



*Ohio's Voice on Mental Illness*

# Supported Employment Family Advocacy Summit

*May 14- 25, 2010*

## Tool Kit Contents

# Supported Employment Family Advocacy Summit Agenda

*May 14-15, 2010  
Renaissance Hotel  
Columbus, Ohio*

<b>Friday</b>	<b>Workshop</b>	<b>Presenters</b>
3:15–4:30	Supported Employment 101 <ul style="list-style-type: none"> <li>• Core Principles of SE</li> <li>• Consumer/Employer Panel Presentation</li> <li>• Medical Perspective</li> </ul>	Betsy Johnson; Facilitator Steve Shober/Nicole Clevenger Jennifer Guthrie/ Kimberly Simmons Dr. Marion Sherman
4:45–6:00	Understanding How Employment Impacts Benefits <ul style="list-style-type: none"> <li>• Medicaid, SSI, SSDI, Work Incentives</li> <li>• Medicaid Buy-In/Expedited SSI</li> </ul>	Belinda Spinosi; Facilitator Steve Shober Rick Tully
<b>Saturday</b>	<b>Workshop</b>	<b>Presenters</b>
9:15–10:30	Role of Family Advocates in Promoting SE <ul style="list-style-type: none"> <li>• View SE Video</li> <li>• Internal Advocacy: Talking to Families               <ul style="list-style-type: none"> <li>○ Review of Tool Kit</li> </ul> </li> <li>• External Advocacy: Talking to System Representatives               <ul style="list-style-type: none"> <li>○ Review of Tool Kit</li> </ul> </li> </ul>	Jane James; Facilitator  Craig Gebers  Steve Shober
10:30–12:00	Challenges and Solutions <ul style="list-style-type: none"> <li>• Brainstorming Activity</li> <li>• Identifying Next Steps: Where to Go From Here</li> </ul>	John Finch; Facilitator All* All

Table Leads: Doug Bailey, Craig Gebers, Amy Price, Stephen Shober

# Supported Employment Expert Presenters

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# Supported Employment Overview



For more information about Supported Employment: Individual Placement and Support including an online training program, training manuals, posters, DVDs, fidelity materials and program tools, visit our web site:

<http://dms.dartmouth.edu/dsec>

Or call:

**Dartmouth Psychiatric Research Center**  
**(603) 448-0263**

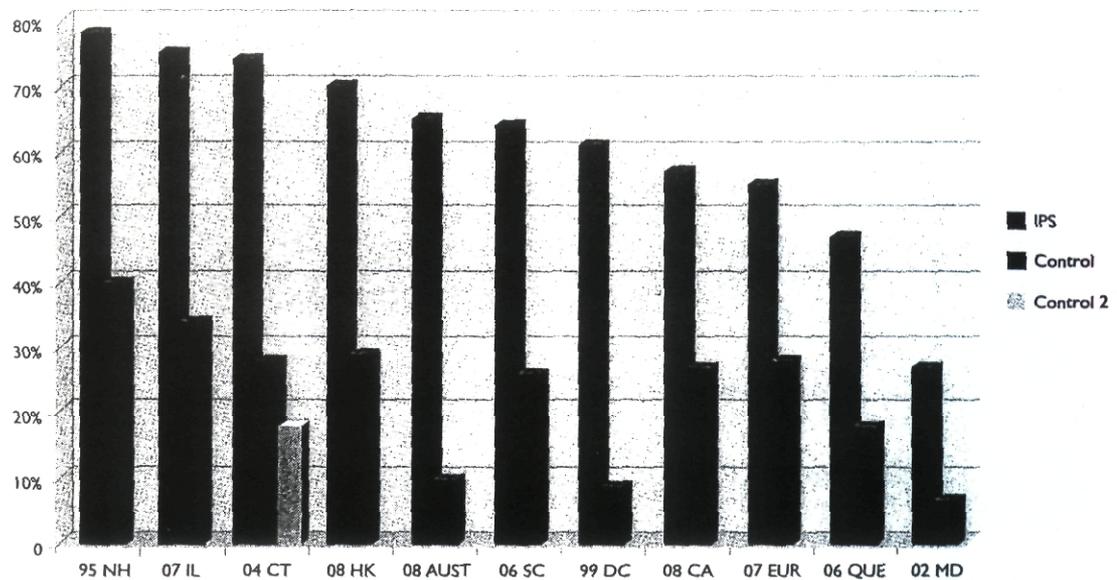
# The Evidence-Based Practice of Supported Employment

*The terms “evidence-based supported employment (SE)” and “individual placement and support (IPS)” can be used interchangeably. Both terms refer to the practice described in this document.*

Supported employment is a generic term used by many types of programs that provide long-term supports to people with disabilities. This document refers to a specific type of supported employment also called Individual Placement and Support (IPS). Evidence-based supported employment is a well-defined approach that is based on the principles outlined in this document. A 25-item fidelity scale (revised 2008) measures the components of the practice. Evidence-based supported employment

is a well researched approach that is intended to help people who have serious mental illness. The evidence base includes 11 randomized controlled trials, as shown below in the graph. People who participate in supported employment services are almost three times more likely to find employment than those who engage in other types of vocational programs. Supported employment is effective for individuals of all ages and works well in urban and rural communities.

**Competitive Employment Rates in 11 Randomized Controlled Trials of Individual Placement and Support**



1. Bond, G.R., Drake, R.E., & Becker, D.R. (2008). An update on randomized controlled trials of evidence-based supported employment. *Psychiatric Rehabilitation Journal*, 31, 280-290.  
 2. The control groups in these studies were either treatment as usual or alternate vocational models.

*SE practitioners focus on the strengths and skills of each individual. They are hopeful about each person's ability to work.*

**Eligibility is based upon client choice.** Motivation to work is a strong predictor of success and can help individuals overcome barriers. Therefore, supported employment programs do not screen out prospective participants based upon any of the following factors: job readiness, legal history, substance abuse, symptoms, history of violent behavior, cognitive impairments, treatment non-adherence or personal presentation. If a person says that he wants help with a competitive job, he is not encouraged to volunteer,

attend work readiness groups or participate in any type of sheltered vocational program prior to engaging in SE.

**Information about benefits** (e.g., Social Security Work Incentives) is provided. All clients are offered the opportunity to learn how their finances would be affected by part or full-time employment. Further, information about work incentives is offered again as individuals consider changes in work income.

## Services are coordinated using a team approach.

- The *case manager or counselor* shares a hopeful message about employment, provides information about the person's strengths and illness for the employment plan, and helps out with personal and treatment issues that may impact the job.
- The *vocational rehabilitation (VR) counselor* works with the client and other members of the team to develop an employment plan. The VR counselor may also help provide job leads or assistance with material goods such as interview clothing or tools for a job. In some cases, VR counselors can help with career development or may provide direct services (such as job development).
- The *client* shares information about his previous jobs and helps the team think about lessons learned from past job experiences. He also shares his preferences for type of job, job location, work shift etc. The person uses his strengths and resources to help with job finding and job retention.
- The *employment specialist* is typically employed in an employment program that is part of a mental health center. She provides as much assistance as needed to help clients find a good job match. For example,

she meets with employers to learn about their businesses and may also advocate for clients based upon each individual's preference. She also provides job supports to the working people on her caseload. A small caseload (20 or fewer), and a focus on only employment duties, result in effective services. The employment specialist meets weekly with the mental health practitioners to talk about strategies to support people who are in the program, and also meets monthly with the VR counselor.

- A *family member* identified by the client may also be part of the team. Family members can provide helpful information, encouragement or practical assistance.
- The *psychiatrist or nurse practitioner* talks to people about their employment goals and jobs. She adjusts medications as necessary in order to help with employment.

## Competitive employment is the goal.

Supported employment focuses on regular jobs in the community that pay at least minimum wage. These are jobs that anyone can apply for rather than jobs created for people with disabilities. The jobs may be part-time or full-time. Jobs are not considered competitive if the worker is paid by the social service agency rather than the employer.



*This team of mental health practitioners and supported employment practitioners meets weekly.*

**Services are provided in the community.** The employment specialist spends at least 65% of his workweek in the community. Based upon client choice, he visits people at their homes, their workplace, coffee shops, libraries, VR offices or other locations.

**Job finding is individualized.** Employment specialists, VR counselors and mental health practitioners talk with clients about their previous work experiences. They discuss job preferences and lessons learned about the best work environment, type of supervision, or other factors that can lead to success. They also talk with each person about his or her preferences for job type, location, hours of work per week and so forth. Further, the team helps the person think about symptoms, and possibly substance abuse issues, so that the person can find a job where these issues will not be problematic.

**Employment specialists build relationships with employers.** Some clients do not wish to have the employment specialist contact employers on their behalf and in those situations the specialist stays behind the scenes but provides help with job leads, interviewing skills, etc. Otherwise, the employ-

ment specialist carves time out of her schedule to meet with employers. She makes an effort to learn about their businesses, talks about the supports that she can offer, and advocates for a specific person whom she believes to be a good match for the employer.

**Contact with employers occurs quickly.** Typically, the employment specialist helps each person contact employers within a few weeks of the first appointment. Clients are not asked to engage in vocational testing, work adjustment programs or other pre-vocational activities prior to starting the job search.

**Every job is a positive learning opportunity.** Some people will find the perfect job the first time they are hired. Others will need to try more than one job, even a few jobs, to find the right fit. Each job provides more information about the person's strengths and preferences. If a person makes a choice that is not consistent with the employment plan (for instance, quitting a job without notice) the employment specialist uses a "no fault" approach to helping the person think about how to succeed in the next job and also offers to help the person find employment again.

*Client preferences are important. People are not encouraged to take or keep jobs that they do not like.*

*Employment specialists dedicate time each week to meet face to face with community employers.*



**Job supports are provided on an ongoing basis.** The SE program provides job supports until the person's job has been stable for a long time—typically at least 12 months. In some cases, the case manager or counselor will provide job supports after the position is stable and the person is satisfied that the job is the right fit.

Type of job supports vary depending upon the needs of each person, but may include any of the following: meetings with the client to talk about the job, meetings with the employer to obtain extra feedback, help getting to work, help learning the bus system, family meetings, on-the-job coaching, wake-up calls, help finding the right clothing for work, assistance talking to the boss about accommodations, help asking for a raise or pro-



motion, help reporting income to Social Security or housing programs. The mental health team might assist with medication adjustments, social skills training, hopeful messages about the person's ability to manage the job, or other job supports.

**Career development is part of supported employment.** For some, career development might mean making a switch to a more desirable job within the same company or with another employer. Other people may wish to develop specific job skills or return to school. In these cases, the SE program, and possibly VR, help the person explore school or training programs and financial aid. If needed, employment specialists also help students request accommodations or access tutoring programs.

## Vocational Rehabilitation (VR) Collaboration with SE

Each state, as well as the District of Columbia and US Territories, supports a division of vocational rehabilitation that has offices to provide vocational rehabilitation services for individuals with disabilities. The evidence is mounting that when people receive well-coordinated services from both VR and SE, they are more likely to find employment. There are a variety of methods to build collaboration between programs, but a few examples are listed below:

- Local VR counselors and employment specialists meet monthly to coordinate services for people who are returning to work.
- The mental health agency (where SE is located) provides space for VR counselors to meet with clients. The VR counselors use the office on a part-time basis.
- VR designates one counselor to be a liaison to the SE program. This liaison is chosen based on his or her interest in helping people with mental illness, as well as a desire to learn about the evidence-based practice of supported employment.
- The SE program invites VR counselors to attend SE unit meetings on a monthly basis.

*“We’ve found that people who were served by both VR and mental health were more likely to go to work than those who received services from only one system. We each bring strengths to the table and we’re more effective working together than in isolation. It’s a win-win.”*

Diane Dalmasse,  
Director of the Vermont  
Division of Vocational  
Rehabilitation

*"There was a time when I was living in a group home on a rent-free basis and working as a volunteer. But I didn't feel as good about myself and I didn't have the money to do the things that I enjoy. Work is a morale booster. Also, working at a regular job, not a sheltered job, shows that people with mental illness are as good at work as anyone. It helps me feel equalized with other people. I want to pay rent and pay taxes.*

## Clark's Story



*"When I met an employment specialist she asked about the kinds of jobs I would like to have. She didn't tell me the type of job that she thought I should have. She also helped me find job leads and apply for jobs. My background is in acting and I like my job in the theatre. Even though I'm part of the house staff, seeing those performers up on stage and hearing the applause is great."*

## Partnerships with Families

Family members are often able to contribute to the employment plan and many clients report that they would like to involve a family member. Employment specialists are strongly encouraged to ask each person whether there is a family member or friend whom she would like to include. Further, employment specialists are encouraged to reach out to the identified family member by setting up a meeting, with the client present, to discuss the employment plan.



**Morgan**

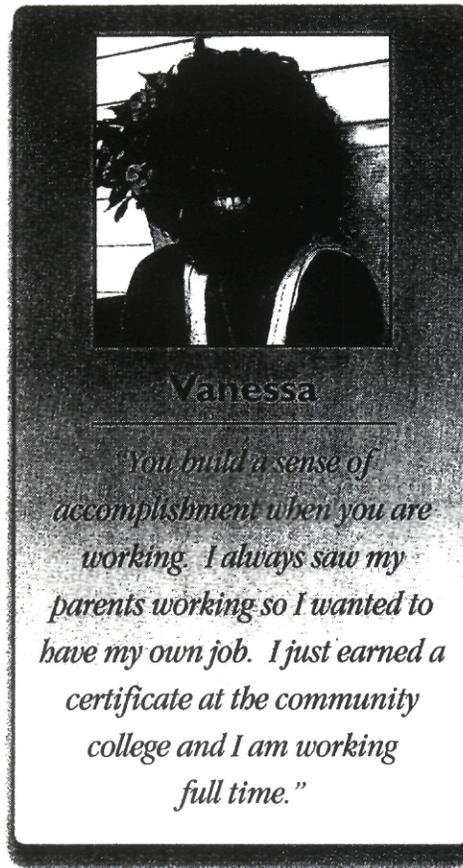
*As a family member, it is important to me that my brother has connections with other people. His 32-hour workweek allows him to support himself and also to be with people each day.*

Family members are not asked to nag their loved ones to follow through with aspects of the plan, as employment should not become a source of conflict for the family. Instead, family members can share information from their point of view and also point out accomplishments. Some family members may also be able to provide assistance such as help with job leads or clothing for a new job. Finally, employment specialists can help families by providing information on subjects such as Social Security Work Incentives and services offered by the SE program.

# Supported Employment Fidelity

Fidelity refers to the degree to which a particular program follows the key components of an evidence-based practice. A fidelity scale is a tool to measure the level of implementation of an evidence-based practice. The Supported Employment Fidelity Scale defines the critical ingredients of supported employment and is used by programs as a quality improvement tool for better outcomes.

It is recommended that each program arrange for a fidelity review by external, trained reviewers. It can be difficult to be objective while conducting the review to the degree that internal



fidelity reviewers often score items too high or too low. Further, without training on the scale, it can be difficult to apply the scale accurately. However, if external reviewers are not available, programs can still benefit from using the scale. In some cases, an internal reviewer (for example, a quality assurance director) who makes a point of learning about supported employment can help the program identify steps to improve fidelity to the model.

For more information about SE fidelity, including the revised scale (2008) and fidelity instruction manual, visit the website listed on the back of this brochure.

*Fidelity reviews are a critical step for any program wishing to implement the evidence-based program.*

## Collaboration with Employers

Employers report that they hire supported employment clients because they need qualified candidates who can get the job done. Employment specialists help employers find workers who fit the needs of their business.

Another incentive for employers to engage with SE is that the employee they hire will have support. When clients choose to let the employment specialists have contact with employers, the employment specialists may provide support to the employer, as well as the employee.

*Dave (the employment specialist) explained that he would be available and that's been absolutely true. Even if Dave is on vacation, he works with a team so I can always reach someone."*

**Karen**  
Director of Nutritional Services

*"My experience with the program has been that they have a pool of capable applicants, and it is another resource for me as an human resource manager in trying to meet the staffing needs of our store... They (employment specialists) make my life easier by becoming familiar with our business and knowing what we are looking for."*

**Jim**  
Manager of Human Resources

# SUPPORTED EMPLOYMENT: INDIVIDUAL PLACEMENT AND SUPPORT

*Evidence-Based Practice*



**Sarah**

*"I'm 59 years old but I still feel like I have something to contribute. I want to get out of my apartment. I like meeting people."*

## Recovery through work



**Gilberto**

*"I'm finishing my high school degree and working a part-time job. You can't rely on benefits. I'm thinking about my future."*

## Seven Core Principles

Supported Employment (SE) is the evidence-based practice that helps people with mental illness find competitive jobs in their local communities with rapid job-search and placement services.

There are seven core principles that make the SE model different from traditional vocational programs. The principles are briefly described below. Research has demonstrated that these principles produce positive consumer outcomes and improved program and service-system outcomes.

### 1. ZERO EXCLUSION POLICY

All consumers who want to work are eligible for help, even if they

- Have experienced job loss in the past;
- Lose a job(s) while enrolled in SE;
- Are still experiencing symptoms of mental illness;
- Are still using alcohol or other drugs\*;
- Have problems with transportation;
- Do not know how to fill out an application;
- Do not know how to talk to an employer;
- Do not have previous training;
- Are afraid they might not learn the job fast enough; or
- Are afraid they might not fit in with others.

*\*The use of alcohol and other drugs may limit consumer job choices because many employers test for drug use. If consumers can pass a drug test, their choices of jobs typically increase.*

### 2. CONSUMER PREFERENCES ARE IMPORTANT

The mental health case manager and supported-employment specialist help each consumer identify his or her personal strengths, skills, and interests. These are excellent motivators. Consumers who find jobs that they want experience a higher level of satisfaction and tend to keep their jobs longer. The case manager and employment specialist are trained to give as much or as little help as the consumer wants.

