explore employment programs in your state:

- Gather the resources listed in this document and distribute them to council members.
- Conduct a survey of people with psychiatric disabilities and their family members to assess the true needs in the state and determine what services need to be developed in local communities.
- Host meetings on employment services and invite local experts and stakeholders to address the topic. Be sure to include other consumer groups, advocates, and state policy makers along with local and state chapters of NAMI and the National Mental Health Association.
- Organize an information session to educate mental health, supported employment, and vocational rehabilitation providers about the research available through EIDP, and opportunities available through the Ticket to Work Program.
- Provide information to employers about hiring individuals with psychiatric disabilities and recruit them to participate in ongoing efforts to hire and retain employees with disabilities. Facilitate ongoing employer involvement on this topic.
- Collaborate with your state's mental health authority to educate mental health consumers and family members about the services and work incentives available to them.
- Create an employment subcommittee to discuss services currently available in your state and new initiatives that can be developed. Invite people with psychiatric disabilities and family members from around the state to participate on the subcommittee.
- Work with the state Medicaid agency and the legislature to establish a Medicaid Buy-In Program for individuals with disabilities. A cross-disability campaign could be coordinated with the help of other disability groups (such as the Centers for Independent Living) to bring greater strength to the message.
- Encourage your state's vocational rehabilitation agency and mental health authority to work closely together to provide maximally effective employment services for people with psychiatric disabilities.
- Encourage providers who specialize in evidence-based vocational services for people with psychiatric disabilities to participate in the Ticket to Work and Self-Sufficiency Programs through the Social Security Administration.
- Collect data from employment service providers about the number of people with psychiatric disabilities that they serve and the percentage who obtain competitive employment. Brainstorm together about how to reach more mental health consumers and more effectively aid them in getting and keeping real jobs and improving their career opportunities.

endnotes

[1] Minnesota Governor's Council on Developmental Disabilities (2001). *Partners in Policymaking™ Curriculum Highlights*. Saint Paul, MN.

[2] National Institute on Disability and Rehabilitation Research (1992). *Strategies to Secure and Maintain Employment for People with Long-Term Mental Illness, Consensus Statement*. 1 (3). 21-23. Washington, DC.

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resources

Center for Mental Health Services (CMHS)
Substance Abuse and Mental Health Services
Administration (SAMHSA)
U.S. Department of Health and Human Services (HHS)
5600 Fishers Lane
Rockville, MD 20857
www.samhsa.gov

Office of Employment Support Programs
Social Security Administration
6401 Security Boulevard
Room 4-C-5 Annex
Baltimore, MD 21235-6401
(P) 800.772.1213
(TTY) 800.325.0778
www.ssa.gov/work

Office of Disability Employment Programs
U.S. Department of Labor
1331 F Street, NW, Suite 300
Washington, DC 20004-1119
(P) 202.376.6200
www.dol.gov/dol/odep

Centers for Medicaid and Medicare Services (CMS)
7500 Security Boulevard
Baltimore, MD 21244-1850
(P) 410.786.3000
www.cms.gov/medicaid/twwiiahp.htm

Rehabilitation Services Administration
Office of Special Education and Rehabilitative Services
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-0001
(P) 800.USA.LEARN
(F) 202.401.0689
(TTY) 800.437.0833
www.ed.gov/offices/OSERS/RSA/

National Association of State Mental Health Program Directors
66 Canal Center Plaza, Suite 302
Alexandria, VA 22314-1591
(P) 703.739.9333
(F) 703.548.9517
www.nasmhpd.org

National Mental Health Association
2001 Beauregard Street, 12th Floor
Alexandria, VA 22311
(P) 703.684.7722
(F) 703.684-5968
www.nmha.org

National Alliance for the Mentally Ill (NAMI)
Colonial Plaza Three
2107 Wilson Boulevard, Suite 300
Arlington, VA 22201
(P) 703.524.7600
(F) 703.524.9094
www.nami.org

International Association of Psychosocial Rehabilitation Services
10025 Governor Warfield Parkway, Suite 301
Columbia, MD 21044-3357
(P) 410.730.7190
(F) 410.730.5965
(TTY) 410.730.1723
www.iapsrs.org

