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ARTICLE

Access to Supported Employment for Consumers with Criminal Justice Involvement

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Objective: This paper aims to provide further understanding of the influence of severe mental illness (SMI) and criminal justice involvement (CJI) on access to Supported Employment (SE) services. The authors investigate differences between consumers with and without CJI regarding access to SE and explore reasons for group differences. *Method:* This study employs a mixed-methods design. The quantitative portion compares employment service utilization of consumers with CJI to consumers without CJI to examine hypothesized differences in frequency of access and time to receipt of SE services. The qualitative portion includes in-depth, individual interviews with consumers with CJI and service providers to gain various perspectives on consumers' with CJI entry to SE. *Results:* Consumers with CJI take longer to access SE services. Consumers with CJI and service providers identify the following as barriers or facilitators to access to SE: competing challenges for consumers with CJI such as mental health probation, the adverse impact of CJI on consumers' psychosocial functioning, social networks, consumers' relationships with practitioners, and practitioners' relationship with SE. *Conclusions:* Consumers with CJI do receive SE services at the same rate as those without CJI, but it takes them substantially longer to engage in SE services. Both programmatic and policy level interventions and modifications may ameliorate this problem.

Keywords: supported employment, vocational rehabilitation, criminal justice involvement, access to services

Introduction

The prevalence rate for severe mental illness (SMI) in correctional facilities in the United States is estimated to be between 14% and 31% (Steadman, Osher, Robbins, Case & Samuels, 2009). Overrepresentation of individuals with SMI in the criminal justice system results in a growing number of consumers with criminal justice involvement (CJI) receiving services from community mental health centers. While in one recent survey approximately 28% of consumers in the public mental health care system had been arrested at least once in their lifetime, another found 45% of new users of mental health services with a history of some kind of contact with the criminal justice system (Theriot & Segal, 2005; Fisher, Roy-Bujnowski, Grudzinskas, Clayfield, Banks & Wolff, 2006). These consumers are at a greater disadvantage than both the general SMI and ex-offender populations. Consumers with SMI with a history of CJI are more likely to be homeless, have higher rates of co-occurring substance use disorders, and have greater psychiatric disability than those consumers without such a history (Theriot & Segal, 2005).

Compared to the general ex-offender population, individuals with SMI have higher rates of homelessness, unemployment, and greater reliance on public assistance (Prins & Draper, 2009).

Given the additional challenges and needs of this subpopulation, it is critical that consumers have access to services found to be effective. Employment is an essential ingredient in the rehabilitation of both individuals with SMI and the ex-offender population. It plays a key role in assisting ex-offenders achieve self-sufficiency and break the cycle of reincarceration (Buck, 2000; Freeman, 2003; Harrison & Schehr, 2004; Solomon, Johnson, Travis & McBride, 2004; Pager, 2006). In addition, employment has been shown to be a potent intervention that promotes recovery from SMI (Becker & Drake, 2003). Within the psychiatric rehabilitation field, evidence-based Supported Employment (SE) has proven to be the most effective vocational model. With a focus on assisting consumers in obtaining competitive employment based on preferences and providing ongoing individualized supports after jobs are secured, SE has been adopted as the standard of care by several states and countries (Becker & Drake, 2003; Bond, Drake & Becker, 2008). It is critical that consumers with a history of CJI have access to SE to reap both the vocational and nonvocational benefits of competitive employment (Anthony, 2006; Oscher & Steadman, 2007).

Unfortunately, access to SE services is extremely limited for all individuals with SMI. National data indicate that SE is available to serve only 2% of consumers in the public mental health care system, despite 60% or more expressing the desire to work (McQuilken, Zahniser, Novak, Starks, Olmos & Bond, 2003; SAMHSA, 2009). While there are general capacity issues based on the availability of services, additional barriers related to perceived readiness also exist. Mental health practitioners often fail to refer consumers to services because of a belief that factors such as symptoms, work history, hygiene, substance abuse diagnosis and social functioning will impede consumers' employment success. In one recent study, practitioners intended to refer only 21% of a group of unemployed consumers to SE, despite 49% of them expressing an interest in the service (Casper & Carloni, 2007).