### 3. RAPID JOB SEARCH

Once a consumer expresses the desire to work, his or her case manager will contact the employment specialist. In two to three weeks, the specialist may be helping the consumer research jobs, fill out applications, and interview with potential employers. The case manager will also contact a benefits counselor. Research shows that fewer people obtain employment when their job search is delayed. The SE service model does not require consumers to complete lengthy pre-employment assessment, training, and workshops.

### 4. A COMPETITIVE JOB IS THE GOAL

The employment specialist is committed to helping each consumer find a regular part-time or full-time job in the community that pays minimum wage or more. A regular job is a competitive job that anyone in the community can apply for. The SE model only endorses competitive jobs for several reasons:

- Consumers like competitive jobs more than they like sheltered work.
- Competitive jobs reduce stigma by enabling consumers to work side-by-side with people who may not be experiencing mental disabilities.
- Competitive jobs inspire self-esteem.
- Consumers want to live in the mainstream of life.

### 5. EMPLOYMENT IS INTEGRATED WITH MENTAL HEALTH SERVICES

Employment specialists are included in service-team meetings, and they work closely with case managers, psychiatrists, and other professionals to help consumers achieve their employment goals. Team members openly discuss and find solutions for clinical issues that affect work performance, such as the following:

- Medication side effects (e.g., drowsiness)
- Persistent symptoms (e.g., hallucinations)
- Cognitive difficulties (e.g., problem-solving skills)
- Other rehabilitation needs (e.g., social skills)

### 6. TIME-UNLIMITED SUPPORT

Some consumers need support over long periods of time. Therefore, consumers are never terminated from SE services, unless they request it.

### 7. PERSONALIZED BENEFITS PLANNING

Benefits counselors help consumers calculate exactly how much money they can make at their jobs without disrupting benefits, such as Medicaid insurance, supplemental security income (SSI), and social security disability insurance (SSDI). Benefits counselors advise consumers and caregivers about the following:

- Benefits requirements
- Income ceilings
- Work incentives
- Other issues and regulations related to employment benefits



### ABOUT US

The Ohio Supported Employment Coordinating Center of Excellence (Ohio SE CCOE) is a technical-assistance organization that helps service systems, organizations, and providers implement and sustain the SE model with fidelity. The SE CCOE provides these services:

- Service systems consultation
- Program consultation
- Clinical consultation
- Training and education
- Research and evaluation

### JOIN OUR MAILING LIST

- Free news and information about SE
- Training event announcements

[www.ohioseccoe.case.edu/maillinglist](http://www.ohioseccoe.case.edu/maillinglist)

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### Resources

Deborah R. Becker and Robert E. Drake, MD (2003). *A Working Life for People with Severe Mental Illness*. New York: Oxford University Press, Inc.

[SAMHSA Supported Employment Toolkit](http://www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/employment/default.asp)

[www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/employment/default.asp](http://www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/employment/default.asp)

[www.ohioseccoe.case.edu](http://www.ohioseccoe.case.edu)

# Recovery From Mental Illness Through A Job

## Clark's Story

"My name is Clark. There was a time when I was living in a group home on a rent-free basis and working as a volunteer. But I didn't feel as good about myself and I didn't have the money to do the things that I enjoy. For me,

- Work is a morale booster
- It helps me feel equal with other people
- I want to pay rent and pay taxes

When I met with someone from the Individual Placement and Support (IPS) supported employment program, she asked about the kinds of jobs that I would like to have. Working at a regular job, not a job for people with disabilities, was important to me. My background is in acting and I like my job in the theater. Even though I'm part of the house staff, seeing those performers up on stage and hearing the applause is great!"

## About IPS Supported Employment

Research tells us that 60-70% of people with serious mental illness want to work. However, fewer than 15% of these individuals are employed. These figures are troublesome because having a job helps people manage their symptoms, rejoin their communities and decrease their reliance on the social service system.

The good news is that this evidence-based approach helps people with serious mental illness to find and keep regular jobs in their communities. There are many types of vocational programs for people with mental illness; however, **people who participate in IPS supported employment programs are almost three times more likely to gain employment** than those who engage in other types of vocational programs.



*My name is  
Clark.*

To learn more, visit the  
Dartmouth Supported Employment  
Center website:

<http://dms.dartmouth.edu/dsec>



# CASE

CASE WESTERN RESERVE UNIVERSITY

Ohio Supported Employment  
Coordinating Center of Excellence  
Ohio SE CCOE



## SUPPORTED EMPLOYMENT

*the evidence-based practice | an overview*



For people with severe  
mental illness

### SE INCREASES

- Employment in competitive jobs
- Number of hours worked
- Amount of income earned in competitive jobs

### SE DECREASES

- Unemployment
- Dependence upon public systems of care
- Symptoms of mental illness
- Hospitalizations
- Stigma in the community about mental illness

### COMPETITIVE EMPLOYMENT IMPROVES

- Self esteem
- Self-management of mental health symptoms
- Independent living
- Autonomy

[www.ohioseccoe.case.edu](http://www.ohioseccoe.case.edu)

# POSITIVE OUTCOMES

Research shows that 60 to 70 percent of people with severe mental illness want to work. Research also shows that Supported Employment responds effectively to consumer needs.

## Supported Employment *the evidence-based practice*

58 percent of the people receiving these services are employed in competitive jobs in their local communities

(see Bond and Becker & Drake in Resources on page 8)

### REAL JOBS, LOCAL COMMUNITIES

Supported Employment is an evidence-based practice that helps people with severe mental illness identify, acquire, and maintain competitive employment in their local communities. These are jobs that pay at least minimum wage for which anyone in the community may apply. Competitive jobs may be part time or full time and are not provided or owned by health and human service organizations.

SE is different from traditional vocational rehabilitation (voc rehab). SE utilizes rapid job-search and placement services as well as time-unlimited individualized follow-along services, among other components that are described in this booklet. SE does not delay competitive employment by requiring consumers to utilize sheltered workshops, pre-employment training, and volunteer experiences. Service providers who utilize the SE approach are assertive about helping people find the jobs they want as soon as they express the desire to work. Part-time employment is a popular work option.

### A Competitive Job Is the Goal

The SE model only endorses competitive jobs for several reasons:

- Consumers like competitive jobs more than they like sheltered work.
- Competitive jobs reduce stigma by enabling consumers to work side-by-side with people in their local communities.
- Competitive jobs promote self-determination and self-sufficiency.

VS

## Traditional Vocational Rehabilitation

Only 21 percent of the people receiving these services find competitive jobs in the community

### Making Money

Consumers who work are more likely to achieve their personal recovery goals and, thus, a higher quality of life. Employment also helps consumers begin the process of economic independence, which reduces their vulnerability to poverty and their dependence upon social service systems. With a steady income, consumers have more spending power to buy what they want and need. The process of identifying, finding, acquiring, and maintaining competitive employment is therapeutic and a source of active, lifelong learning. Many consumers who work express an interest in establishing a savings account, building wealth, and achieving other long-term financial goals.

### YOUR COMMITMENT

There are 16 treatment characteristics (components) and 12 organizational characteristics of the SE model that are called *fidelity domains*. These domains encourage service systems and organizations to develop holistic integrated program structures and treatments. These domains also provide a structure for a continuous quality-improvement process that addresses multiple outcomes (see cover of this booklet). Research demonstrates that SE facilitates systems change, organizational change, and clinical change when it is implemented with high fidelity. This booklet describes the 16 treatment components. A brief overview of the organizational components is located on page 7.

# TREATMENT CHARACTERISTICS

### CASELOAD SIZE

The SE model provides each consumer with a supported-employment specialist who is trained to provide personal attention and individualized services before, during, and after job searches and throughout the employment process. Therefore, the SE model requires specialists to have a caseload of 25 consumers or fewer. This enables them to provide intensive services to each consumer, including engagement, assessment, job search, placement, and follow-along.

### Working Alliance

Employment specialists who provide time and attention to each consumer are more likely to build a working

alliance—feelings of safety and trust that are essential for effective relationships that are sustainable over time. Finding, acquiring, and maintaining a job can be stressful and produce difficult feelings. In addition, building and maintaining meaningful relationships with many different service providers can be stressful. Therefore, service organizations ensure that consumers work continuously with the same employment specialist as much as possible. Some traditional vocational programs assign a different service provider to each step in or function of the employment process. This is counterproductive, because it prevents or disrupts the working alliance.

## Steps of the Employment Process

The supported-employment specialist helps each customer with all steps of the employment process:

- Review prior experiences, skills, and talents
- Identify employment interests and goals
- Assist with personalized benefits planning
- Search for a job
- Make a meaningful connection with an employer in the community
- Prepare for and attend an interview
- Acclimate to the work environment
- Assess performance and problem-solve (for employment tasks and social relationships)
- Plan and prepare for new responsibilities
- Transition to new jobs (with current and future employers)
- Career planning (i.e., plan long-term employment experiences)

## VOCATIONAL SERVICES STAFF/ THE EMPLOYMENT SPECIALIST

Employment specialists focus only on vocational services to ensure that each consumer's desire to work does not get overlooked, dismissed, or ignored. When service organizations assign dual responsibilities (e.g., case management and employment), specialists become overwhelmed and distracted. For example, case management focuses primarily on preventing symptom relapse, responding to crises, and helping consumers meet their daily living needs (e.g., food, housing, medical care, medication management, symptom management, among others). These necessities—combined with large caseloads—often prevent specialists from focusing on employment.

## Recruiting the Specialist

SE specialists are individuals who possess or are ready, willing, and able to develop the knowledge and skills described above. Specialists are often recruited from the following professional disciplines:

- Vocational rehabilitation
- Nursing
- Social work
- Job development
- Mental health counseling
- Marketing
- Education
- Sales

## EMPLOYMENT SPECIALISTS ARE EMPLOYMENT GENERALISTS

Each supported-employment specialist carries out all phases of the vocational service, including engagement, assessment, job placement, and follow-along supports. Specialists are trained to work with consumers, family members, employers, and colleagues who are members of multidisciplinary service teams. They help everyone remain focused on the core principles of SE and integrate employment with mental health treatment: they consistently remind everyone that employment is a form of treatment. They know (or learn) how to motivate consumers to maximize their work potential. They also know when to refer consumers to other service providers (e.g., to psychiatrists for medication adjustments, to mental health and substance abuse counselors, to benefits specialists, etc.).

## Job Development

This is the process of matching consumer interests with competitive jobs in the local community. Specialists find employers who have the jobs that consumers want and initiate a meaningful interaction between the potential employer and the potential employee.

## Skills

In addition to the qualities described above, specialists are also ready, willing, and able to do the following:

- Conduct job-development activities
- Make cold calls to employers
- Talk assertively about consumer strengths and abilities
- Collaborate with employers and employees to problem-solve and find creative solutions and workplace accommodations that maximize employee satisfaction and performance (e.g., adjusting work schedule so consumers can keep appointments with mental health providers, etc.)
- Be proactive to identify community resources (e.g., transportation services, personalized benefits planning, etc.)
- Utilize effective approaches such as motivational interviewing and stages of change

## Motivational Interviewing (MI)

MI is a conversational technique that service providers use routinely while interacting with consumers. The technique enables providers to help consumers identify and utilize their own intrinsic motivation to change. Specialists help consumers examine their ambivalence about their recovery goals and understand the relationship between what they want in life and what keeps them from achieving it. Motivational interviewing includes the following:

- Expressing empathy
- Developing discrepancy between goals and current lifestyle/behaviors
- Supporting self-efficacy
- Rolling with resistance

## Stages of Change

The stages-of-change approach emphasizes that big changes like long-term employment and careers occur over time through a series of incremental changes, which may occur slowly, rapidly, and cyclically (e.g., a reduction in and recovery of motivation). Specialists are able to “meet clients where clients are at.” In other words, they do not rush consumers to change nor hold them back. On page 4 are a few examples of interventions for each stage of change.

## MULTIDISCIPLINARY TEAM / EMPLOYMENT IS INTEGRATED WITH MENTAL HEALTH SERVICES

The SE model views all activities of life as part of the treatment and recovery process. Therefore, the model ensures that each consumer has access to a variety of service providers to help him or her in all aspects of life. The multidisciplinary team often consists of the following:

- Case manager
- Psychiatrist
- Nurse
- Mental health counselor
- Housing specialist
- Criminal justice specialist
- Substance abuse specialist
- Peer specialist
- Team leader/supervisor
- Benefits specialist
- Supported Employment Specialist



Employment specialists are liaisons between multidisciplinary teams and the vocational unit/team. Specialists who are members of Intensive Case Management (ICM) teams and Assertive Community Treatment (ACT) teams do not fulfill the role of other team members or provide multiple services.

### Collocation of Services

SE service teams are employed by mental health organizations and are located inside the same building. Collocation of employment and mental health services enables consumers to receive help for multiple needs at the same organization on the same day in a short amount of time. Access to these supports promotes employment success. Collocation also promotes ongoing communication among members of the multidisciplinary team.

### Integrated Team Meetings

Each employment specialist is assigned to one or two multidisciplinary teams. They receive referrals from those teams for employment services and make referrals for mental health care. Multidisciplinary treatment teams meet regularly to discuss each consumer's progress in all areas of his or her life and provide insight and advice to one another. Team members also meet individually and as a group with each consumer and their caregivers (family and other supports)—with the consumer's permission—to discuss progress and goals. This promotes collaboration.

### Integrated Clinical Records

Progress notes for employment and mental health services are contained within the same clinical record. This serves as a reminder that employment is treatment. It gives the entire team insight about the impact of employment upon mental health, and vice versa.

## THE VOCATIONAL UNIT: THE EMPLOYMENT SERVICE TEAM

Vocational rehabilitation is a specialized field of study and practice. Therefore, service organizations that provide SE services have a dedicated vocational unit, which is comprised of a team leader/supervisor and employment specialists.

### The Team Leader/ Supervisor

The SE team leader is a supervisor who has experience in both vocational services and mental health services. He or she is responsible for building and maintaining the service team. The team leader is comfortable working with a variety of professionals and fulfills a multifaceted role that combines interpersonal, administrative, and clinical skills. The team leader is responsible for hiring staff, providing administrative and clinical supervision, fostering communication among team members, and encouraging resolution when disagreements arise. The team leader is a champion of the practice and represents the team at administrative meetings and steering committee meetings. Some team leaders maintain a small caseload to keep themselves in touch with clinical and programmatic issues. Team leaders also promote and support ongoing training among team members.

Stages of Change	Disposition of Consumer	Interventions of Specialist
1. Pre-contemplation	Consumer is not thinking about work	<ul style="list-style-type: none"> <li>■ Build trust and a working alliance</li> <li>■ Have open-ended conversations</li> <li>■ Let consumer tell his or her life-story; listen for details about interests, skills, talents, and work history</li> <li>■ Explore long-term and short-term goals (e.g., about finances, relationships, living situations)</li> <li>■ Provide information and raise awareness about the availability of supported-employment services</li> </ul>
2. Contemplation	Consumer is thinking about working	<ul style="list-style-type: none"> <li>■ Help consumers discuss ambivalence about work</li> <li>■ Discuss advantages and disadvantages (pro's and con's) of working</li> <li>■ Provide information and raise awareness about barriers to and benefits of employment</li> </ul>
3. Preparation	Consumer initiates job search	<ul style="list-style-type: none"> <li>■ Help problem-solve perceived barriers (e.g., transportation, loss of benefits, coping with mental health symptoms)</li> <li>■ Help consumer develop an employment plan</li> <li>■ Reinforce consumer's ability to work</li> </ul>
4. Action	Consumer engages in active job search & obtains a job	<ul style="list-style-type: none"> <li>■ Help consumer prepare resumes &amp; prepare for job interviews</li> <li>■ Help consumer begin the job</li> <li>■ Engage in ongoing assessment and problem-solving</li> <li>■ Meet at least weekly with consumer, more often at start of new job</li> </ul>
5. Maintenance	Consumer maintains job performance and transitions to new responsibilities or jobs	<ul style="list-style-type: none"> <li>■ Problem solve</li> <li>■ Provide time-unlimited support</li> <li>■ Explore career development or long-term goals</li> <li>■ Facilitate ongoing benefits planning</li> </ul>

*The stages of change are adapted from the following: James O. Prochaska, John C. Norcross, Carlo O. DiClemente (1994). Changing for Good: A Revolutionary Six-Stage Program for Overcoming Bad Habits and Moving Your Life Positively Forward. New York: Harper Collins.*

## Employment Team Members

Supported-employment specialists are team members who share resources and meet weekly to discuss the people on their caseloads. Team members are familiar with each other's clients and provide assistance (a.k.a., coverage) to those consumers as needed. Team discussions facilitate collaboration for the following:

- Job-development activities
- Job leads
- Problem solving about difficult circumstances
- Stages of change
- Lessons learned through practice
- Resources in the community, such as the following:
  - Job fairs
  - Transportation services
  - Resources of local offices of rehabilitation services
  - Peer supports like job clubs

## Celebrate Successes

Team leaders encourage staff members to celebrate the successes of consumers in every step of the employment process. Consumer successes might include seemingly small achievements, such as a telephone inquiry about a job opportunity or the completion of an application. A success might also be a big achievement, such as the completion of an interview, getting the job, and an employment anniversary. Celebrating all successes reminds team members that all positive changes are significant.

## ZERO EXCLUSION POLICY

All consumers who want to work are eligible for help, even if they . . .