The Matrix Research Institute
100 N. 17th Street
Robert Morris Building, 10th Floor
Philadelphia, PA 19103-2736
(P) 215.569.2240
(F) 215.569.2806
(TDD) 215.569.8098
E-mail: WorkMRI@aol.com

The Job Accommodation Network (JAN)
West Virginia University
P.O. Box 6080
Morgantown, WV 26506-6080
(P) 800.526.7234
www.jan.wvu.edu/english/homeus.htm

Supported Employment Consortium Virginia Commonwealth University Rehabilitation Research and Training Center on Workplace Supports
1314 W. Main Street
P.O. Box 842011
Richmond, VA 23284-2011
(P) 804.828.1851
www.vcu.edu/rrtcweb/sec

The Boston University Center for Psychiatric Rehabilitation
940 Commonwealth Avenue, West
Boston, MA 02215-1203
(P) 617.353.3550
www.bu.edu/sarpsych

The University of Illinois National Research and Training Center
104 South Michigan Avenue
Suite 900
Chicago, IL 60603-5906
(P) 312.422.8180
www.psych.uic.edu/uicnrtc

references

Documents forming the basis of this brochure are listed below. Additional literature reviews are included to help you build a greater understanding of effective employment service models and the role of State Mental Health Planning and Advisory Councils.

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Bond, G., Drake, R., Becker, D., Mueser, K. (1999). Effectiveness of psychiatric rehabilitation approaches for employment of people with severe mental illness. *Journal of Disability Policy Studies*, 10 (1), 18-52.

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Bond, G.R. (1998). Principles of the individual placement and support model: Empirical support. *Psychiatric Rehabilitation Journal, 22* (1), 11-23.

Clay, R. (Spring, 1999). Employment: Help for people with mental illness. *Substance Abuse and Mental Health Services Administration News, 7* (2), 1, 14-16.

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Feedback Form

CMHS and **NAMHPAC** are interested in your feedback. To help make this and future best practices brochures useful to planning and advisory council members, please fill out this section and either cut along the dotted line or photocopy this page and mail it to NAMHPAC at 2001 North Beauregard Street, 12th Floor, Alexandria, Virginia 22311. Telephone: (703) 838-7522. Fax: (703) 684-5968.

Suggestions for future best practices topics:

- ○ Evidence-Based Practices
- ○ Recovery
- ○ Adult and Juvenile Justice
- ○ Consumer-Run Programs
- ○ Other _____

Suggested Changes in Brochure Format or Content:

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Substance Abuse and Mental Health Services Administration

The Substance Abuse and Mental Health Services Administration (SAMHSA) within the Department of Health and Human Services is comprised of three Centers that carry out the agency's mission of improving the quality and availablility of prevention, treatment, and rehabilitation services in order to reduce illness, death, disability, and cost to society resulting from substance abuse and mental illnesses.

The Center for Mental Health Services (CMHS) is the agency of SAMHSA that leads Federal efforts to treat mental illnesses by promoting mental health and by preventing the development or worsening of mental illness when possible. Congress created CMHS to bring new hope to adults who have serious mental illnesses and to children with serious emotional disorders.

The National Association of Mental Health Planning and Advisory Councils

The state mental health planning and advisory councils have joined together to form the National Association of Mental Health Planning and Advisory Councils (NAMHPAC). Federal law requires the establishment of mental health planning councils to review state applications for block grant funding, to serve as advocates for adults with serious mental illnesses and children with serious emotional disturbances, and to monitor and evaluate state mental health planning systems. Although these activities are mandated, many states do not provide funding to support them. In many cases, this lack of funding combined with council members' often short tenures prevent these organizations form making their full impact on service delivery and consumer empowerment. NAMHPAC provides technical assistance to these organizations in the areas of exemplary practices, organizational development, and information sharing. In addition, NAMHPAC provides a national presence on mental health policy issues on behalf of the state planning and advisory councils.

We hope that each planning and advisory council member will closely read this document and use its information to develop the state plan for fiscal year 2003 and beyond. In addition, NAMHPAC will contact members of state councils to encourage them to use these materials, to evaluate how the materials were used, to identify topics for future pamphlets, and to gather suggestions for dissemination of such pamphlets.

The National Association of Mental Health Planning and Advisory Councils
2001 North Beauregard Street, 12th Floor • Alexandria, VA 22311
(703) 838-7522 • (703) 684-5968 – fax