

FINAL REPORT

Massachusetts Employment Intervention Demonstration Project

“An Experimental Comparison of PACT and Clubhouse”

Cooperative Agreement No. SM 51831

Principal Investigator: Cathaleene Macias, Ph.D.

Grantee: Fountain House, Inc., New York, New York

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Submitted in accordance with directions for the EIDP Final Report
received from Crystal Blyler, Ph.D., SAMHSA Project Monitor

EXECUTIVE SUMMARY

The Massachusetts EIDP is an experimental comparison of (1) the vocationally integrated Program of Assertive Community Treatment (PACT) that originated in Madison, Wisconsin and (2) the 'clubhouse' model of psychiatric rehabilitation that is based on Fountain House in New York City and operationally defined by the International Center for Clubhouse Development (ICCD). The MA EIDP was one of 8 collaborative projects within the Employment Intervention Demonstration Program (EIDP) of the federal Substance Abuse and Mental Health Services Administration conducted from 1995 to 2000.

The MA EIDP is unique within the EIDP. In contrast to the specialized employment programs that served as focal interventions in the 7 other projects, the MA EIDP had two focal interventions that were both multi-service programs in which all staff provided vocational services *in tandem* with mental health services. Each staff person provided vocational services to all consumers in his or her caseload. Staff trained in vocational rehabilitation provided consultation to other staff, but also operated as generalists, providing mental health services as well. By operational definition, both PACT and Clubhouse offered high quality supported employment services with a goal of competitive employment.

The PACT model. The Program of Assertive Community Treatment (Stein & Test, 1980; Test & Stein, 1980; Test, Knoedler, Allness, Burke, Kameshima, & Rounds, 1997) is an intensive mobile treatment team providing a full range of direct clinical and rehabilitation services in locations within the community. Full-time PACT personnel include generalist staff trained as registered nurses, clinical psychologists, case managers, substance abuse specialists, occupational therapists, and vocational specialists, in addition to part-time psychiatrists (Russert & Frey, 1991). The MA EIDP PACT was created by Leonard Stein, M.D. and Jana Frey, Ph.D. of Madison, Wisconsin. Fidelity of the PACT team to the original PACT model was verified through site visits by Dr. Stein, Dr. Frey, and Dr. Gary Bond.

The ICCD Clubhouse model. The Clubhouse model (Anderson, 1998; Beard, 1987) is a facility-based intervention designed to offer persons with serious mental illness membership in a mutually supportive community. A defining aspect of the Clubhouse model is the Work-Ordered Day (Beard et al., 1982), in which members and staff work side-by-side to perform work essential to the Clubhouse. All certified Clubhouses provide comprehensive case management by trained staff and an array of other support services, and consumers decide how and when to use Clubhouse services. The Clubhouse program in Worcester, Massachusetts, Genesis Club, Inc., has been continuously certified by the International Center for Clubhouse Development (ICCD) as having full fidelity to the Clubhouse model, confirming that it operates in compliance with the International Standards for Clubhouse Programs.

Because both PACT and Clubhouse programs routinely enroll persons not interested in employment, the MA EIDP did not screen for work interest. No mandatory informational or 'induction' meetings were held, and no applicants were turned away because they would not be willing to look for paid work. While 98%-100% of participants in the 7 other EIDP samples reported baseline interest in finding work, only 70% of MA EIDP participants did so. Admission criteria for the MA EIDP were (a) age 18 or older, (b) a DSM-IV diagnosis of serious mental illness, (c) absence of severe mental retardation (IQ>60), and (d) being currently unemployed. The only exclusion criterion was previous PACT or Clubhouse experience.

The MA EIDP is also unique in its inclusion of consumers and family members. All research activities included mental health service consumers, and 3 of the 6 full-time EIDP research staff had diagnoses of serious mental illness. All major research decisions, including all design issues and recruitment planning, were overseen by the project's Advisory Council composed primarily of consumer advocacy group members and members of the Massachusetts Alliance for the Mentally Ill.

Data sources for the MA EIDP included (a) clinical records, (b) participant interviews, (c) employment records, and (d) daily service logs. The datasets used in preparing this final report have been subjected to multiple checks as well as having been reviewed by experimental program staff, and, in the case of employment and personal history data, by the project participants themselves. MA EIDP data was also submitted on a quarterly basis to the EIDP Coordinating Center for quality assurance checks.

The MA EIDP sample was similar to general population descriptions of people with serious mental illness: 55% male, average age 38 years, 65% high school graduates, and 52% with a diagnosis of schizophrenia. The percentage of ethnic minority participants (21%) was similar to the local population. Few participants were predisposed to work: 42% reported being unable to work and 75% had been unemployed a year or more at the time of enrollment. The intent-to-treat study sample (175) included persons who were physically disabled, too ill to work, in jail, or continuously in the hospital.

Retention and Employment Rates. Study findings show clear superiority in participant retention for PACT. At the end of the 24-month follow-up period, 81% of PACT participants were still receiving direct services compared to a service retention rate of 60% for Clubhouse. The overall intent-to-treat competitive employment rates for PACT and Clubhouse were 57.0% and 48.3%, respectively. These employment rates compare favorably to published rates for other multi-service programs, e.g., the Village in California (Chandler, Meisel, Hu, McGowen & Madison, 1997), and Thresholds in Chicago (Bond, Dietzen, McGrew, & Miller, 1995). To allow MA EIDP rates to be compared to the rates of other supported employment programs designed to serve only people interested in work, placement rates were also calculated for only those participants who had expressed an interest in obtaining paid work at the time of study entry. The 24-month competitive employment rates for work-interested participants (only those persons who might ordinarily enroll in a supported employment program) were 64% for PACT and 59% for Clubhouse. The 12-month competitive employment rates for these same work-interested samples (56% & 48%) approximate the average 58% and 34% annual job placement rates for supported employment programs serving only consumers with *a priori* interest in paid work reported in recent research reviews (Bond et al., 1997; Crowther, Marshall, Bond, & Huxley, 2001). More important, about a third (32%) of all participants who were not clearly interested in getting a job (those persons who would *not* ordinarily enroll in supported employment) took a competitive job while in the MA EIDP.