- Have experienced job loss in the past
- Lose a job(s) while enrolled in SE
- Are still experiencing symptoms of mental illness
- Are still using alcohol or other drugs or have a substance use disorder\*
- Have problems with transportation
- Do not know how to fill out an application
- Do not know how to talk to an employer
- Do not have previous training
- Are afraid they might not learn the job fast enough
- Are afraid they might not fit in with others

Research reveals that symptoms of mental illness and substance abuse do not predict good or bad outcomes at work. In other words, symptoms are not a barrier to success. They can be managed. Research has demonstrated that consumer interest in employment and receipt of SE services are the only reliable predictors of employment outcomes.

*\*The use of alcohol and other drugs may limit consumer job choices, because many employers drug test. If consumers can pass a drug test, their choice of jobs typically increases.*

## ONGOING WORK-BASED VOCATIONAL ASSESSMENT / LEARNING ON THE JOB

Consumers learn about their abilities, skills, talents and preferences for work just like everyone else—by trying different jobs. Specialists support this trial-and-error approach, because every experience is a form of active, lifelong learning. Specialists encourage consumers not to

delay their job searches with pre-employment testing, training, or assessments such as the following:

- Standardized vocational tests
- Situational assessments to predict employment compatibility and success
- Work adjustment

## Work Adjustment

A work adjustment is a paid short-term training period (e.g., 2 to 4 weeks). It gives consumers a work experience in a competitive setting. Work adjustments may provide an incentive for employers to evaluate the potential employee. SE does not use this as a first step to employment. Yet, SE recognizes that work adjustments can be beneficial if they are used intentionally to lead to permanent competitive employment for consumers.

## RAPID JOB SEARCH

Once a consumer expresses the desire to work, his or her case manager (or other service provider) will contact the supported-employment specialist. In two to three weeks, the employment specialist may be helping the consumer research jobs, fill out applications, and interview with potential employers. The case manager or employment specialist will also help the consumer contact a benefits specialist, who will calculate exactly how much money the consumer can make without disrupting his or her benefits.

Research shows that fewer people obtain employment when their job search is delayed by prevocational training. Therefore, SE services do not require consumers to complete extensive pre-employment assessments, training, and workshops. A rapid job search also has these benefits:

- Transforms consumers' desires into results—a sense of self-accomplishment
- Demonstrates to consumers that their desire to work is taken seriously by service providers
- Convinces consumers who are hesitant about work that they are capable of doing it
- Tests consumers' fears and misconceptions about work

## CONSUMER PREFERENCES: INDIVIDUALIZED JOB SEARCH

The supported-employment specialist helps each consumer identify his or her personal strengths, skills, interests, and goals. The process may involve input from family members and other service providers, including psychiatrists. The personal interests of consumers are excellent motivators. Consumers who find jobs that they want experience a higher level of satisfaction and, as a result, tend to keep their jobs longer. The specialist is trained to help consumers build self-confidence about their ability to work. They will give as much or as little help as the consumers want. Specialists refrain from encouraging consumers to take jobs just because the jobs are available. The goal is to help them find jobs that meet their goals and preferences.

## Confidentiality & Disclosure

Employment specialists talk to consumers about the level of disclosure they prefer. For example, some consumers prefer to have the specialist advocate with employers on their behalf, while others choose to have service providers



stay behind the scenes. Specialists are trained always to respect the consumer's choice. Consumers determine what information they want the specialist to share and disclose.

## The Vocational Profile

Employment specialists complete a comprehensive vocational profile of each consumer with information that is pertinent to his or her employment plan. The profile is a permanent part of the clinical record and is updated with each new job experience. It is included in the clinical record to remind all service providers about the importance of employment in recovery.

## Career Development

Many people redefine their employment goals. Some people become interested in further training or education. SE services connect them with sources of financial aid for school and training programs, as well as supported education programs. Specialists also assist consumers with finding new employment opportunities that build upon previous ones and, over time, evolve into a career.

## DIVERSITY OF JOBS

Service organizations track the types of jobs that consumers work as part of a quality-assurance process. This data helps SE teams determine if they are, in fact, helping consumers find the jobs they want. If data reveal a clustering of jobs in certain job categories, a specific place of employment, or a specific skill level, this could indicate that the team is enacting a bias and not emphasizing the importance of consumer preferences. Employment data should illustrate variety with the following:

- Job categories (e.g., manufacturing, retail, service, technology, etc.)
- Hours worked (part-time and full-time)
- Skill levels (e.g., entry-level, managerial, entrepreneurial, etc.)
- Educational and training requirements (e.g., high school diploma, GED, trade certifications, and undergraduate, graduate, doctoral degrees)

## PERMANENT JOBS

Almost all jobs that consumers find are permanent, regular positions—either part time or full time. Permanent jobs provide people with greater stability, predictability, and routine. In addition, a regular paycheck promotes economic stability and self sufficiency, which minimizes reliance upon systems of care and increases spending power.

## Non permanent jobs

SE services avoid the following types of jobs:

- Day labor
- Sheltered workshops
- Enclaves (i.e., a group of people who are hired as a group and supervised by a job coach)

## JOBS AS TRANSITIONS

Job transitions might occur for many reasons. Below is a list of a few examples:

### Consumer/employee

- Does not like the job
- Wants to make more money
- Feels s/he cannot meet performance expectations
- Masters the job and wants new challenges to develop new skills and to advance her/his career
- Experiences psychiatric crisis and must be hospitalized or receive other intensive interventions

### Employer

- Decides that the employee is not meeting performance expectations
- Layoffs (i.e., workforce reduction to reduce operating costs of business)

If a consumer decides to leave a job or an employer decides to ask a consumer to leave, the employment specialist reminds the consumer that the job transition is a learning experience. Specialists also help consumers terminate their jobs voluntarily as needed. They do not encourage consumers to keep unpleasant jobs to gain work experience. Rather, they help consumers plan for and execute effective job changes.

## The Emotional Experience of Transitions

Involuntary job loss from termination and layoffs produces many difficult feelings, such as disappointment, embarrassment, anger, and depression, among others. Voluntary job loss such as transitions to new opportunities may also produce difficult feelings, such as separation, sadness, and anxiety, among others. In other words, any disruption in significant relationships may produce challenging circumstances. Employment specialists either counsel consumers through difficult feelings or refer them to colleagues from the multidisciplinary service team. Ongoing follow-along supports are useful for this reason. They enable specialists to be aware of these transitions early in the process.

## FOLLOW-ALONG SUPPORTS

SE service teams provide support through all stages of the employment process. The consistent, personalized attention over time creates the working alliance that is so important for consumer success. Follow-along supports vary from person to person depending upon individual needs and preferences. They are provided in-person and in the community. Supports may include, but are not limited to, the following:

- Help with new-job orientation
- Coaching at the work site
- Help with transportation
- Personalized benefits planning
- Medication adjustments
- Morning wake up calls
- Assistance with grooming, hygiene
- Symptom management
- Meetings with family members (and other caregivers)
- Education and/or support to employers
- Collaborating with employers about job accommodations

### The Relationship Evolves

The relationship between the employment specialist and the consumer changes over time. At first, consumers might want the specialist to talk to employers on their behalf, to help them fill out applications, or help them learn a new job. As time goes on, though, their need for support may decrease. They may be able to perform all work-related tasks on their own. In most cases, the employment team can expect to provide active support for a year or several years. The employment specialist will always be ready to assist consumers when they ask for help.

### COMMUNITY-BASED SERVICES

Employment specialists spend at least 70 percent of their time in the community. Specialists make the effort to have consistent face-to-face time with current employers and potential employers as a way to build a portfolio of potential job opportunities for consumers. In addition, they meet consumers in community locations, which may include the following:

- Homes of consumers
- Libraries
- Workplace of consumers
- Coffee shops

### Community Partnerships

Specialists equip themselves with knowledge of employment-related services in the local community. This enables them to help consumers find the services that will support employment success. Specialists in Ohio may expand their network of resources by developing partnerships with the following:

- Ohio Bureau of Vocational Rehabilitation (BVR), Ohio Rehabilitation Services Commission
- Ohio Bureau of Services for the Visually Impaired (BSVI), Ohio Rehabilitation Services Commission
- Consumer-operated services
- Local employer groups (e.g., Kiwanis, chambers of commerce, organizations of minority business owners, etc.)
- Ohio Advocates for Mental Health (OAMH)

### ASSERTIVE ENGAGEMENT AND OUTREACH

When consumers express an interest in work, case managers and other service providers refer them to SE services to begin rapid job-search and placement services. Employment specialists follow-up on the referral by conducting assertive outreach. Some strategies include the following:

- Personal introductions of consumers and employment specialists by case managers and other service providers
- Telephone calls
- Personalized letters
- Meetings with consumers in community locations

Once contact is made, employment specialists utilize the stages-of-change approach and motivational interviewing to foster the consumer's readiness, willingness, and ability to begin the job search. If a consumer stops attending appointments, the specialist makes ongoing attempts to contact the individual until he or she states that he or she is no longer interested in work.

### PERSONALIZED BENEFITS PLANNING

Consumers may choose unemployment over employment because of rumors and misinformation about the possible negative impact of earned income upon cash benefits and medical benefits. To help consumers make informed choices about employment, SE services offer personalized benefits planning. Benefits specialists provide accurate information about the following:

- Social security
- Disability benefits
- Income ceilings
- Housing subsidies
- Medication
- Scholarships
- Food stamps
- Other forms of assistance

With consumer consent, benefits specialists may invite case managers, employment specialists, and family members to information sessions, as needed. At the end of each session, specialists provide a written summary of the discussion to consumers so they may review the information later—by themselves or with members of their support network. After individuals begin their jobs, the benefits specialist and employment team continue to offer benefits planning. Examples include the following:

- Reviewing earned income on a monthly basis
- Conducting a new benefits analysis as income changes
- Helping with a Plan to Achieve Self-Sufficiency (PASS)

## ORGANIZATIONAL CHARACTERISTICS

The SE model provides service organizations with management philosophies and strategies that ensure the longevity of SE services. Programs that maintain fidelity to these organizational characteristics (components) help consumers achieve positive outcomes (see the cover of this booklet). These outcomes motivate consumers, family members, service providers, and community stakeholders to maintain a long-term commitment to SE. A detailed description of the organizational characteristics may be obtained from the Ohio SE CCOE (see back cover). Some key items include the following:

- Assemble a steering committee that is comprised of all relevant community stakeholders: they will guide implementation of the model and monitor the goals,

objectives, target outcomes, and fidelity to the design of the model.

- Integrate a commitment to the SE model and a quality-improvement process into the agency's vision and mission
- Provide ongoing training and supervision of all staff involved in providing services
- Encourage consumer choice: inform consumers of their options, encourage them to set their goals for daily living and to make choices for themselves, and support them as they learn to respond and adapt to the challenges of recovery in the community
- Routinely monitor key outcomes and process-indicators with agency management and direct-service staff

# OHIO SE CCOE

## ABOUT US

The Ohio SE CCOE is a technical-assistance organization that promotes knowledge development and the implementation of evidence-based practices (EBPs) for the treatment and recovery of people with mental illness. The SE CCOE helps service systems, organizations, and providers implement and sustain the Supported Employment (SE) model, maintain fidelity to the model, and develop collaborations within local communities that enhance the quality of life for consumers and their families. The SE CCOE provides these services:

- Service systems consultation
- Training and education
- Program consultation
- Research and evaluation
- Clinical consultation



## EVIDENCE-BASED

EBPs are service models that research has demonstrated to generate improved consumer outcomes, program outcomes, and systems outcomes. Research shows that organizations which maintain fidelity to the original design of each EBP achieve and sustain the best outcomes.

## TRAINING & CONSULTING

Our consultants and trainers are experienced administrators, service providers, and researchers who offer personal attention and customized training and consultation throughout the implementation process. We understand that every service system and organization exists within a unique social, political, and economic context. Therefore, we work closely with you to adapt SE to the unique culture of your community and, at the same time, to maintain fidelity to the model.

This booklet is part of an evolving training and consultation process from the Ohio SE CCOE. It is written for policy makers, administrators, and service providers who want to implement and sustain the SE model. It is also written for consumers of mental health services, potential employers, family members, and community advocates.

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### Funded by

- Ohio Department of Mental Health

*Supported Employment (SE), the evidence-based practice, was originally designed by Deborah R. Becker, MEd, CRC, and Robert E. Drake, M.D., and their colleagues at the New Hampshire-Dartmouth Psychiatric Research Center of Dartmouth Medical School.*

<http://dns.dartmouth.edu/prc>

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The Ohio Supported Employment Coordinating Center of Excellence (Ohio SE CCOE) is a program of the Center for Evidence-Based Practices at Case Western Reserve University, which is a partnership between the **Mandel School of Applied Social Sciences** at Case and the **Department of Psychiatry at the Case School of Medicine**. The partnership is in collaboration with and supported by the **Ohio Department of Mental Health**.



## Resources

This booklet was created with reference to the sources listed below, as well as to the practice experiences of the writers and editors. For more information about and hyperlinks to these and other recommended resources, visit our online resource library.

[www.ohioseccoe.case.edu/library](http://www.ohioseccoe.case.edu/library)

- 1 Deborah R. Becker & Robert E. Drake (2003). *A Working Life for People with Severe Mental Illness*. New York: Oxford University Press.
- 2 SE Resource Kit I SAMHSA <http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/employment/>
- 3 SE Fidelity Scale [www.ohiosamccoe.case.edu/library/media/sefidelityscale.pdf](http://www.ohiosamccoe.case.edu/library/media/sefidelityscale.pdf)
- 4 Gary R. Bond (2004). Supported Employment: Evidence for an Evidence-Based Practice. *Psychiatric Rehabilitation Journal*, v27, n4, p345-359.
- 5 Robert E. Drake, Guest Editor. (1998). Supported Employment: A Special Issue of *Psychiatric Rehabilitation Journal*. *Psychiatric Rehabilitation Journal*, Summer, v22, n1.

v.2007-03-09



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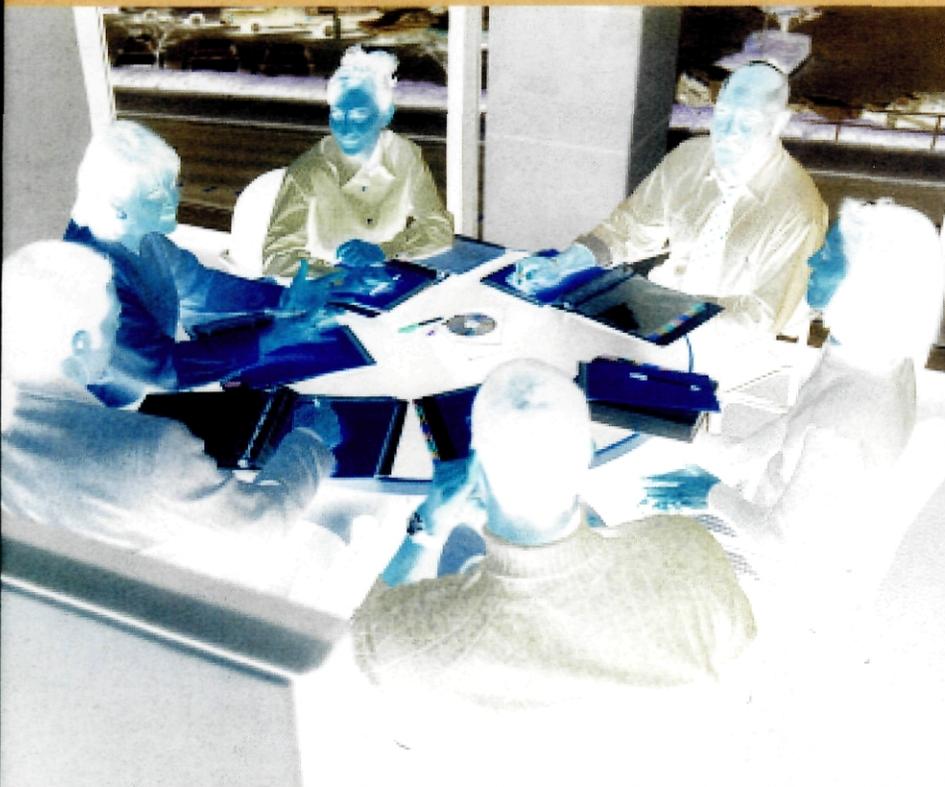
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**Build trust**  
**Improve outcomes**  
**Promote recovery**

mental health | vocational rehabilitation

# VR | SE PARTNERSHIP

*Effective implementation strategies for Vocational Rehabilitation services & Supported Employment, the evidence-based practice*



***Service systems***

***Service organizations***

***Direct-service providers***

***Improve employment outcomes and economic independence among people with severe mental illness in your local community***

***(see Outcomes on page 3)***

***This best-practices guide was developed with collaboration among the following:***

- **Ohio Department of Mental Health | ODMH**
- **Ohio Rehabilitation Services Commission | ORSC**
- **Ohio Supported Employment Coordinating Center of Excellence | Ohio SE CCOE**



power up  
to full partnership

# INTRODUCTION

## STAGES OF COLLABORATION

*This booklet outlines implementation strategies for collaboration between local offices of state vocational rehabilitation (VR) services and mental health service organizations that provide Supported Employment, the evidence-based practice (SE-EBP), to consumers who have a severe mental illness (see page 3). Strategies for the VR and SE partnership are organized into three stages of collaboration.*



LEVEL  
**1**

### BASIC

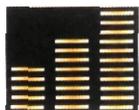
Describes local service systems in the beginning stages of a working relationship (page 4)



LEVEL  
**2**

### INTERMEDIATE

Describes local service systems that have some experience with collaboration (page 6)



LEVEL  
**3**

### COMPREHENSIVE

Describes local service systems that have reached an optimal level of integrated service delivery (page 10)

#### **MULTIPLE STAKEHOLDERS**

SE-EBP programs and local VR offices may wish to use this document to assess current levels of collaboration and to develop plans for improved partnership. Plans to achieve high levels of collaboration are most effective when they are developed by a range of stakeholders who review the written plan on a regular basis and revise it as experience dictates.