Little is known about how the subpopulation of individuals with both SMI and CJI fare in accessing employment services. In the present study we examined access to SE among individuals with SMI and CJI receiving services at a community mental health agency. We use a mixed-methods design with both quantitative and qualitative components. The quantitative portion compares employment service utilization of individuals with SMI and CJI to those with SMI and without CJI to examine hypothesized differences in frequency of access and time to receipt of SE services. Given the additive barriers individuals with SMI and CJI likely face, we expected the number of individuals receiving SE services to be significantly lower and the time to receipt of those services to be significantly longer for the CJI group. The qualitative portion of the design included in-depth, individual interviews with consumers and service providers (both SE and mental health) to gain various perspectives on consumers' with CJI entry to SE and to identify specific barriers and facilitators of access to SE services for this group.

Method

Quantitative and qualitative data were collected and analyzed at Thresholds Psychiatric Rehabilitation Centers, a psychiatric rehabilitation agency located in Chicago, Illinois. Thresholds provides intensive services to roughly 3,500 consumers a year with SMI, offering services at over 30 geographically dispersed sites. In addition to vocational programming, Thresholds provides a comprehensive array of treatment and rehabilitation services, including medication management, residential services, case management, and day programming. Currently, Thresholds has 22 employment specialists that assist consumers in obtaining and keeping jobs.

Participants

A total of 1,191 individuals with SMI admitted to Thresholds between December 2007 and December 2008 were included in the quantitative portion of the study. A criterion for entry into Thresholds is an individual having a primary psychiatric diagnosis of a SMI such as schizophrenia, bipolar disorder, or schizoaffective disorder. A total of 12 individuals were recruited for the qualitative portion of the study, four employment specialists, four mental health treatment team leaders, and four consumers with past or current CJI. Sample characteristics are shown in Table 1.

Procedures

The study was approved by Thresholds' Institutional Review Board. Preliminary quantitative data on employment service utilization by individuals reporting CJI were collected and analyzed by reviewing medical records for individuals seeking services at Thresholds. Demographic and service-related data are routinely collected in the electronic medical record in the context of assessment and routine service delivery. CJI of consumers was tracked using mental health assessments completed by all consumers upon entry to the agency. Consumers provide information on criminal court system involvement such as lifetime arrests,

Table 1–Study Participant Characteristics

Quantitative Sample	No CJI	CJI
Sex		
Male	249 (51%)	484(76%)
Female	239(49%)	150(24%)
Race/Ethnicity		
White	211(47%)	220(36%)
Black/African American	235(53%)	394(64%)
Primary Diagnosis		
Anxiety	21(4%)	18 (3%)
Bipolar	126 (26%)	172 (27%)
Schizophrenia/ Schizoaffective	190 (39%)	221 (35%)
Depression	127 (26%)	189 (30%)
Co-Occurring Condition		
Substance Use Diagnosis	131 (27%)	411 (65%)

Qualitative Sample	Employment Specialists	Mental Health Treatment Team Leaders	Consumers
	n=4	*n*=4	*n*=4
Sex			
Male	1	1	2
Female	3	3	2
Race/Ethnicity			
White	1	3	0
Black/African American	3	1	4
Highest Degree			
Some High School	0	0	2
High School	0	0	2
Bachelors	3	1	0
Masters	1	3	0
Mean Age	33.5 (27,37)	37.75(29,46)	50.75(41,57)

convictions and incarcerations. Employment service utilization and outcomes are also tracked in the electronic medical record. Vocational data are routinely documented through the use of billing codes specific to phases of the employment process. While predominantly used by employment specialists, these vocational codes can be billed under by the agency's clinical staff.

For the qualitative portion of the study, in-depth individual interviews were conducted with employment specialists, mental health treatment team leaders, and consumers with CJI. Eligible employment specialists were defined as practitioners who provided SE services to individuals with CJI. Mental health treatment team leader eligibility was defined as clinicians who led teams that provided mental health services to individuals with criminal backgrounds. Consumer eligibility was defined as individuals who self-disclosed a history of CJI who were interested in obtaining employment, regardless of whether or not they were currently enrolled in SE services.

Participants were recruited through email and phone invitations. When meeting with interviewers, participants received a letter of consent explaining the purpose of the study and participant rights. After signing the informed consent form, interviewees were asked to complete a survey of basic demographic information and, if applicable, years of working in the mental health field. Interviews lasted approximately a half hour each and were captured through digital recordings.