Work Duration and Earnings. Clubhouse participants worked more total days ($M = 254$ vs. 173) of competitive employment for higher average hourly pay ($\$7.31$ vs. $\$6.24$) compared to PACT participants. Clubhouse competitive jobs were also more likely than PACT jobs to be white collar and professional rather than manual labor. This overall difference in employment outcomes may be related to greater PACT attention to very disabled participants and/or Clubhouse model reliance on a network of employers, in addition to a variety of operational differences between these two service models that will be explored in future analyses. Total participant earnings from any type of work over the two-year period were nearly equivalent for the two interventions: $\$262,475$ for Clubhouse and $\$211,310$ for PACT. In spite of enrolling people without work interest, earnings for employed PACT and Clubhouse participants match the published earnings of popular supported employment teams designed to serve only consumers interested in work (Drake, et al., 1999; Drake, McHugo, Becker, Anthony & Clark, 1996). Clubhouse participants' average competitive employment earnings for an 18 month period ($\$4582$) match the 18 month average earnings for an Individual Placement and Support (IPS) program in New Hampshire ($\$4347$), and average competitive job earnings for both Clubhouse and PACT ($\$3051$) exceed or match 18 month earnings for an IPS in Washington, DC ($\$3084$). Moreover, MA EIDP participants with no initial work interest had similar total work days, work hours, earnings, and tenure on longest job as work interest participants even though they began work an average of two months later. These findings argue for the importance of conducting controlled comparisons of vocationally integrated multi-service

programs to vocational specialist teams, including comparisons of the simple operating costs of providing supported employment as a specialized service versus as an integrated part of existing mental health care.

REPORT NARRATIVE

I Project Description

A Background and Context of the Research:

The Massachusetts EIDP (MA EIDP) was conducted as part of the Employment Intervention Demonstration Program (EIDP) of the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The EIDP consists of 8 individual experimental projects, a Coordinating Center, and a consumer representative. Each project is autonomous with its own research design, but every project used an identical data collection protocol, inclusive of interview instruments, employment tracking forms, and service reports. All project data was sent to the Coordinating Center, co-directed by Judith Cook, Ph.D. and Stephen Leff, Ph.D. The Coordinating Center checked all site data for accuracy, received site corrections, and then merged the data into a common database. The Coordinating Center will conduct the initial cross-project analyses and take the lead in publishing the core EIDP findings. Individual projects were allowed to begin publishing their own project findings in the spring of 2000, and will be allowed to analyze and publish from the cross-site database when it is released to each site one year from the beginning of the core cross-site data analyses.

The eight experimental EIDP projects are located in Arizona, Connecticut, Maine, Maryland, Massachusetts, Pennsylvania, South Carolina, and Texas. The Coordinating Center is composed of two entities, the Human Services Research Institute (HSRI) and the Rehabilitation Research and Training Center at the University of Illinois at Chicago, which carried responsibility for data management and data analysis, respectively. The SAMHSA monitor for the EIDP is Crystal Blyer, Ph.D. The consumer representative is Carolyn Kaufmann Ph.D. Project directors and their identified state representatives, Coordinating Center co-directors, the SAMHSA project monitor, and the EIDP consumer representative composed an EIDP Steering Committee. This committee met from two to four times a year from 1995 through 2000 to make joint decisions regarding the design of the common data collection protocol, standard data collection procedures, definitions of terms, and the planning of cross-site analyses. Each member of the committee was allotted a single vote, except that the vote of state representatives was cancelled in the fourth year of the project due to a general lack of participation from all except the Massachusetts site. The minutes of these Steering Committee meetings were recorded by the Coordinating Center and are available from Judith Cook at the University of Illinois at Chicago.

The MA EIDP project director (Cathaleene Macias, Ph.D.), project administrator (Charles Rodican, CSW), Massachusetts Deputy Commissioner of Mental Health (Paul Barreira, M.D.), service model representatives (Kenneth Dudek, MSW, Leonard Stein, MD, and Jana Frey, Ph.D), and rotating project research staff took part in the Steering Committee meetings. The MA EIDP followed the established data collection protocol, met all data collection deadlines, and provided additional data information, corrections, or clarifications to the Coordinating Center whenever requested. The MA EIDP also administered supplemental interviews on the topic of social security benefits to all study participants as a courtesy to Judith Cook at the University of Illinois at Chicago and provided cost information to the Cost Analysis Advisory Council as requested.

B Study Hypotheses. List your *hypotheses* as proposed in your original grant application.

The MA EIDP was designed as an experimental comparison of (1) the vocationally integrated Program of Assertive Community Treatment that originated in Madison, Wisconsin and (2) the 'clubhouse' model of psychiatric rehabilitation that is based on Fountain House in New York City and operationally defined by the International Center for Clubhouse Development Clubhouse (ICCD). We will use the abbreviated