#### **WHY USE THESE IMPLEMENTATION STRATEGIES?**

Recent research indicates that when VR offices and SE-EBP programs work collaboratively,

consumers have better outcomes in terms of obtaining competitive employment. VR counselors will benefit from access to the people who are providing mental health services and making treatment decisions that directly impact the consumer's ability to enter and sustain competitive employment. SE-EBP employment specialists will be better able to coordinate the services that consumers receive from both the mental health (MH) provider agency and from the state VR agency. Finally, consumers will benefit from quick service delivery that directly addresses their needs.



# SUPPORTED EMPLOYMENT

*the evidence-based practice*

*SE-EBP is a model for providing vocational services being used by MH provider agencies that helps people with severe mental illness find and keep competitive jobs in their communities. SE-EBP is assertive about helping people find the work they want as soon as they express the desire to work. Although the term “supported employment” is used loosely by many vocational programs, there are seven core principles that differentiate between the SE-EBP model and other programs:*

## 1 ZERO EXCLUSION POLICY

All consumers are eligible, regardless of symptoms, past work history, or other issues. (Research has shown that the presence or absence of these issues does not predict success in employment.)

## 2 CONSUMER PREFERENCES ARE IMPORTANT

SE programs work with consumers to find jobs that are related to the person’s interests, strengths, and values. Further, employment specialists honor consumer choice regarding disclosure, job location, work schedule, etc.

## 3 RAPID JOB SEARCH

The program does not use vocational testing, lengthy vocational counseling, or work adjustment. Employment specialists offer to help consumers begin the job search within a few weeks of meeting the consumer. (Research has shown that compliance or success in assessment settings, work adjustment programs and other such settings does not predict success in employment.)

## 4 A COMPETITIVE JOB IS THE GOAL

SE programs look for regular jobs in the community that pay at least minimum wage. These are jobs that anyone can apply for, regardless of disability.

## 5 EMPLOYMENT IS INTEGRATED WITH MENTAL HEALTH SERVICES

Case managers, therapists, housing staff, and psychiatrists work closely with SE programs to ensure that services are well coordinated. In seasoned agencies, a “culture of work” prevails. The state VR counselor is an important part of this integrated team and participates in decisions about the employment services needed by each consumer.

## 6 TIME UNLIMITED SUPPORT

The SE program offers follow-along services long after the consumer stops working with VR. In some cases, the multidisciplinary team may be chosen to help SE provide follow-along supports.

## 7 PERSONALIZED BENEFITS PLANNING

All consumers are offered information about the impact of earned income upon their benefits.



## RESOURCES

See the back panel of this booklet for a list of resources.

## OUTCOMES

Multiple research studies have demonstrated that Supported Employment is much more effective than other vocational practices for people with severe mental illness. In 16 randomized controlled trials, only 24 percent of people in traditional programs found employment, while 60 percent of the Supported Employment participants were able to engage in competitive employment.

### SE INCREASES

- Employment in competitive jobs
- Number of hours worked
- Amount of income earned in competitive jobs

### SE DECREASES

- Unemployment
- Dependence upon public systems of care
- Symptoms of mental illness
- Hospitalizations
- Stigma in the community about mental illness

### COMPETITIVE EMPLOYMENT IMPROVES

- Self esteem
- Self-management of mental health symptoms
- Independent living
- Autonomy

# LEVEL 1

# BASIC

mental health | vocational rehabilitation collaboration

DESCRIBES LOCAL  
SERVICE SYSTEMS  
IN THE  
BEGINNING  
STAGES OF A  
WORKING  
RELATIONSHIP

## DIRECT-SERVICE PROVIDERS

### CASE COORDINATION

- Individual SE employment specialists and VR counselors discuss shared cases at least one time each month.
- Supervisors become involved when consumers are having difficulty reaching their employment goals, although there is no protocol for the supervisors of each program to talk together about cases.
- SE employment specialists send monthly reports for each consumer. Reports are on time and include information requested by the local VR office.

## ADMINISTRATORS

### LEADERSHIP MEETINGS

#### PURPOSE

- Systems support for improved outcomes and program fidelity.
- Examine the system for obstacles
- Develop methods to promote the program in communities
- Discuss program outcomes

#### PARTICIPANTS

- MH agency CEO and VR Area Manager may designate a representative.
- SE supervisor and local VR supervisor also attend.
- Mental health board representative is invited and may attend.

#### MEETING ACTIVITY

- Discussion of any issues related to coordination between the agencies
- Review of policy alignment for service delivery
- Discussion of consumer outcomes
- Development of plan to improve outcomes
- Review of plan to improve program fidelity
- Development of plans to promote the program in the community.

#### SCHEDULE

- Once each year

#### TOOLS

- Program outcome and process (fidelity elements) data

## 1A INTEGRATION OF SERVICE PROVIDERS

### MENTAL HEALTH

- MH center invites VR counselor(s) to participate in at least a portion of the multidisciplinary team meeting at least a few times each year.
- SE employment specialists have or work toward having at least 1/3 of core competencies (see page 14).
- At least 30 percent of SE consumers appropriate for referral use VR services.

### VOCATIONAL REHABILITATION

- Local VR office designates 1 to 3 counselors to receive SE referrals.
- Designated counselors have or work toward having at least 1/3 of roles and responsibilities (see page 15).
- Designated counselor attends multidisciplinary team meeting at least a few times per year.
- Designated counselor(s) participate in at least one SE-EBP training within first year of working with the program.



## 1B INDIVIDUALIZED EMPLOYMENT PLANNING

### MENTAL HEALTH

- SE helps consumers access benefits planning.
- MH sends referrals that include:
  - A psychiatric evaluation that has been completed or updated within the past year. Report must be signed by a psychiatrist, psychologist, or other licensed professional.
  - MH writes “SE-EBP” across the top of the VR referral form to indicate that the consumer should have the option to choose the evidence-based practice.
- MH offers to go with consumers to VR appointments.
- MH refrains from referring that small portion of consumers who do not have employment goals that are consistent with VR practices. MH serves these consumers with other funds.

### VOCATIONAL REHABILITATION

- VR counselor provides 1:1 intake appointment (rather than group orientation).
- VR informs MH of scheduled appointments.
- VR informs MH of need for information about other disabilities and assessment of their impact on employment.
- VR counselor shares promotional and consumer information materials about the evidence-based practice as part of consumer education to support informed choice of employment services.
- VR counselor develops a plan within 30 days for at least 40 percent of SE consumers.
- The job goal is driven by the consumer and includes input from the employment specialist and other mental health providers.

## 1C CONSUMER SERVICES

### MENTAL HEALTH

- SE program provides strong job development—at least 40 percent of people receiving SE services obtain jobs and the average length of time to obtain a job is 120 days or fewer.
- SE program provides education to all consumers about disclosure to employers and offers varying levels of disclosure. SE program reports that approximately 60 percent of consumers are comfortable with disclosure.
- During the first 2 months of employment, the ES will provide a **minimum** of:
  - One in-person contact w/consumer each week.
  - Two employer contacts per month (if consumer consents to disclosure).
- SE offers long-term follow-along services along to all working consumers. At least half of consumers receive follow-along from the SE program for the first year of employment. Follow-along is scheduled in advance and occurs on a regular basis.
- When working consumers experience job problems after being closed from VR, the SE team provides immediate assistance. If SE feels that VR services are required, the SE program quickly calls the VR supervisor and also sends a new referral. The referral should document reasons that the SE team is not able to intervene without VR services.

### VOCATIONAL REHABILITATION

- Counselors attempt to practice “zero exclusion” by authorizing job placement services for approximately 50 percent of SE consumers referred to VR.
- Job placement authorizations are developed within 90 days of first appointment. (Exceptions may include situations where community-based evaluations are used as an incentive for employers to hire, or when consumers have other disabilities or short-term medical issues that require additional planning.)
- Counselors only support competitive jobs in integrated settings.
- Counselors only use traditional vocational evaluation, work adjustment or other pre-employment programs when selected by individual consumers.
- Counselors assist with career development goals based upon agency guidelines (i.e., education, skill development, job advancement, etc.).
- When consumers experience job problems after a case has been closed “26”, VR counselors quickly re-open the case for post employment services. ■

# LEVEL 2

# INTERMEDIATE

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DESCRIBES LOCAL  
SERVICE SYSTEMS  
THAT HAVE SOME  
EXPERIENCE  
WITH  
COLLABORATION

## DIRECT-SERVICE PROVIDERS

### CASE COORDINATION

#### PARTICIPANTS

- SE employment specialists
- SE supervisor
- Designated VR counselor(s)
- VR supervisor

#### MEETING ACTIVITIES

- A review of all clients on shared-caseloads
- Quick updates (e.g., consumers who are progressing towards employment goals)
- Brainstorming and problem solving regarding consumers who are not meeting goals
- Sharing of job leads
- The group may also spend a few minutes talking about programmatic issues, such as the process for monthly written reports, billing procedures, etc.

#### SCHEDULE

- Once each quarter

#### TOOLS

- VR supervisor brings caseload list for the vendor.
- SE employment specialists send monthly reports for each consumer. Reports are timely and include information requested by the local VR office.

## ADMINISTRATORS

### LEADERSHIP MEETINGS

#### PURPOSE

- Systems support for improved outcomes and program fidelity
- Examine the system for obstacles
- Develop methods to promote the program in communities
- Discuss program outcomes

#### PARTICIPANTS

- MH agency CEO and VR Area Manager may designate a representative.
- SE supervisor and local VR supervisor also attend.
- Mental health board representative is invited.

#### MEETING ACTIVITIES

- Discussion of any issues related to coordination between the agencies
- Review of policy alignment for service delivery
- Discussion of consumer outcomes
- Development of plan to improve outcomes
- Review of plan to improve program fidelity
- Development of plans to promote the program in the community

#### SCHEDULE

- Twice each year

#### TOOLS

- Program outcomes data

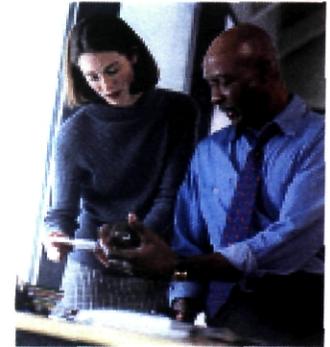
## 2A INTEGRATION OF SERVICE PROVIDERS

### MENTAL HEALTH

- MH center invites designated VR counselor(s) to use office space on a regular basis.
- MH center invites VR counselor(s) to participate in at least a portion of the weekly multidisciplinary team meeting at least once every other month.
- SE employment specialists have or work to develop at least 2/3 core competencies (see page 14).
- 60 percent of SE consumers appropriate for referral use VR services.

### VOCATIONAL REHABILITATION

- Local VR office designates 1 to 2 counselors to receive SE referrals. If the SE program is very large, the office may choose to designate a third counselor for SE referrals.
- Designated counselors have or work to develop at least 2/3 roles and responsibilities (see page 15).
- Designated counselor(s) meets with consumers at the mental health center approximately once a month.
- Designated counselor attends multidisciplinary team meeting at least once every other month.
- Designated counselor(s) participate in at least one SE training event each year.



## 2B INDIVIDUALIZED EMPLOYMENT PLANNING

### MENTAL HEALTH

- SE helps consumers access benefits planning and offers to attend the appointments with consumers.
- MH sends referrals that include:
  - A psychiatric evaluation that has been completed or updated within the past year. Eval must be signed by a psychiatrist, psychologist, or other licensed professional.
  - MH writes "SE-EBP" across the top of the VR referral form to indicate that the consumer should have the option to choose the evidence-based practice.
- MH offers to go with consumers to VR appointments. When MH is unable to attend appointments, they offer to help consumers find a family member or friend to help them get to the appointment.
- MH refrains from referring the small portion of consumers who do not have employment goals that are consistent with VR practices. MH serves these consumers with other funds. VR counselor provides 1:1 intake appointment (rather than group orientation).

### VOCATIONAL REHABILITATION

- VR informs MH of scheduled appointments.
- VR informs MH of need for information about other disabilities and assessment of their impact on employment.
- VR counselor shares promotional and consumer materials about the evidence-based practice as part of consumer education to support informed choice of employment services.
- VR counselor develops a plan within 30 days for at least 60 percent of SE consumers.
- The job goal is driven by the consumer and includes input from the employment specialist and other mental health providers.
- When consumers find employment before meeting with a counselor, in most cases, the VR office opens a case within 48 hours for intensive follow-along services.

CONTINUED ON PAGE 4

## 2C CONSUMER SERVICES

### MENTAL HEALTH

- SE program provides strong job development—at least 50 percent of people receiving SE services obtain jobs and the average length of time to obtain a job is 110 days or fewer.
- SE program provides education to all consumers about disclosure to employers and offers varying levels of disclosure. SE program reports that about approximately 60 percent of consumers are comfortable with disclosure.
- MH agency provides continuous and intensive follow-along services. During the first 2 months of employment, the ES will provide a **minimum** of:
  - One in-person contact w/consumer each week.
  - Two employer contacts per month (if consumer consents to disclosure)
  - One family contact per month (if consumer consents to disclosure)
- **SE offers long-term follow-along services to all working consumers.** At least 2/3 of consumers receive follow-along from the SE program for the first year of employment. Follow-along services are scheduled in advance and occur on a regular basis. Most of the follow-along occurs in-person.
- When working consumers experience job problems after being closed from VR, the SE team provides immediate assistance. If the SE team determines that VR services are required, the SE program quickly calls the VR supervisor and also sends a new referral. The referral should document reasons that the SE team is not able to intervene without VR services.
- Agency offers a peer-support group for working consumers—may partner with a consumer-operated service to do so.

### VOCATIONAL REHABILITATION

- Counselors attempt to practice “zero exclusion” by authorizing job placement services for most SE consumers referred to VR.
- Job placement authorizations are developed within 90 days of first appointment. (Exceptions may include situations where community-based evaluations are used as an incentive for employers to hire, or when consumers have other disabilities or short-term medical issues that require additional planning.)
- Counselors only support competitive jobs in integrated settings.
- Counselors only use traditional vocational evaluation, work adjustment, or other pre-employment programs when selected by individual consumers.
- Community-based evaluations are used, for the most part, as incentives for employers to hire rather than as assessment.
- Counselors assist with career development goals according to agency policy (i.e., education, skill development, job advancement, etc.).
- When consumers experience job problems after a case has been closed “26”, VR counselors re-open the case within one week. ■

## WILSON

—by Nicole Clevenger, BFA

Wilson is 61 years old and works as supervisor of cleaning and retail technicians at a large department store in a local shopping mall in Lorain County. His qualifications and training are outstanding. He is certified in heating, ventilating and air conditioning (HVAC) as well as carpentry, electricity, and plumbing.

The joy that is so obvious in Wilson today is in direct contrast to the painful sadness that he felt in the recent past. Several years ago, he was unemployed, depressed, and virtually drowning in alcoholism. As a result of his drinking, he lost everything: his job, his family, his self-respect.

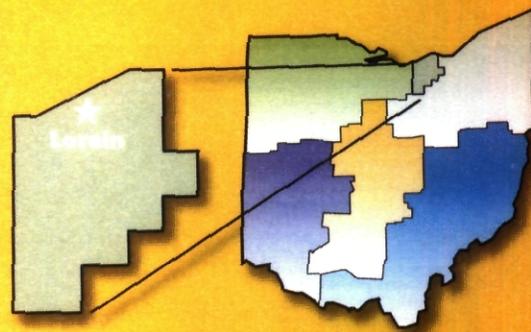
With the help of a team of service providers at The Nord Center, a provider of mental health services in Lorain County, Wilson embarked on a journey toward sobriety. He started to take medication for his depression and began mental health therapy and substance abuse counseling. He also started to attend Alcoholics Anonymous (AA) meetings regularly and to work with an AA sponsor.

Almost a year into his recovery, he expressed the desire to find a job again, and he began to work with The Nord Center's Supported Employment services. With funding from the Ohio Bureau of Vocational Rehabilitation (BVR), he also enrolled in a maintenance training program. With encouragement from his case manager, he applied for a job at a manufacturing company and eventually applied for the job at the department store. Despite occasional episodes of anxiety, he continues to go to work daily.

In his job as supervisor at the department store, Wilson is responsible for hiring employees for the maintenance crew. It is a role that brings him great joy.

"It feels good to hire people," he says. "It's amazing, really. I got help, and now I can help somebody else, too. I give people a chance."

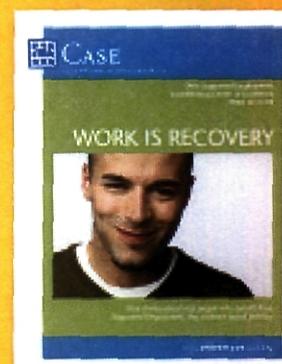
*Nicole Clevenger, BFA, is peer consultant at the Ohio SE CCOE.*



### LORAIN COUNTY

The Nord Center  
[www.nordcenter.org](http://www.nordcenter.org)  
 6140 S Broadway  
 Lorain, OH 44053  
 440-204-4100

**IN HIS JOB AS SUPERVISOR AT THE DEPARTMENT STORE, WILSON IS RESPONSIBLE FOR HIRING EMPLOYEES FOR THE MAINTENANCE CREW. IT IS A ROLE THAT BRINGS HIM GREAT JOY.**



Excerpted from the following collection of success stories:  
 Nicole Clevenger, BFA (2007). *Work Is Recovery: True stories about real people who benefit from Supported Employment, the evidence-based practice.* Cleveland: Ohio SE CCOE, Case Western Reserve University.  
 View sample pages and obtain an order form online:  
[www.ohioseccoe.case.edu](http://www.ohioseccoe.case.edu)

# LEVEL 3

# COMPREHENSIVE

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DESCRIBES LOCAL SERVICE SYSTEMS THAT HAVE REACHED AN OPTIMAL LEVEL OF INTEGRATED SERVICE DELIVERY

## DIRECT-SERVICE PROVIDERS

### CASE COORDINATION

#### PARTICIPANTS

- SE employment specialists
- SE supervisor
- Designated VR counselor(s)
- VR supervisor

#### MEETING ACTIVITY

- Meeting consists of a review of all clients on shared caseload
- Quick updates (e.g., consumers who are progressing towards employment goals)
- Brainstorming and problem solving regarding consumers who are not meeting goals
- Sharing of job leads
- The group may also spend a few minutes talking about programmatic issues such as the process for monthly written reports, billing procedures, etc.