Analysis

Descriptive statistics and chi-square analyses were used to compare group (CJI vs. without CJI) frequencies on demographics and SE service utilization variables. Employment services were categorized as 1) "informal" which includes any contact, discussion, exploration of employment goals with non-employment specialist providers as evidenced by the utilization of vocational service billing codes, and 2) "formal" SE services which are defined as contact with SE employment specialists as evidenced by use of these same billing codes. Independent samples *t*-tests were run to compare time from referral to engagement (in days) in 1) "informal," and 2) "formal" employment services.

Qualitative interviews were analyzed using content analysis. Interviews were initially transcribed verbatim in word processing format and were subsequently uploaded into qualitative software program Atlas.ti. Two authors independently coded the transcriptions and generated multiple themes for each group of participants. The authors compared data to check for coding consistency/reliability and arrived at major themes common across all participant groups.

Results

Quantitative Results

Demographics.

Between December 2007 and December 2008, 1,191 consumers were newly enrolled in Thresholds. A total of 634 (53%) of these individuals disclosed some interaction with the criminal justice system. The majority of consumers in both the CJI and without CJI groups were male, with the male to female ratio significantly higher for those reporting CJI compared with those reporting no CJI (χ^2= 79.226, p <.05). While the majority of both CJI and no CJI consumers identified themselves as Black/African American, a significantly higher proportion of those reporting CJI identified as such (χ^2=17.807, p <.05). Average age was not statistically different between groups [CJI, (M = 38.55, SD = 11.455), no CJI, (M = 37.89, SD = 12.742)]. Both CJI (M=10, SD =4) and no CJI (M=11, SD =4) consumers were equally likely to have ended their formal schooling prior to obtaining a high school diploma. Similar numbers of individuals were living in independent housing, but consumers with CJI (n = 131, 21%) were more likely to be homeless in comparison to consumers with no CJI (n = 53, 11%).

Employment Service Utilization.

A total of 209 consumers had some involvement in employment services—either formal or informal. Fourteen participants had incomplete data and were not included in the analyses. Of the remaining 195 consumers, 96 reported CJI and 99 reported no CJI. Of those reporting CJI, 66 (69%) were formally on the caseload of employment specialists and the remaining 30 (31%) were informally in contact with other Thresholds service providers around employment-related issues. In the comparison group of 99 consumers without CJI, 76 (77%) were enrolled in SE while 23 (23%) were receiving informal employment services. There was no statistically significant difference in number of CJI (n = 66) compared with no CJI (n = 76) consumers receiving formal employment services or number of CJI (n = 30) and no CJI (n = 23) involved in informal discussions about work (χ^2= 2.736, p = .255).

There were significant group differences in time to engagement in employment services. Days to first informal employment discussions after admission to Thresholds differed for consumers with CJI and no CJI. It took 51% longer for members with CJI to be engaged in informal employment discussion with non-SE staff. Additionally, it took consumers with CJI significantly longer to be referred to formal SE services than consumers with no CJI. It took almost twice as long for members with CJI interested in work to receive formal SE services. See Table 2 for results.

Qualitative Results

Qualitative interviews were conducted in order to provide more insight into the reasons for the delay in access to SE services. Based on the interviews with mental health treatment team leaders, employment specialists and consumers with CJI, four major themes were identified as affecting access to SE services. Please note that interjections (e.g. "um," "uh huh") have been omitted from below quotes unless interjections illustrate particular meanings.

Seeking Employment in the Context of Competing Challenges.

All groups described consumer access to SE occurring within a context of competing challenges, goals and needs. Many of the issues discussed are faced by consumers regardless of a history of CJI. However, some challenges were identified as being unique to or of heightened importance for consumers with CJI. Perhaps most noticeably, team leaders highlighted various aspects of the legal system which made entry into SE logistically difficult, particularly surrounding involvement with mental health probation. One team leader explained,

> We work with TASC—mental health probation…that is a barrier in and of itself. When people come to court, depending on how the person is doing, TASC will say, we think you need to go to an intense outpatient group, we think you need to go to detox because you showed up to court intoxicated the other day. Or, they'll just take them into jail when they show up to court if they've done something to violate their probation and then they're in jail for an unknown period if time…They [TASC] are very focused on sober living. And they do not agree with the supported employment model that, you know, as long as a person wants to work that they should be looking for work. They want the person to be sober and have x amount of clean time, basically, and they don't think that these people that are currently drinking or using can have a job. That's not really a priority for them. They're not interested in whether the person is looking for a job or not.

Table 2–Utilization of Employment Services

	CJI		No CJI				
	Mean days	*SD*	Mean days	*SD*	*t*	*df*	Sig
Days to informal discussion	78.54	80.71	51.77	54.88	2.354	144	<.05
Days to enter formal service	97.65	88.99	51.31	42.14	3.49	108	<.001

> They're trying to fulfill what they're trying to fulfill through the court which is treatment and stabilization for people who still are using and things like that. They want to make sure that's going on, above and beyond anything else. Which is frustrating.

This team leader went on to explain that there were a number of consumers in her program interested in employment but unable to engage in services because of restrictions enforced by the mental health court system.

In addition to these legal barriers, practitioners spoke of the intensive service needs of consumers with CJI upon entry to the agency. Mental health treatment team leaders and employment specialists spoke of a tension between viewing employment as a secondary goal to achieve or attain only after consumers with CJI obtained some degree of stabilization versus viewing employment as a key ingredient to achieving stabilization. On one hand, team leaders clearly articulated a view that consumers with CJI had goals of greater priority, particularly securing permanent housing, than employment. Employment specialists were more likely than team leaders to view these challenges as a potential motivator for consumers to seek out SE. For example, one employment specialist made the following observation about the connection between employment, housing and CJI:

> What happens is sometimes you're working on the desperation of the member also. And what I mean by desperation, I don't know, bills start to hit them, the background affects a lot of aspects of a person. Some of our members are living in places that you need to have a job to continue living even though you have a background. So it's like I've got to hurry up and find something or a) I'm going to be kicked out or b) I'm going to go back to jail because I'm going to violate my probation or whatever it may be.

Despite the potential key role employment could have in the recovery process, consumers themselves were more likely to take a stance similar to that of team leaders and discuss their employment-seeking behavior within the context of a hierarchy of needs, also highlighting the challenge of securing permanent housing. Thus, all three groups identified the role competing challenges could play in the speed with which they sought out and were referred to employment services.

Negative Psychosocial Impact of CJI.

All groups identified that having a criminal record has a psychosocial impact on consumers that impedes their entry into SE. Team leaders, employment specialists and consumers remarked that having a background negatively affects consumer access to a variety of community resources. As a result, consumers oftentimes had low expectations that their help-seeking behavior would result in positive outcomes. Team leaders and employment specialists felt consumers made assumptions about what would happen if they engaged in employment services based on the impact their record had on other aspects of their lives. Practitioners identified the prevalence of consumer assumptions and fears that they would never be able to find a job. One team leader tied challenges members faced in attempting to secure housing, for instance, with their low expectations for employment:

> I think that's also where they may get the idea of I won't get a job if I have a felony, because people have gone through that looking for housing too. Where they look into your background they see that you have, however long your arrest record is, and they've been turned down for housing because of it. I think that's probably another experience that kind of goes along with, well I can't even get housing, why would I be able to get a job? With this record?

Employment specialists focused on the actual job-seeking process and described the presence of a criminal record compounding anxiety to what was already an anxiety-producing experience:

> Having such an obvious thing that's probably frequently going to get them kicked in the face by an employer, you know it's like, I shouldn't even try. And it's anxiety-producing to apply for a job in general. Well, here's this thing that's like, I'm not sure how to talk about, and I don't know what the company policy is, and I don't know even if they run a background check if it's going to show up, and, all that unknown can be really scary for people. And self-defeating, too. Like, I just don't even want to put myself out there 'cause I'm just going to get squashed.

Armed with the belief that looking for work would be an exercise in futility, consumers may be less likely to enter employment services.

Truncated Social Networks.

The third theme that emerged from participant interviews was that of social networks as a facilitator and barrier to the referral process to SE services. Participants identified the presence or absence of family supports as playing a key role in whether or not consumers pursued employment. All three groups articulated that the absence of external social support networks is prevalent with consumers with CJI. This made community reintegration and recovery more difficult for this population than perhaps other consumers. One consumer recently released from prison discussed limitations in family support experienced by many of the consumers in his program:

> I mean, a lot of people have to depend on support from others. You know family members. And if you've been incarcerated several times, 9 times out of 10 the family member don't want to be bothered with you. Because they don't

> see where you're going to change. And then that's somewhat understandable.