#### SCHEDULE

- One time each month

#### TOOLS

- VR supervisor brings caseload list for the vendor.
- SE employment specialists send monthly reports for each consumer
- Reports are on time and include information requested by the local VR office.

## ADMINISTRATORS

### LEADERSHIP MEETINGS

#### PURPOSE

- Systems support for improved outcomes and program fidelity
- Examine the system for obstacles
- Develop methods to promote the program in communities
- Discuss program outcomes

#### PARTICIPANTS

- MH agency CEO
- SE supervisor
- VR area manager
- Local VR supervisor
- Consumers
- Family members
- At least one representative from the local mental health board

#### MEETING ACTIVITIES

- Discuss any issues related to coordination between the agencies
- Review of policy alignment for service delivery
- Discuss consumer outcomes
- Development of plan to improve outcomes
- Review of plan to improve program fidelity
- Development of plans to promote the program in the community

#### SCHEDULE

- Quarterly for the first couple of meetings, then twice each year

#### TOOLS

- Program outcome data

## 3A INTEGRATION OF SERVICE PROVIDERS

### MENTAL HEALTH

- Mental health center identifies office space for designated counselor(s). Office is static—VR counselor(s) have office key, copier code, etc.
- MH center invites VR counselor(s) to participate in at least a portion of the weekly multidisciplinary team meeting on a monthly basis or more.
- SE employment specialists have or work to develop core competencies (see page 14).
- 90 percent of SE consumers appropriate for referral use VR services.

### VOCATIONAL REHABILITATION

- Local VR office designates 1 to 2 counselors to receive SE referrals. In communities where there is a very large SE program, the office may choose to designate a third counselor.
- Designated counselors have or work to develop roles and responsibilities (see page 15).
- Designated counselor(s) uses an office at the MH center at least once each week (preferably on the day that the multidisciplinary team meets). Case managers and SE team know when to expect the counselor(s).
- Designated counselor(s) participate in treatment team meetings at least once a month or more.
- Designated counselor(s) participate in at least one SE training event each year.



## 3B INDIVIDUALIZED EMPLOYMENT PLANNING

### MENTAL HEALTH

- SE helps consumers access benefits planning and offers to attend the appointments with consumers. SE offers to help consumers with monthly income reporting until consumer is able to do this independently. SE arranges for more benefits planning as consumer's income changes over time.
- MH sends referrals that include:
  - A psychiatric evaluation that has been completed or updated within the past year. Report must be signed by a psychiatrist, psychologist, or other licensed professional.
  - A completed copy of the "Initial Interview" form developed by the Ohio SE Supervisor's group.
  - MH writes "SE-EBP" across the top of the VR referral form to indicate that the consumer should have the option to choose the evidence-based practice.
- MH offers to go with consumers to VR appointments. When MH is unable to attend appointments, they offer to help consumers find a family member or friend to help them get to the appointment.
- MH refrains from referring that small portion of consumers who do not have employment goals that are consistent with VR practices. MH serves these consumers with other funds.

### VOCATIONAL REHABILITATION

- VR counselor provides 1:1 intake appointment (rather than group orientation).
- VR informs MH of scheduled appointments.
- VR informs MH of need for information about other disabilities and assessment of their impact on employment.
- VR counselor uses "Initial Interview" sent by MH and adds additional information to the form.
- VR counselor shares promotional and consumer information materials about the evidence-based practice as part of consumer education to support informed choice of employment services
- VR counselor develops a plan within 30 days for at least 80 percent of SE consumers.
- The job goal is driven by the consumer and includes input from the employment specialist and other mental health providers.
- When consumers find employment before meeting with a counselor, the VR office works with the SE program to open the case within 48 hours for intensive follow-along services for the period allowed by VR regulations.

CONTINUED ON PAGE 12

**3C** INDIVIDUALIZED EMPLOYMENT PLANNING**MENTAL HEALTH**

- SE program provides strong job development—at least 60 percent of people receiving SE services obtain jobs and the average length of time to obtain a job is 90 days or less.
- SE program provides education to all consumers about disclosure to employers and offers varying levels of disclosure. SE program reports that about 60 percent of consumers are comfortable with disclosure.
- MH agency provides continuous and intensive follow-along services. During the first 3 months of employment, the ES will provide a **minimum** of:
  - One in-person contact w/consumer each week.
  - Two employer contacts per month (if consumer consents to disclosure)
  - One family contact per month (if consumer consents to disclosure)
- SE provides continuous follow-along services to all consumers. In a few cases, consumers may choose to receive follow-along from case managers or therapists, but the vast majority of consumers will receive follow-along from the SE program for at least one year (often longer). Most of the follow-along is in-person, scheduled in advance, and in the community.
- When working consumers experience job problems after being closed from VR, the SE team provides immediate assistance. If SE feels that VR services are required, the SE program quickly calls the VR supervisor and also sends a new referral. The referral should document reasons that the SE team is not able to intervene without VR services.
- Agency offers a peer-support group for working consumers—may partner with a consumer-operated service to do so.

**VOCATIONAL REHABILITATION**

- Counselors attempt to practice “zero exclusion” by authorizing job-placement services for all SE consumers referred to VR.
- Job-placement authorizations are developed within 60 days of first appointment. (Exceptions may include situations where community-based evaluations are used as an incentive for employers to hire, or when consumers have other disabilities or short-term medical issues that require additional planning.)
- Counselors only support competitive jobs in integrated settings.
- Counselors only use traditional vocational evaluation, work adjustment, or other pre-employment programs when selected by individual consumers.
- Community-based evaluations generally are used as incentives for employers to hire, rather than as an evaluation or work-adjustment tool.
- Counselors assist with career development goals according to agency policy (i.e., education, skill development, job advancement, etc.).
- When consumers experience job problems after a case has been closed “26”, VR counselors re-open the case within one week. ■

## ELIZABETH

—by Nicole Clevenger, BFA

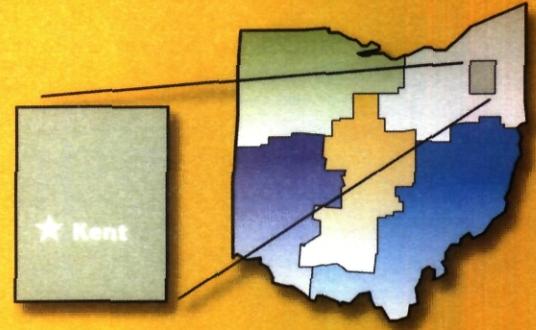
Elizabeth has a Master of Library and Information Sciences (MLIS) degree from Kent State University in Kent, Ohio. She describes this field as her “calling”. She has always been an investigative person who hungers for information about the world around her. She loves to collect, organize, and share facts. Elizabeth currently works from home as an abstractor for the American School Health Association, a job she has held for over two years.

In 1997, Elizabeth was diagnosed with bipolar disorder, but she refused to let mental illness halt her plans for the future. In 2000, she enrolled in the master’s program at Kent State University even as she was struggling with symptoms, which gradually got worse. Elizabeth started her recovery by contacting the Students with Disabilities Office at Kent State and by working with an academic counselor. She also contacted Coleman Professional Services (CPS), a provider of mental health services in Portage County. The treatment team there helped her gain control of the rapid cycling of her symptoms and helped her manage her budget and find independent housing.

In 2004, Elizabeth graduated from Kent State, but she had some difficulty adjusting. She began to feel overwhelmed, and her symptoms began to intensify. Yet, she did not let this stop her from pursuing a career. She began to work closely with a supported-employment specialist at CPS, who helped her prepare for the interview process and encouraged her to apply for her present job.

“I felt it was important not to give up on my dream,” Elizabeth says. “I had to deal with my mental illness in tandem with my career goals. I don’t think it would have worked for me to say I am only going to deal with my mental illness and then get a job. That may never have happened.”

*Nicole Clevenger, BFA, is peer consultant at the Ohio SE CCOE*

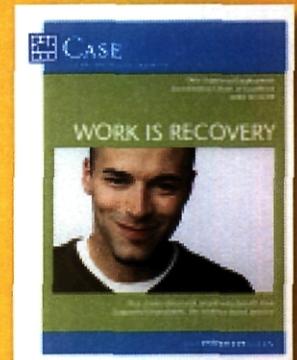


### PORTAGE COUNTY

Coleman Professional Services  
www.colemanprof.com

5982 Rhodes Road  
Kent, Ohio 44240  
330-673-1347

**“I FELT IT WAS IMPORTANT NOT TO GIVE UP ON MY DREAM. I HAD TO DEAL WITH MY MENTAL ILLNESS IN TANDEM WITH MY CAREER GOALS. I DON’T THINK IT WOULD HAVE WORKED FOR ME TO SAY I AM ONLY GOING TO DEAL WITH MY MENTAL ILLNESS AND THEN GET A JOB.”**



Excerpted from the following collection of success stories:

Nicole Clevenger, BFA (2007). *Work Is Recovery: True stories about real people who benefit from Supported Employment, the evidence-based practice.* Cleveland: Ohio SE CCOE, Case Western Reserve University.

View sample pages and obtain an order form online:

[www.ohioseccoe.case.edu](http://www.ohioseccoe.case.edu)

# TIPS



to make partnerships work

## SE | EMPLOYMENT SPECIALISTS

### COMPETENCIES FOR WORKING WITH VOCATIONAL REHABILITATION

#### 1 KNOWLEDGE OF VR GOALS AND PROCESS

- Understanding that VR is not an entitlement; rather, consumers must be found eligible for services based upon documented disability and ability to benefit from services.
- Commitment to helping VR acquire documentation needed to determine eligibility in a timely manner.
- Knowledge of VR goals for competitive employment outcomes.
- Understanding of the need for on-time, comprehensive reporting.
- Understanding of the service authorization process, i.e., the process for requesting additional services, for billing only for appropriate services, etc.

#### 2 COMMITMENT TO INVOLVING THE VR COUNSELOR AS A MEMBER OF THE CONSUMER'S TREATMENT TEAM.

- Commitment to share information on a regular basis.
- Willingness to work together on problem-solving.
- Understanding that VR may have specialized knowledge about medical problems, local employers, and/or other issues that can be very helpful to SE programs.
- Inclusion of VR counselors in consumer meetings and multidisciplinary meetings.

#### 3 ASSERTIVE JOB DEVELOPMENT TECHNIQUES.

- Willingness to leave the office and conduct in-person job development.
- Understanding that a great deal of time must be devoted to job development.
- Willingness to gather information about each business site and to inquire about the employer's needs.
- Follow up on all employer contacts.
- Ongoing (annual) training to refine job-development techniques.

#### 4 EXCELLENT FOLLOW-ALONG SERVICES

- Support to consumer, family members, and employers (based upon consumer agreement to disclose).
- *Follow-along services are planned and scheduled in advance.*
- Most follow-along services are provided in-person and in the community.

# TIPS

to make partnerships work

## VR | VOC REHAB COUNSELORS

### COMPETENCIES FOR WORKING WITH MENTAL HEALTH, SE SERVICES

**1 KNOW, UNDERSTAND, AND FOLLOW THE 7 PRINCIPLES OF SUPPORTED EMPLOYMENT, THE EVIDENCE-BASED PRACTICE (SEE PAGE 3), INCLUDING THE FOLLOWING:**

- Practice zero exclusion: if necessary question and clarify agency policies/past practices about medication compliance, symptoms, and sobriety.
- Support rapid job-search and placement: question and clarify policies that require extensive prevocational assessment and services that the consumer does not request and that are not required by individual consumer needs.

**2 EFFECTIVELY WORK IN COLLABORATION WITH PROFESSIONALS FROM OTHER DISCIPLINES AND OTHER AGENCIES, INCLUDING THE FOLLOWING:**

- Fully participate as a member of the treatment team, clarifying professional and ethical obligations of the team as a whole and its individual members
- Share decision-making process with the treatment team and accept the team's decisions, even when disagreeing personally (so long as no ethical conflict is posed by the team's decision)
- Be flexible and participate in "out-of-the-box" thinking;
- Recognize agency policies that present additional barriers to employment for people with severe mental illness (SMI) and appropriately address them with supervisor and others (e.g., policy unit).

**3 EXHIBIT STRONG INTEREST AND ABILITY IN WORKING WITH CONSUMERS WITH SEVERE MENTAL ILLNESS (SMI), INCLUDING THE FOLLOWING:**

- Knowledge of principles and strategies for working with people who are dually diagnosed with substance abuse and mental illness.
- Basic understanding of motivational interviewing (MI) principles and strategies.

**4 WORK IN PARTNERSHIP WITH EACH CONSUMER, SHOWING STRONG COMMITMENT TO CONSUMER CHOICE AND EMPOWERMENT**

**5 KNOW, DEVELOP, AND CONTINUOUSLY EVALUATE STRATEGIES FOR REDUCING STIGMA AND MANAGING DISCLOSURE**

**6 EDUCATE EMPLOYERS AND COMMUNITY ABOUT INCLUSION AND REASONABLE ACCOMMODATIONS FOR PEOPLE WITH PSYCHIATRIC DISABILITIES**

**7 COMMIT TO COOPERATING IN NECESSARY DATA COLLECTION**

**8 COMMIT TO CONTINUING EDUCATION ABOUT SE-EBP, OTHER RELATED EVIDENCE-BASED PRACTICES AND PSYCHIATRIC REHABILITATION**

# VR | SE PARTNERSHIP

Effective implementation strategies for Vocational Rehabilitation services & Supported Employment, the evidence-based practice

## ABOUT THE COLLABORATORS

### ODMH | OHIO DEPARTMENT OF MENTAL HEALTH

www.mh.state.oh.us | 614.752.9703

ODMH provides oversight of the state's public mental health care system, which includes 50 county boards, over 500 certified community-based service organizations, and nine inpatient state-operated behavioral health care organizations (psychiatric hospitals), all of which provide services to over 300,000 Ohio residents. ODMH is part of the governor's cabinet. It supports and promotes access to quality care in communities in all of Ohio's 88 counties. ODMH's Office of Clinical Best Practices promotes recovery and resiliency through workforce development activities that focus on the accelerated adoption of evidence-based mental health services.



### ORSC | OHIO REHABILITATION SERVICES COMMISSION

www.rsc.ohio.gov | 614.438.1200

ORSC is Ohio's state agency that provides vocational rehabilitation (VR) services to help people with disabilities become employed and independent. It also offers a variety of services to Ohio businesses, resulting in quality jobs for individuals who have disabilities. RSC provides VR services to more than 44,000 people annually. ORSC provides oversight to three bureaus:

- The Bureau of Vocational Rehabilitation (BVR) assists people who have physical, mental and emotional disabilities.
- The Bureau of Services for the Visually Impaired (BSVI) assists Ohioans who are blind or have a vision impairment.
- The Bureau of Disability Determination (BDD) determines medical eligibility for Ohio's Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) claims.

### OHIO SE CCOE | OHIO SUPPORTED EMPLOYMENT COORDINATING CENTER OF EXCELLENCE

www.ohioseccoe.case.edu | 216.398.3933

The Ohio SE CCOE is a technical-assistance organization that helps service systems, organizations, and providers implement and sustain Supported Employment (SE), the evidence-based practice, maintain fidelity to the model, and develop collaborations within local communities that enhance the quality of life for consumers and their families. The Ohio SE CCOE is a program of the Center for Evidence-Based Practices at Case Western Reserve University, which is a partnership between the Mandel School of Applied Social Sciences at Case and the Department of Psychiatry at the Case School of Medicine.

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#### Funded by

Ohio Department of Mental Health

#### Published by

Ohio SE CCOE, Case Western Reserve University, Cleveland, Ohio

*Supported Employment (SE), the evidence-based practice, was originally designed by Deborah R. Becker, MEd, CRC, and Robert E. Drake, M.D., and their colleagues at the New Hampshire-Dartmouth Psychiatric Research Center of Dartmouth Medical School.*

v.2008-02-28



## SE SUPPORTED EMPLOYMENT

the evidence-based practice



### Resources

This booklet was created with reference to the sources listed below, as well as to the practice experiences of the writers and editors. For more information about and hyperlinks to these and other recommended resources, visit the online resource library of the Ohio SE CCOE.