If individuals had ties with family and friends, both employment specialists and mental health treatment team leaders found them a key ally in the employment process. One employment specialist noted of consumers with CJI:

> There might be some friends who no longer want to be your friend because well now you're a felon, now I can't deal with you, so now the only supports you might have is family…So now family is maybe the only people you can fall back on. So in that aspect yeah, you do get more input and more support with a person with their family because they're, excuse my words, but they're footing the bill for the most part.

Consumers also identified the important role case managers and clinical team leaders played in supporting them, especially if family support was limited or did not exist. One consumer talked about his increased confidence in achieving his goals because he had "found a family that has a life of helping people" within the community mental health agency. Thus, consumers created networks comprised of family, friends and clinical staff that they relied on for assistance in achieving recovery goals such as employment.

Consumers' Interactions with Practitioners and Practitioners' Relationship with SE.

The oftentimes limited social networks of consumers with CJI result in consumers' interactions with professionals being a key variable in access to SE services. Based on information gleaned in interviews, practitioner buy-in and support for employment plays a critical role in how these interactions play out. While mental health treatment team leaders articulated an overall attitude of valuing employment and viewing it as an important goal for consumers, this attitude did not always transfer to their more specific discussions on employment for consumers with CJI. One team leader bluntly stated that, in terms of consumers with CJI, "I've never found all that great success with employment programs, period." It is reasonable to assume that a mental health practitioner's negative attitudes about employment and dubious beliefs about the likelihood of consumer success may, on its own merit, delay entry into SE. Employment specialists also perceived that the attitudes and beliefs of other mental health practitioners were important in terms of consumers asking for and receiving SE services. One employment specialist noted:

> In my experience case managers have been…maybe a little more hesitant, not much more 'cause what ends up happening is, I think, a lot of case managers when they refer, they'll refer as in "I recommend this person trying to work"…If a person has a background, they would be more willing to say you know I *do* refer this person, I'm not sure what's going to happen. I'm not going to necessarily give my stamp of approval.

All three groups identified ways in which interactions between mental health professionals and consumers could be leveraged to increase access to SE. A balancing act of making resources available to consumers and encouraging them around employment goals, while at the same time not forcing them into services, was discussed by team leaders and employment specialists. Mental health treatment team leaders acknowledged the role they could play in the process:

> I think us being patient is a big thing. I think that when they miss appointments we think, well why, what can we do, what can we do, and I think trying not to push it and being patient, that, even if a member doesn't necessarily share what's going on, it just seems like with a lot of people there's really a lot of ambivalence around work. And just kind of like, sitting with people with that ambivalence while they're experiencing it and not trying to push them one way or the other.

Thus a long, or perhaps more strategic, engagement process which leverages the key relationship between consumers with CJI and mental health practitioners may be needed in order to promote access to employment services for this population.

Discussion

Quantitative data highlight that consumers with CJI do receive SE services at the same rate as those with no CJI, but it takes them twice as long to be formally enrolled in SE. There could be three reasons for this delay, including 1) at intake to the agency, consumers with CJI are initially being outright denied entry to SE due to factors outside of the community mental heath setting; 2) consumers with CJI take longer to request SE services; and 3) consumers with CJI are not as quickly referred to SE by practitioners. Qualitative results indicate that there are times when consumers with CJI may be explicitly denied entry to SE based on guidelines that exist for ex-offenders established outside of the community mental health setting. With policies that emphasize strict monitoring of consumers, especially around substance abuse treatment, the mental health probation system minimizes the role of employment in recovery and establishes barriers for those consumers interested in receiving SE services.

Most results suggest that delayed entry to SE is due to a complicated relationship between the second two reasons—consumers are not asking for SE as quickly as those consumers without CJI, nor is community mental health staff referring them to services as rapidly and confidently as they are non-offenders. Both quantitative and

qualitative data highlight the role that housing plays in the delay. When both consumers and mental health staff attempt to prioritize services, employment appears to become a casualty in the search for permanent housing.

In addition, results indicate that there are also more subtle influences on referral to SE. There were discrepancies between practitioner attitudes regarding employment for consumers with CJI (overwhelmingly positive) and their specific referral practices which indicated doubts in consumer motivation and ability to succeed in employment services given their criminal records and competing priorities. It is possible that when consumers indicate they are not interested or ready for employment services they are making the decision based more on the likelihood that they will be accepted into the program and cues from others about their readiness, as opposed to their actual level of interest.

Implications for Policy and Practice

Study findings suggest recommendations for policies and direct service practices that affect consumers with SMI and CJI. One policy recommendation is for mental health probation policies to become more recovery-oriented and consistent with the philosophy of collaborating community mental health agencies. The mental health and criminal justice systems have historically been fragmented, with consumers with SMI and CJI often failing to receive adequate services from both. Well-coordinated partnerships between mental health providers and the criminal justice system have the potential to ameliorate problems faced by these consumers (Lurigio, Rollins & Fallon, 2004; Massaro, 2004). Perhaps offering criminal justice system staff training on recovery from mental illness and the role of evidence-based practices is an initial step that can be taken to move towards better collaboration and common goals among both systems (Haimowitz, 2004).

This study suggests that there is also a need for policies that promote greater access to safe, affordable housing for consumers with CJI. The link between mental illness, homelessness and incarceration has been noted elsewhere, and both our quantitative and qualitative findings support claims that housing needs to be an essential ingredient of psychiatric rehabilitation (Metraux & Culhane, 2004; Whitley, Harris & Drake, 2008). However, while consumers certainly need greater access to housing, this should not become a barrier that prevents access to SE. Securing housing before seeking employment isn't always realistic, and in fact, employment can play a major role in providing the financial stability needed to obtain housing.

Modifications of direct service practice are also needed to improve the speed of referral to SE. More assertive efforts to engage individuals with CJI in employment should be instituted. This can be accomplished by expanding the current understanding of which practitioners are responsible for vocational engagement, when engagement starts, and what engagement entails in order to overcome consumer inhibitions and interest consumers in services. A process of vocational engagement that involves all staff, not just employment specialists, providing integrated outreach efforts as early as consumer intake to the agency is warranted. In order to increase this informal encouragement, work needs to be done to address the behaviors of staff around referring consumers with CJI to SE. One strategy may be for practitioners to attend panel discussions involving consumers with CJI who have successfully participated in SE programs and achieved competitive employment in order to challenge and dispel belief that consumers are not motivated, lack the skills to succeed, and/or have too many competing priorities to enter employment. It would be beneficial to allow other consumers with CJI and not enrolled in SE to attend such events as well, as it may encourage those consumers interested in SE but reticent to voice it as a priority to seek referrals to the service. In addition to this informal encouragement, formal referral systems could be put in place that ensure entrance to SE is based more on consumer interest as opposed to practitioner perceptions of readiness. Instruments such as the Need for Change Scale have been piloted within SE programs for such purposes. The Need for Change Scale is a 5-point Likert-type instrument that measures degrees of satisfaction or dissatisfaction with a particular environment and felt need for change. More widespread use of these kinds of tools within the CJI subpopulation may be warranted (Casper, 2003; Casper & Carloni, 2006).

Both policy and programmatic changes needed to support the employment goals of consumers with CJI may be more likely to occur if practitioners, program leaders, and policy makers more broadly reframe the concept of rehabilitation for consumers with CJI. Just as practitioners are familiar with the idea of a "dual rehabilitation" for those consumers with co-occurring disorders, perhaps we should begin to think of another dual recovery that is specific to consumers with CJI. As a critical clinical intervention for rehabilitation from mental illness and key factor in preventing recidivism, employment must be encouraged and promoted for this group of consumers.

Limitations and Future Research

This study's quantitative findings are limited by the reliance on self-report of consumers for identification of those individuals with past or present CJI. Additionally, the accuracy of data on informal use of employment services may be compromised due to lack of reliability of non-vocational staff systematically documenting engagement with consumers around work. The small sample size for the qualitative portion of the study limits the generalizability of the findings. Both quantitative research that relies on more accurate means of documenting history of CJI and qualitative work that includes a larger sample size is warranted. Still, the findings of this study contribute to the small literature on vocational rehabilitation for these dually, and often, multiply challenged individuals. The results provide direction for program development and more rigorous research on effective vocational rehabilitation paradigms for individuals with SMI and CJI.

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