[www.ohioseccoe.case.edu/library](http://www.ohioseccoe.case.edu/library)

- 1 Paul M. Kubek, Patrick E. Boyle, Ginger Yancher & Sarah Swanson (2007). *Supported Employment: An overview of the evidence-based practice*. Cleveland: Ohio SE CCOE, Case Western Reserve University.
- 2 Deborah R. Becker & Robert E. Drake. (2003). *A Working Life for People with Severe Mental Illness*. New York: Oxford University Press.
- 3 Gary R. Bond (2004). *Supported Employment: Evidence for an Evidence-Based Practice*. *Psychiatric Rehabilitation Journal*, v27, n4, p345-359.
- 4 Robert E. Drake, Guest Editor. (1998). *Supported Employment: A Special Issue of Psychiatric Rehabilitation Journal*. *Psychiatric Rehabilitation Journal*, Summer, v22, n1.
- 5 SE Resource Kit | SAMHSA <http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/employment/>
- 6 SE Fidelity Scale [www.ohioseccoe.case.edu/library/media/sefidelityscale.pdf](http://www.ohioseccoe.case.edu/library/media/sefidelityscale.pdf)

This booklet may be obtained online as a free PDF by following the hyperlink below. Printed copies may also be obtained by following this hyperlink: [www.ohioseccoe.case.edu/library/resource.cfm?resourceid=149](http://www.ohioseccoe.case.edu/library/resource.cfm?resourceid=149)



OHIO DEPARTMENT OF MENTAL HEALTH



OHIO REHABILITATION SERVICES COMMISSION



CASE WESTERN RESERVE UNIVERSITY

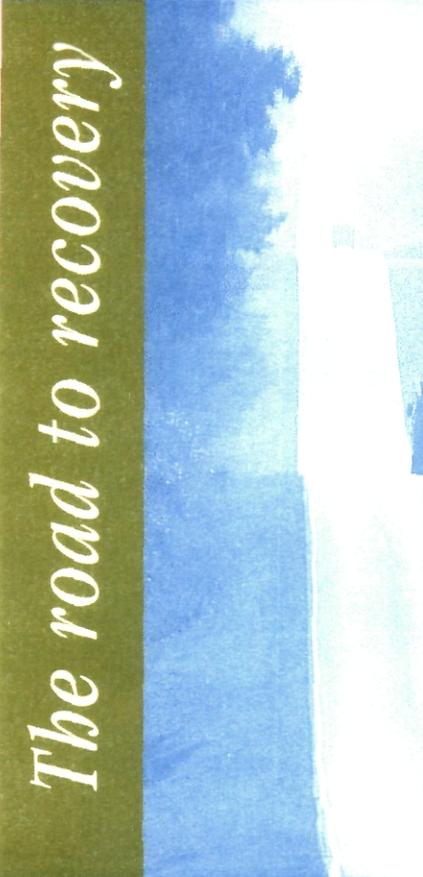
OHIO SUPPORTED EMPLOYMENT COORDINATING CENTER OF EXCELLENCE

## Ohio Supported Employment Coordinating Center of Excellence OHIO SE CCOE



# SUPPORTED EMPLOYMENT

*the evidence-based practice*



The road to recovery

Core Principle & Definition		Recommended Interventions for ■ Supported Employment Specialists ■ Mental Health Professionals	Recommended Interventions for ■ State Voc Rehab Counselors
<b>1</b>	<b>Zero Exclusion Policy</b> All consumers who want to work are eligible for help. No one is excluded for reasons such as: <ul style="list-style-type: none"> <li>■ Mental health symptoms</li> <li>■ Substance use</li> <li>■ Poor work history</li> <li>■ Learning difficulties</li> <li>■ Treatment non-adherence</li> </ul>	All team members talk to all consumers about the possibility of work. Convey a hopeful message about work. Refer consumers to an employment specialist when they express interest in work. Complete referrals to voc rehab as appropriate.	Attempt to engage anyone with a diagnosed disability and an interest in work, including recent or repeat customers. Collaborate with consumers and mental health professionals to review previous employment interventions and devise a new employment plan based upon lessons learned from the past.
<b>2</b>	<b>Consumer Preferences are Important</b> Consumer preferences lay the groundwork for the job search. Preferences may include: <ul style="list-style-type: none"> <li>■ Personal interests or type of work</li> <li>■ Work environment</li> <li>■ Location</li> <li>■ Number of work hours per week</li> <li>■ Preferences for disclosure of disability (or a particular level of disclosure)</li> <li>■ Type of job supports</li> <li>■ Accommodation</li> </ul>	Use creativity and optimism to ensure that consumer preferences drive the employment plan. Review job history and issues related to disability to help clients determine immediate and long-term support needs and strategies. Ask for job accommodations from employers as needed. Respect each consumer's desire for privacy or disclosure of disability; educate consumers about a variety of ways to talk about disability.	Utilize the <i>Comprehensive Assessment</i> for a careful consideration of strengths, needs, preferences, and resources to aid consumers in selection of a vocational goal. Help consumers explore all of their stated job interests, including those that require specific skill development. Encourage informed choice by engaging consumers in dialogue about job coaching and disclosure.
<b>3</b>	<b>Rapid Job Search</b> Consumers set the pace for the job search. Employment specialists help make contact with employers in the community. Research demonstrates that prolonged vocational assessments, work readiness activities, and work adjustment programs do not result in better outcomes. Job development is the process of developing relationships with employers and matching consumer job-interests with employer needs.	Employment specialists offer various levels of assistance to ensure that services are highly individualized. When consumers are comfortable with disclosure, employment specialists take an assertive approach to contact employers.	Move clients into job development and placement as quickly as possible. Limit short-term community-based work experiences to: <ul style="list-style-type: none"> <li>■ Career exploration (upon consumer request)</li> <li>■ Situations in which the employer expects to hire at the end of the work experience</li> </ul>
<b>4</b>	<b>A Competitive Job is the Goal</b> A competitive job pays at least minimum wage, occurs in the community, and is a job that anyone can apply for, regardless of whether or not they have a mental illness. These jobs are "owned" by the worker rather than the employment program. They can be part- or full-time jobs.	Express the belief that consumers can work competitively. Help consumers transform low confidence or low expectations into hope and positive action.	Encourage consumers to maximize their potential for work while managing their symptoms and adjusting to the world of work.
<b>5</b>	<b>Employment is Integrated with Mental Health Services</b> Mental health staff and employment specialists have offices in the same location, meet at least weekly to share expertise, and plan services with consumers.	Combine employment goals and mental health goals to form one comprehensive recovery plan. Streamline continuity of care with frequent communication.	Meet regularly with employment specialists and attend mental health team meetings whenever possible.
<b>6</b>	<b>Time-Unlimited Support</b> Follow-along services occur for as long as consumers desire them. These may include: <ul style="list-style-type: none"> <li>■ Problem solving</li> <li>■ Symptom management</li> <li>■ Social skills training</li> <li>■ Feedback from employers</li> <li>■ Workplace accommodations</li> <li>■ Supporting job changes</li> </ul>	Inform consumers about the advantages of follow-along services and offer the services for as long as they want. With consumer consent, stay in touch with employers. Frequency of interactions may fluctuate according to consumer need. Assist with job transitions and career development.	Services end after consumers are working successfully. Consumers may reapply for services again in the future.
<b>7</b>	<b>Personalized Benefits Planning</b> Benefits planning ensures that consumers have accurate information about the effects of earned income upon their benefits.	Assist consumers with money management, benefits reporting, and long-term financial planning as needed. Help families understand information from benefits planning.	Utilize benefits planning to enhance each consumer's informed choice about work.



**RECOMMENDED RESOURCES**

Deborah R. Becker and Robert E. Drake, MD (2003). *A Working Life for People with Severe Mental Illness*. New York: Oxford University Press, Inc.

SAMHSA Supported Employment Toolkit  
[www.mentalhealth.samhsa.gov/cmh/communitysupport/toolkits/employment/default.asp](http://www.mentalhealth.samhsa.gov/cmh/communitysupport/toolkits/employment/default.asp)

Ohio Rehabilitation Services Commission  
Ohio Department of Mental Health

[www.rsc.ohio.gov](http://www.rsc.ohio.gov)  
[www.mh.state.oh.us](http://www.mh.state.oh.us)



SUPPORTED EMPLOYMENT | the evidence-based practice

# Work is Recovery

REVISED EDITION



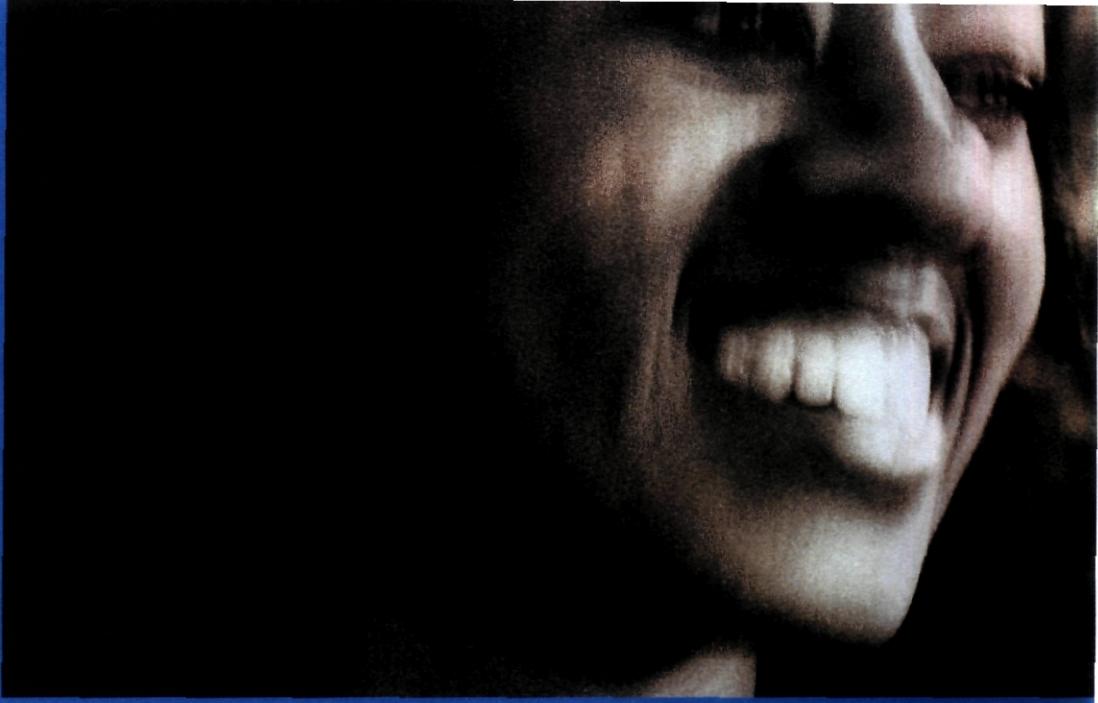
*A collection of true stories about real people who benefit from Supported Employment, the evidence-based practice.*

*Produced by the Center for Evidence-Based Practices (CEBP) at Case Western Reserve University and its Ohio Supported Employment Coordinating Center of Excellence (Ohio SE CCOE) initiative with support from the Ohio Department of Mental Health and the Johnson & Johnson-Dartmouth Community Mental Health Program.*

[www.centerforebp.case.edu](http://www.centerforebp.case.edu)



CASE WESTERN RESERVE  
UNIVERSITY EST. 1826



TRUE STORIES. REAL PEOPLE.

## PASSION TO SUCCEED

— by Paul M. Kubek, MA; Nicole Clevenger, BFA; Sarah Swanson, MRC, LSW, CRC; and Patrick E. Boyle, MSSA, LISW, LICDC

The purpose of this booklet is to tell some good stories, ones that are informative, entertaining, and inspiring. The booklet is also intended to provoke conversations—to get you talking about the stories, your own experiences, and how you might get involved with evidence-based Supported Employment services in your local communities.



### WHO?

This collection of back-to-work success stories is written primarily for the following:

- Anyone diagnosed with a mental illness who wants to work
- Employers
- Employees
- Health and human-service providers
- Policy makers
- Community advocates
- Family members

*Photos on this page, front cover and back cover by Photodisc/Getty Images.*

### A REAL JOB IS A GOOD THING

This is a collection of stories about people who want to work. Those who are featured have all been diagnosed at some point in their lives with a mental disorder (mental illness). Many have struggled with symptoms for a long time and have left previous jobs or delayed pursuing a career because of their symptoms. So, the stories describe some hard times. Yet, more importantly, the stories also chronicle the triumphs of recovery and the importance of employment in supporting the journey.

The people in these stories have all found work in a competitive job of *their* choice in local communities throughout the State of Ohio with help from mental health and vocational rehabilitation service providers who use Supported Employment (SE), the

evidence-based practice. SE is different from traditional vocational programs because it utilizes rapid job-search and placement services as well as time-unlimited individualized follow-along services, among other components (see sidebar on page 3). By competitive employment we mean a job that pays at least minimum wage that anyone may apply for. No sheltered workshops. No pre-job training programs. We're talking real jobs with employers who are in the business of making money in the marketplace.

### OPTIMISM & OTHER POSITIVE ATTITUDES

Many of the successes in the following stories occurred because the people who are featured sought or received help from family members, service providers, and employers who have a

positive attitude about them and do not stigmatize mental illness. Stigma is the act of labeling someone as an outcast—as not normal: it creates an *us-versus-them* relationship. Stigma produces experiences of separation and isolation, which create very difficult feelings such as embarrassment and shame. What makes the experience of mental illness stigmatizing in contemporary culture is due, in part, to a general lack of understanding about it. Therefore, we hope this booklet contributes to the national effort to transform stigmatizing beliefs into public awareness, acceptance, and advocacy.

There are many categories of mental illness and, thus, many identifiable symptoms. Yet, symptoms may be understood in general terms as feelings, thoughts, perceptions, and behaviors. Symptoms may be mild, moderate, or severe, and they may be temporary, periodic, or persistent. We are using this everyday language intentionally to make this point. Mental health and mental illness are a part of our collective human experience: the potential for both co-exists in each of us continuously.

Here is another important point to remember. Symptoms may or may not impair our abilities to take care of ourselves and our family members, to maintain relationships with others, and to achieve and maintain personal goals like employment with success and satisfaction. However, severe and persistent symptoms that remain untreated often do. Supported Employment is an effective form of treatment.

### A FOCUS ON PERSONAL STRENGTHS

We have learned from those who were interviewed for these stories that people who support mental health recovery relate to those in need as people with feelings, thoughts, perceptions, talents, and skills and not as a diagnosis, “the ill”, “the disabled”, or any other stigmatizing category that sets them apart from other members of their families and communities. Effective supporters also do not dwell upon the negatives—namely, the limitations that symptoms sometimes impose. Instead, they work with limitations in such a way that accommodates and transforms them. The same seems to be true about employers who support recovery. They appear to have an intuitive positive outlook about people and their desires and abilities to work. In addition, they make the effort to collaborate with Supported-Employment specialists and to make accommodations (often very minor accommodations) to maximize employee satisfaction and productivity.

Having positive support from other people is not unique to the experience of mental health recovery and Supported Employment services; however, it is especially important not to overlook its crucial role in recovery, as well as in everyday life. No one is successful at work single handedly, not even entrepreneurs and other business owners. Each of us relies upon others—coworkers, colleagues, family members, and friends—to vent emotion, to brainstorm, to problem solve, to strategize, to share the stories of our successes, to do our jobs well.

### SELF-DETERMINATION: MAKING MONEY

Every person featured in these stories wants to work, because he or she has found within himself or herself the need to work. For some, there is simply a conscious need to get out of the house. For others, there is a conscious need to invest time, attention, and energy away from symptoms and into problems that need to be solved elsewhere. And for all, there is a need not to be consumed by an identity of illness. There is also the need to exercise self-determination in the marketplace—that is, to make money, to pay bills, and to buy stuff. A competitive job fulfills these needs. Those who have jobs know that symptoms and illness do not define who they are. There is a healthy self: the accomplishments of work prove it.

### RELATIONSHIPS THAT INSPIRE

Research shows that evidence-based Supported Employment (SE) services produce good outcomes when service providers completely integrate its core components into their day-to-day practices. SE is most productive when employers, clients of mental health services, and their family members do not feel as if they are participating in a special program but, rather, are simply collaborating with each other toward a common goal—that is, to make sure that potential employees find and keep the jobs they want and that employers find and keep the productive employees they need to operate a successful business.

SE is effective because its core principles encourage professional behavior that produces a social environment which enables everyone involved—service providers, employers, consumers, family members—to build safe, trusting, long-term relationships. It is these relationships that promote and support positive personal change. And it is the accumulation of these personal changes that creates large-scale social transformation over time. Every individual counts. We invite you to invest your creativity and passion in the cause of recovery.



## SUCCESS STORIES

The people featured in this collection of stories have found work in a competitive job of their choice in local communities in the State of Ohio.

### SUPPORTERS OF RECOVERY

The following are also featured in this collection of stories:

- Employer (page 10)
- Service providers (pages 12, 14, 20)
- Family member (page 8)

### SUPPORTED EMPLOYMENT

*the evidence-based practice*

#### 7 CORE PRINCIPLES

1. Zero Exclusion Policy
2. Consumer Preferences are Important
3. Rapid Job Search
4. A Competitive Job is the Goal
5. Employment is Integrated with Mental Health Services
6. Time-Unlimited Support
7. Personalized Benefits Planning

*(For more information, see page 23.)*



Nicole Clevenger, BFA, is a peer consultant at the Ohio Supported Employment Coordinating Center of Excellence (Ohio SE CCOE). In this role, she provides consultation to service organizations and SE teams about how to enhance services to people who have been diagnosed with mental illness. She also provides consultation to consumer groups.



Photo of Nicole Clevenger by Richard Gallaher

Ms. Clevenger wrote all the stories in this collection. She also created the artwork that appears on this page.

*“One of the characteristics of being oppressed is having one’s stories buried under the forces of ignorance and stereotype.”*

—Dennis Salecby (2001). *The Strengths Perspective in Social Work Practice*. New York, NY: Longman Press.

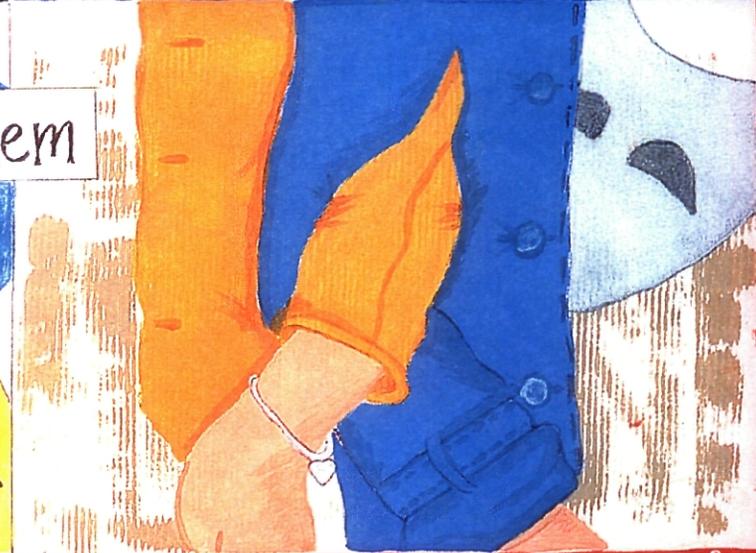
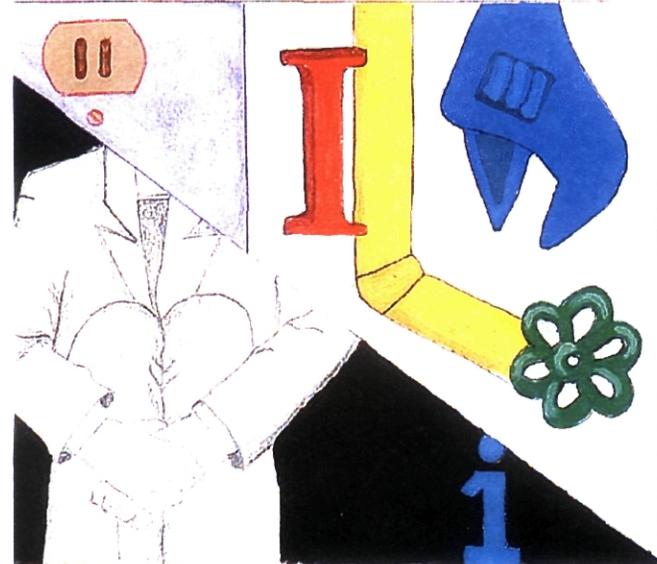
**ARTIST’S STATEMENT**

The sentiment expressed in the quote above reminds me of how women and slaves created quilts to communicate and preserve their own histories. So I used a quilt-like design for this piece: each rectangle represents a story featured in this booklet. The quote itself is the border of the design, because it unites the stories. As I wrote the profiles featured in this collection, I was continually inspired to select my words in a way that would honor people’s unique experiences and celebrate their successes without exploiting them or minimizing their struggles. This is an ongoing effort in my work as a peer consultant—to tell stories not just about people with mental illness but also to uncover the experiences of the universal human condition that we all share.

—Nicole Clevenger, BFA



Characteristics of being oppressed is having one's stories buried under the forces



them

of ignorance and stereotypes. One of

of ignorance and stereotypes. One of

# HARVEY



Photodisc/Getty Images

*"People are afraid to go to work because they are afraid to lose benefits. Truth is, you make more money working."*

## Initiative

—by Nicole Clevenger, BFA

It is often said that actions speak louder than words. If so, Harvey Null's back-to-work story is louder than it appears in print. Harvey does not spend much time talking about what he is going to do. He just does it. Nor does he spend much time talking about his recovery. He just lives it. Therein, the story lies.

### ALLEVIATING BOREDOM

A few years ago, Harvey had a newspaper route to keep himself from getting bored. He delivered newspapers from 1 to 7 a.m. six days a week for 35 dollars per week. It was a lot of work for a little money, but he wanted something to do. Ultimately, the paper route was not challenging enough and did not pay enough, so he began to think about getting a new job, perhaps in a factory doing the kind of work he had done in the past.

He found what he was looking for at a local shop that produces plastics. He was hired, and he had to walk two miles to the job and two miles home every day, but it was worth the effort because he enjoyed the work.

"It gave me self-esteem to do it," he says. "I felt I was slowly getting my life back together."

### NOT HAVING IT TOGETHER

Harvey continues to enjoy his job at the plastics factory, and he finds unwavering support from a team of service providers at Appleseed Community Mental Health Center in Ashland County, Ohio. Harvey first sought services from Appleseed in 1994 when he was experiencing severe symptoms of schizophrenia, including auditory hallucinations.

"When I got there, I didn't know which end was up, or left from right," he says. "I was in a bad way."

He began working with a psychiatrist at Appleseed as well as a case manager and others. The team helped him begin to manage his symptoms and to overcome the devastating effects of his illness.

### WORKING TOGETHER TO GET IT TOGETHER

Gradually, Harvey recovered his ability to think more clearly and to assert his desire to work. When he decided to begin the paper route, the service team at Appleseed supported his decision. When he began to talk about finding a job in a factory, the team supported him again. His supported-employment specialist helped him secure the

position at the plastics factory by helping him prepare for the interview. Also, once he was hired, she helped him get accustomed to his tasks by *working alongside him for his entire first day*. Eventually, his case manager helped him set up a savings account and obtain his driver's license. And when he received a pay raise, his supported-employment specialist helped him manage his benefits.

*Harvey continues to see his psychiatrist, who helps him manage his medication, and thus, his symptoms. The symptoms do not prevent him from performing well on the job.*

"People are afraid to go to work because they are afraid to lose benefits," Harvey says. "Truth is, you make more money working."

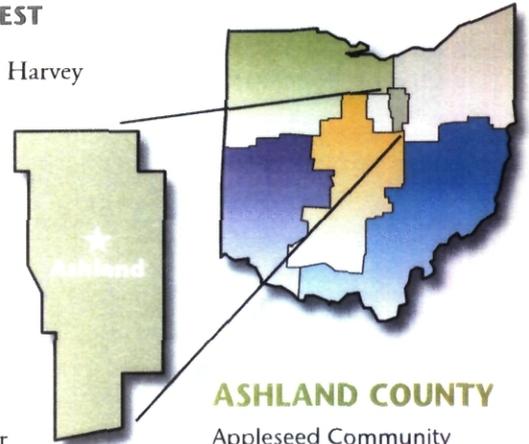
Harvey continues to see his psychiatrist, who helps him manage his medication, and thus, his symptoms. He reports that he still hears voices at times, but he hears them more at home than at work. The symptoms do not prevent him from performing well on the job.

#### ACCOMPLISHMENT: THE BEST EVIDENCE OF RECOVERY

It has been just over a year since Harvey started his factory job, and he now has extra money for those times when, as he says, "I need a few bucks here and there."

That phrase, *a few bucks*, is an understatement that is so characteristic of Harvey's style. In fact, the job has enabled him to save enough money to buy a car, so he no longer has to walk the four-mile roundtrip to and from work every day. He drives himself instead. Reflect for a moment upon the significance of this achievement—the acquisition of automobile-enhanced self-sufficiency. It says more about Harvey's recovery than five-hundred or one-thousand words ever could.

*Nicole Clevenger, BFA, is a peer consultant at the Ohio SE CCOE.*



#### ASHLAND COUNTY

Appleseed Community  
Mental Health Center  
1126 Cottage St  
Ashland, OH 44805-1764



*iStockphoto*



# JUDY & JOYCE

## Companionship & Family Support

—by Nicole Clevenger, BFA



Judy (right) and her sister Joyce (left)

Photo of Judy and Joyce by Nicole Clevenger

*“Recovery is a process. It is often slow. I take it one step at a time. For me, it is about not going to the hospital and working within my capabilities. It is an ongoing journey.”*

—Judy

Judy and Joyce are sisters. As sisters often do, they share many things, including a history rich with common experiences from childhood and adolescence. Thus, the threads of each woman’s unique perspective interweave to form the fabric of their special relationship. They have a strong connection: their voices have a similar cadence and tone; they have private jokes; they have common stories; they finish each other’s sentences. What affects one sister, by virtue of this bond, affects the other. Therefore, it is not surprising that certain topics stir intense emotions in both women, even if for very different reasons. One such topic is Judy’s recovery from mental illness.

### COMMUNICATION BREAKDOWN

Today, their interaction seems so natural and effortless; yet, there was a time when these sisters did not communicate very well. Ten years ago, severe symptoms of depression and side effects of medication forced Judy to spend her days mostly sleeping, watching T.V., and smoking cigarettes. She could not muster the motivation to do much else. It was a life to which she had grown accustomed. Her symptoms were so debilitating that she had

been hospitalized in a psychiatric unit every year for eight years. She was living with her mother and her aunt, had never lived alone, and had not worked in 20 years.

These were difficult days for Joyce as well, because it was hard for her to watch Judy suffer from such extreme depression. She hoped for change and would often say and do things in an effort to improve her sister’s mood—to cheer her up.

Judy remembers watching with much sadness as Joyce attempted unsuccessfully to make her laugh. She remembers thinking to herself, “I am here, Joyce, but I can’t reach you right now.”

### AN AMAZING TRANSFORMATION

Joyce is the Director of Vocational Services at Clermont Counseling Center, a mental health service provider in Clermont County, Ohio. She remembers 1989. Judy announced that she wanted to move to the county to be closer to her sister, her mother, and the Center, where she planned to acquire mental health services.

At first, Joyce had mixed emotions about this idea. As a family member, she was afraid that

her sister's proximity would require her to provide more care and, thus, exhaust her already dwindling energy to cope with her sister's severe mental illness. Yet, as a supported-employment specialist and mental health provider, Joyce was hopeful because she knew that with the right support her sister could make significant progress in her recovery.

Eventually, Judy made the move to Clermont County, and the years between 1989 and 2002 were a turning point for her. More accurately, though, this was a turning period, because the turning point in her recovery was actually more than a decade in the making. Once she began to make use of the services at the Counseling Center, Judy began to believe she could get better.

"Recovery is a process," she says. "It is often slow. I take it one step at a time. For me, it is about not going to the hospital and working within my capabilities. It is an ongoing journey."

#### ENCIRCLED IN RECOVERY

Today, Judy lives independently in her own apartment. She has been working part time in a competitive job in a local restaurant for over four years. With this independence she has become more than just a sister who needs care. She is, once again, a friend and companion. In fact, Judy and Joyce take vacations together whenever possible.

Of course, Joyce is among those who have surrounded Judy to support her recovery. However, many other people have played a part in her transformation, including a treatment team that helped her learn about medications and provided direction and encouragement about other treatments, including employment.

"I finally found the right medicine, so I could figure out who I really am," Judy says. "I used to be frozen in a mask of medication."

In addition, the housing staff at the Counseling Center helped Judy secure her first apartment. A recovery coordinator, also known as a case manager, was a vital link between Judy and the community resources she needed to become independent. Also, at times, the crisis team has intervened with support. According to Judy, even the office support staff has had an important role in her recovery, because they always treat her with kindness and respect.

Returning to work was a major achievement. After being unemployed for 20 years, Judy had many reservations about finding a job. The vocational services team at the Counseling

Center helped her overcome these uncertainties by connecting her with the Bureau of Vocational Rehabilitation (BVR), which paid for job-placement services and ongoing job coaching that was provided by the Center's Work Initiative Network (WIN) Vocational Service Team. Today, Judy is no longer the woman who stays home "frozen by the mask of medication." She is more animated, more lively.

"Work has absolutely brought purpose for my sister," says Joyce. "Now she sees herself as a valuable member of this community. She has a social sphere, church, co-workers. It has been like breathing life back into her. Judy is herself again."

Judy quickly adds, "Now, I spring out of bed ready for work every day. Joyce takes more naps than I do!" The sisters laugh. They find humor in this quip. They find humor in its truth.

Through the efforts of many, Judy has gained and sustained an independence and resiliency she has not known before. She has remained out of the hospital, even as she (and Joyce) has experienced three devastating losses—the deaths of her mother, aunt, and another sister. Judy attributes much of her current stability to her job and the continuous follow-along services she receives from the Clermont Counseling Center.

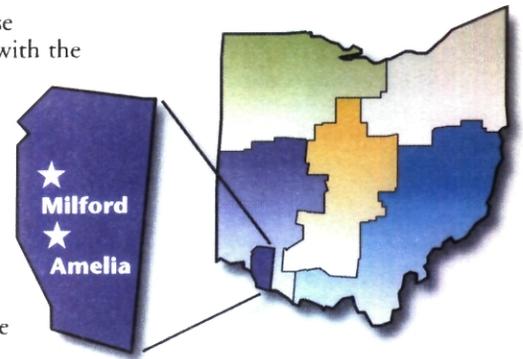
#### FOLLOW-ALONG PROVIDES SECURITY FOR CLIENTS AND FAMILIES

Every two weeks, someone from the vocational staff at the Center visits Judy at her job to discuss how things are going. They enlist the assistance of a job coach from time to time as Judy acquires new responsibilities.

"I find comfort as a family member in the follow-along services," says Joyce. "I count on it. I am supported because they support Judy. It can be very draining to try to take care of everything yourself."

Judy sometimes experiences challenges both on and off the job, but Joyce does not have to worry every day about how her sister is going to handle these situations. She explains that the staff at the Counseling Center pulls out the "safety net" when Judy needs a little extra help. The security of the services gives both Joyce and Judy peace of mind and the confidence to embrace the future without fear.

*Nicole Clevenger, BFA, is a peer consultant at the Ohio SE CCOE.*



#### CLERMONT COUNTY

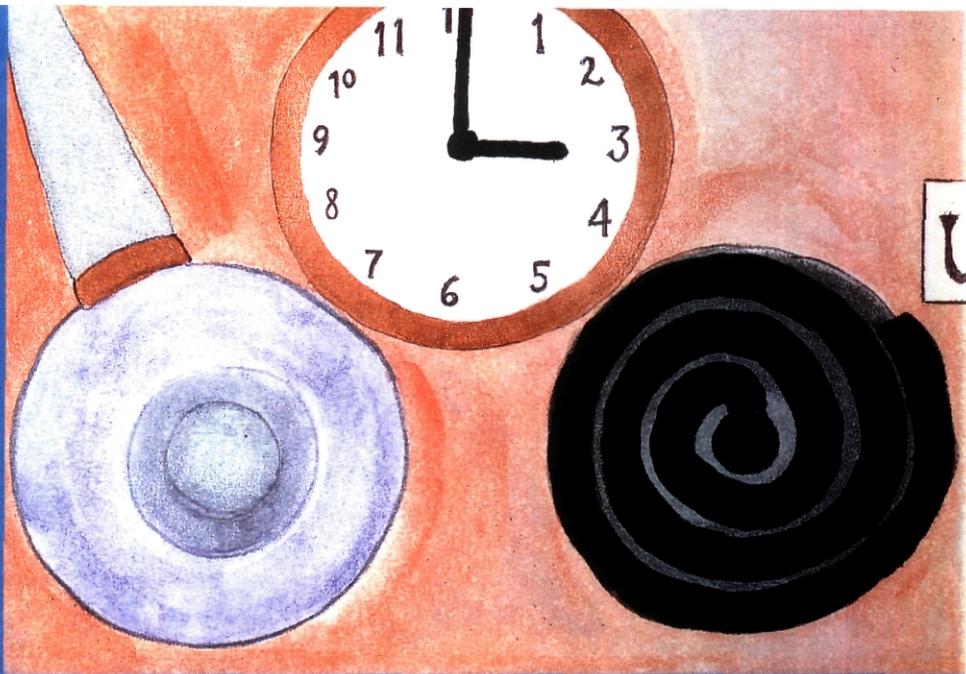
Clermont Counseling Center  
[www.clermontcounseling.org](http://www.clermontcounseling.org)

43 East Main Street  
Amelia, Ohio 45102  
513-947-7000

512 High Street  
Milford, Ohio 45150  
513-947-7000

*"I find comfort as a family member in the follow-along services. . . . I count on it. I am supported because [the service providers] support Judy. It can be very draining to try to take care of everything yourself."*

*-Joyce*



# PAUL & HIS EMPLOYER



Photo of Paul by Nicole Clevenger

Someone suggested that perhaps Paul should move into a nursing home, but he immediately rejected the idea. Instead, Paul formulated his own definition of recovery: He believed he could work, be self-sufficient, and live independently.

## Work Ethic

—by Nicole Clevenger, BFA

On weekends, you will find Paul Yuzva in the kitchen of a very popular national Italian restaurant chain in Mentor, Ohio. Here, the “dinner rush” lives up to its name, and Paul helps keep things running smoothly. At 3 p.m. he meets with the chef to plan the coming day. They organize and prioritize, then Paul slips on his apron and gloves and gets down to work. He peels potatoes. He portions pasta. He prepares bread for the oven, pausing frequently to tidy his work area and to change the water for sanitizing his utensils. On occasion when he finishes early, he cleans and completes other miscellaneous tasks as needed.

### AN EMPLOYER’S PERSPECTIVE OF A VALUABLE EMPLOYEE

The executive chef\* explains that Paul is a great employee because of what he brings to the job. He never gripes or grumbles and happily fulfills his role in the spirit of teamwork. The executive chef finds this attitude refreshing.

“It is comforting to have Paul in the building,” he says. “He is a pleasure to work with and he brings everybody’s spirits up. We have a good time.” He adds that Paul is very conscientious:

he is vigilant about cleanliness, wants to do his job well, and is eager to learn. “Paul was very self-conscious at first about whether he was doing a good job or not. Now, he only asks for a little feedback. He’s got it down. He gets the job done.”

Paul is punctual and reliable. He never misses work, and although he does not own a car or drive, he consistently arrives early for his shift. He feels that dependability is the foundation of the trust that his employer has in him. Certainly, these are invaluable qualities in the restaurant industry, which is known for its high employee turnover. In fact, the restaurant hired and parted company with several employees before they hired Paul a year ago.

“We got him by luck,” the executive chef says.

### HOW PAUL SEES IT

Paul believes he is a hard worker because he is proactive and energetic, committed to excellence, fast but thorough, and never sacrifices quality in his pursuit of efficiency. He laughs as he admits that he does ask a lot of questions. He shrugs and explains that his attention to detail is all a part of quality assurance.

"I don't just want to get the job done. I want to get it done right," he emphasizes.

There are times when Paul does not feel like working, but he chooses to do it anyway. He gets through the depressive mood by reminding himself that his shift does not last forever, and with this assurance, it becomes less daunting to go. Paul explains that in moments like these he makes a conscious decision to cope. He has, in fact, been coping for over 10 years—and he is only 30.

### A TURBULENT CHILDHOOD, A STEADFAST CHILD

Paul was diagnosed with schizophrenia when he was 18-years old, which complicated the already confusing and often tumultuous process of growing up.

He recalls having had a lot of problems with motivation when his illness was at its worst. At times, he even found it difficult to shower or get dressed. As he got older, someone suggested that perhaps he move into a nursing home, but Paul immediately rejected the idea and, instead, formulated his own definition of recovery. He believed he could work, be self-sufficient, and live independently.

### COMMITMENT: A CONSISTENT EFFORT TO IMPROVE

"I used to not like myself very much," Paul says, explaining that his lack of self-esteem directly related to his lack of purpose in society. Therefore, for him, having a job was not just a want; it was a need.

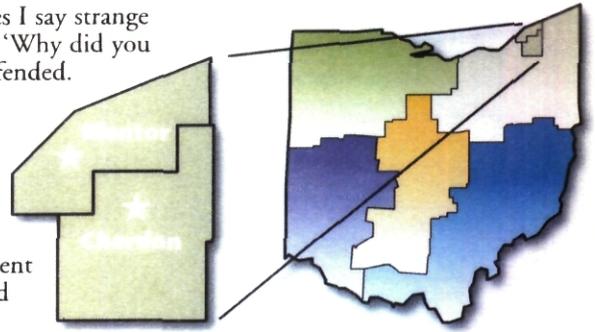
The fusion of desire and drive pushed him to pursue his goals. So in 2004, with the help of an employment specialist at NEIGHBORING, a mental health services provider in Lake County (see sidebar map), he began looking for work. When he was hired at the Italian restaurant, he was excited and admittedly quite anxious. He was afraid of not getting his tasks done and he was self-conscious about what people would think and say about his mental illness. It was very difficult to adjust to his job at first, but his motivation to succeed far outweighed his misgivings.

### HOME AWAY FROM HOME

Paul admits that his comfort level is much higher now. He describes the feeling of being at work as similar to that of being in the company of good friends. Over the past year, Paul and the other employees have gotten to know one another better. It has been a learning process for everyone.

Paul elaborates. "Sometimes I say strange things and people will ask, 'Why did you say that,' but I don't get offended.

They are just trying to understand." He explains that he does not take these questions personally—that is, as an offense. This demonstrates his commitment to professionalism and good judgment.



### PATIENCE PAYS OFF

Looking back, The executive chef knows that his intuition about Paul during their first meeting was on target.

"Paul's character stood out to me," he says. "I was confident that he could do the job I wanted."

Over the past year, this confidence has only strengthened. In fact, when Paul masters one aspect of his job, the chef adds new duties to keep him interested. For example, Paul was recently given the responsibility of stocking the kitchen with fresh bread. In this way, he grows with his job according to his own pace.

The executive chef has advice for other employers. "Patience will pay-off," he says. "As with anyone, you have to take the time to train people. If you do that, it will be one less thing you have to worry about."

### LOOKING FORWARD

Paul's employer feels that Paul will determine his level of success in years to come and that he will take his career as far as he wants to take it. Paul has some definite ideas about this as well. He would one day like to become a chef himself.

Clearly, Paul is committed to his future, to his recovery, and to his career. He feels that others with mental illness can learn by his example.

"Think about your dreams—and then go for it," he says. "You have to take risks, or you have nothing to gain."

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*Nicole Clevenger, BFA, is a peer consultant at the Ohio SE CCOE.*

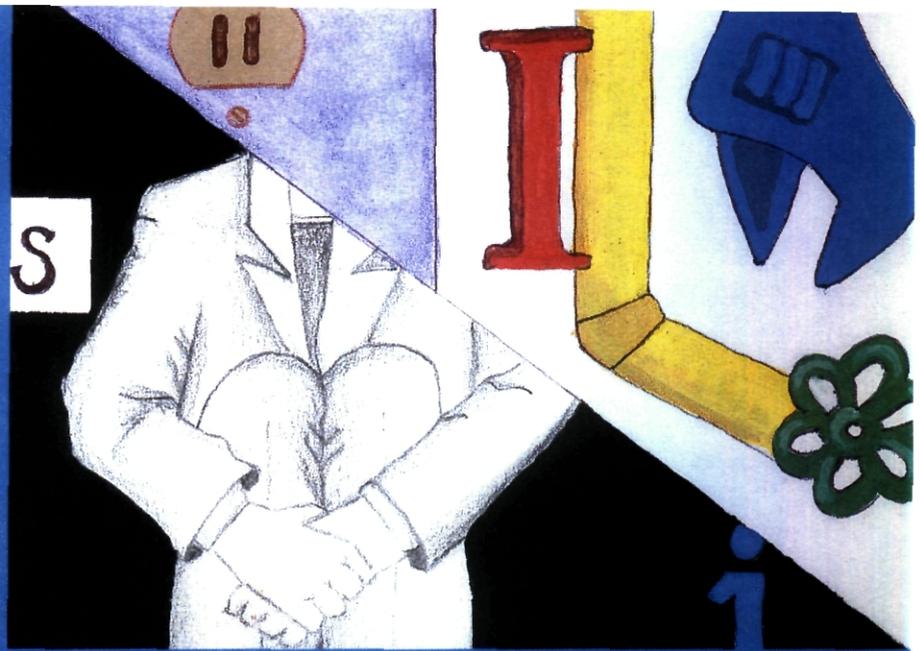
*\*Editor's note: The executive chef who was interviewed for this story was the person who hired Paul and was his immediate supervisor while this story was being written. By the time this story was being prepared for print, the chef had left the restaurant for another employment opportunity. Paul continues to work in the kitchen. He starts his shift promptly at 3 p.m., as usual.*

### LAKE COUNTY

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# WILSON



Photo of Wilson by Nicole Clevenger

In his job as supervisor at the department store, Wilson is responsible for hiring employees for the maintenance crew. It is a role that brings him great joy.

## Personable

—by Nicole Clevenger, BFA

Wilson is the kind of man who likes surprises. He is 58 years old, and at this age, one might think there are not many things that catch him off guard. However, the events that have transpired during his return to work have been nothing short of shocking to him.

### AN UNEXPECTED TURN OF EVENTS

One day three years ago, Wilson went to a job interview at a large national department store in a local shopping mall to apply for a maintenance position. He brought a copy of his resume, spoke briefly with a representative of the company, and climbed back into his car with little expectation of being hired. You see, because of his age, Wilson was convinced that prospective employers would not seriously consider him for a job. He was completely unprepared for what happened next.

Driving home from the interview, his cell phone rang. He answered, and a manager from the store said that he could not hire him for the position for which he had applied. Wilson was sure that his fear of being too old to work had become a reality. His heart sank. The manager further explained that Wilson was overqualified for the maintenance position, and the store was interested in hiring him as a supervisor instead. In partial disbelief, Wilson

laughed heartily out loud with delight. He thought, “This has to be a joke!”

### IT WAS NOT A JOKE

Wilson accepted the job offer and is now supervisor of the cleaning and retail technicians for the department store, which is located in Lorain County. His qualifications and training are outstanding. He is certified in heating, ventilating and air conditioning (HVAC) as well as carpentry, electricity, and plumbing.

Although he has his own office, he does not spend much time there. He is in the store, overseeing the work of his staff and contractors. He also performs a range of tasks himself. One minute he may need to fix a boiler, air conditioner, or elevator, and the next minute he might need to fix shelves and clothing racks, or even simply change a burned-out light bulb.

“I do everything,” he laughs. “That’s what you call job security.”

Wilson enjoys making rounds throughout the store, because he gets to interact with other staff members. He likes to small talk, to tease, to share stories and jokes. The interaction gives him a chance to build rapport—a friendly atmosphere of trust—with the people he serves.

## FEELING SMALL

The joy that is so obvious in Wilson today is in direct contrast to the painful sadness that he felt in the recent past. Several years ago, he was unemployed, depressed, and virtually drowning in alcoholism. As a result of his drinking, he lost everything: his job, his family, his self-respect. As time passed, he felt smaller and smaller, and, eventually, he felt almost unnoticeable.

One day during this dark period, Wilson drove a friend to an appointment at The Nord Center, a provider of mental health services in Lorain County. Waiting outside in his car, Wilson continued to struggle silently with depression. His friend noticed that he appeared more distraught than usual and gently urged him to go inside the Center to ask for help. He listened. He went in. On that day, his life began to change.

## WILSON TAKES A CHANCE

With the help of a team of service providers at the Center (e.g., a psychiatrist, mental health therapist, addictions counselor, etc.), Wilson embarked on a journey toward sobriety. He started to take medication for his depression and began mental health therapy and substance abuse counseling to understand the intense emotions that were causing him to drink. He also started to attend Alcoholics Anonymous (AA) meetings regularly and to work with an AA sponsor.

Almost a year into his recovery, he expressed the desire to find a job again, and he began to work with a supported-employment specialist at The Nord Center to achieve his goal. Yet, a part of him remained skeptical.

"I thought that if I took employment services, they would just find me a job to keep me busy," he says. "I had a very good job before all this happened. I was so depressed because I thought I would never find a decent job again."

He was also concerned that he would be asked to file for Social Security. Case Manager Hilda Muñoz, CCDC III, LPN, assured him that he would not be required to apply for disability insurance and that he was not too old to find a job he liked. She recalls helping him focus on the positives in his life—his strengths and his desires.

With funding from the Ohio Bureau of Vocational Rehabilitation (BVR),

Wilson enrolled in a maintenance training program, and with Hilda's encouragement, he applied for a job at a manufacturing company. He got that job, but the company soon went out of business. So Hilda encouraged him to look for another job. This time he applied at the department store. He explains that her belief in him and her support sustains him even today as he struggles with occasional panic attacks. Despite these episodes of anxiety, he continues to go to work daily.

"If you like what you are doing, it really helps," he says. "I found that out."

## GIVING BACK

In his job as supervisor at the department store, Wilson is responsible for hiring employees for the maintenance crew. It is a role that brings him great joy.

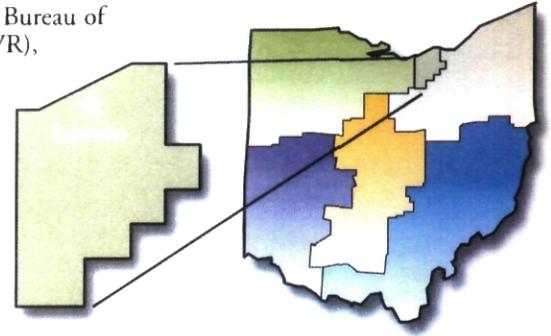
"It feels good to hire people," he says. "It's amazing, really. I got help, and now I can help somebody else, too. I give people a chance."

## DELIGHTFUL SURPRISES

One day not too long ago, Wilson marched into Hilda's office and, with a smile on his face, asked her to accompany him to the parking lot. She asked why, but Wilson would not say. When she arrived outside, she saw a bright-white full-sized pickup truck parked before her.

"It's mine," he said proudly. "And I am paying for it all by myself!"

Wilson's determination to have a competitive job has opened doors that he thought were closed forever. As a result of the extra money and improved self-esteem, he is on a path toward financial independence. He has also begun to rebuild relationships with his children, who live out of state. Of all the surprises that have occurred during his recovery journey, this chance to reconnect with the people he loves most is undoubtedly the best of all.



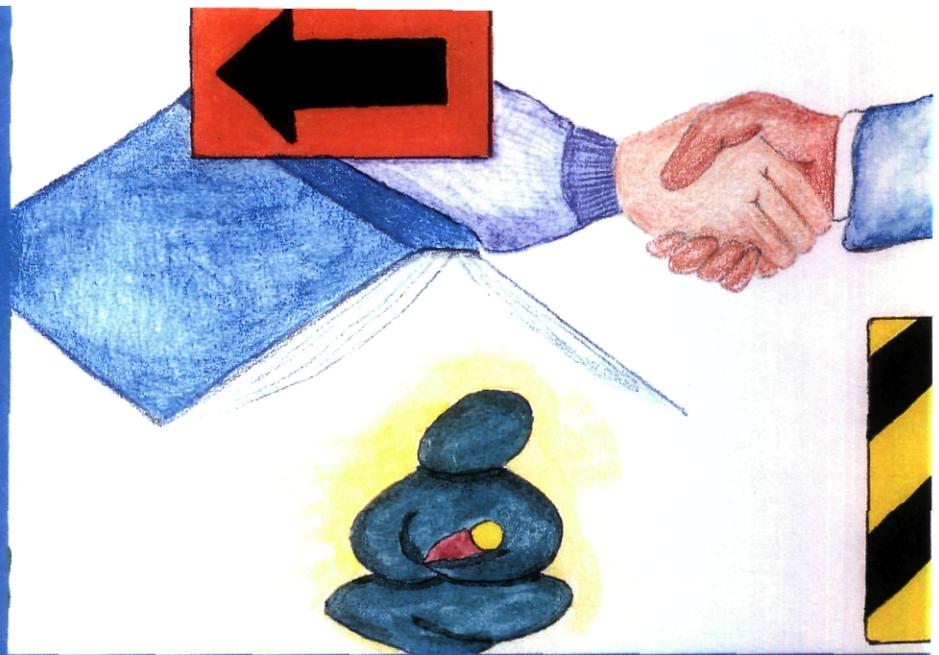
## LORAIN COUNTY

The Nord Center  
[www.nordcenter.org](http://www.nordcenter.org)

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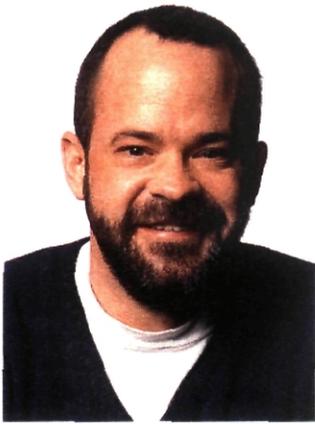
*Nicole Clevenger, BFA, is a peer consultant at the Ohio SE CCOE.*



# DAVID & PHYLLIS

## Courage to Believe

—by Nicole Clevenger, BFA



Photodisc/Getty Images

*David is a full-time single parent and a college student.*

*Case Manager Phyllis Wilcox, BA, CPST, TO, is constantly looking for the hidden potential in the people she serves.*

Phyllis Wilcox, BA, CPST, TO, is a case manager at NEIGHBORING, a provider of mental health services in Lake County, Ohio. She is the kind of person one hopes for when needing help. To her, clients are real people with real dreams, not just manila folders in a stack on her desk. Phyllis understands that people often need case management during a low point in their lives. She believes that the circumstances of a crisis are temporary, that the picture of the person before her is a mere snapshot in time and not a complete portrait of the person's identity.

Phyllis is constantly looking for the hidden potential in the people she serves, not just the potential to survive but to thrive. While she ensures her clients get basic needs such as food, shelter, and clothing, she does not stop there. Her focus is on long-term recovery, which includes education and employment. By assisting people with their goals for work and school, Phyllis helps her clients build a stable foundation for the future.

Take David, for instance, who has been working with Phyllis for over two years. Together, they have achieved what some people thought was impossible. David has schizophrenia, but he and Phyllis refuse to let the diagnosis become his identity. David is a full-time single parent and a college student. He attends classes at a local community college, taking a bus 90 minutes to and from class two days per week. His ultimate goal is to become a paralegal. He currently maintains a 2.5 grade point average and is well on his way to achieving his dream.

### **BUMPS IN THE ROAD TO RECOVERY**

David's story becomes even more remarkable when one considers that only two years ago, he was homeless. Back then, when he and Phyllis first met, she helped him find housing. Then, she asked him about his plans for the future. She listened to him, intently, and learned of his dream to work as a paralegal. So they devised a plan together, dividing up the tasks needed to enroll him in school. Phyllis made sure he had all the tasks he was capable of handling.

"My job is not to take over, that's no good," Phyllis says. "I want to help people however I can to be more independent. If I did things for people that they are capable of doing for themselves, it would be a disservice."

The first thing Phyllis and David did was fill out the Free Application for Federal Student Aid (FAFSA). Next, they applied for financial assistance from an organization that would hopefully provide additional funding for tuition and books. After some initial paperwork and exams, the organization unfortunately decided that David was not ready for school and declined to help. Phyllis was not discouraged, though. She viewed the situation as a detour instead of a roadblock and discussed with David an alternate plan to secure the money he needed from other sources.

"I was so frustrated," Phyllis recalls. "I sort of felt like he was getting the run-around. But, ultimately, we did it anyway."

There was another challenge that David faced which did not disrupt his success. It was a few weeks into his first quarter at school when he discovered that his roommates were using drugs. He decided to protect himself: he decided to find another place to live. Phyllis supported him.

"I was afraid for him," she admits. "To have to move like that in the middle of your first semester at school? That's stressful. He handled it very well. Amazing."

Also during that first year in college, David faced another big challenge. He began a court battle for full custody of his then three-month old son. Single parenthood is difficult for anyone who faces it, and Phyllis knew David would have extra responsibilities, namely managing the symptoms of his mental illness and the demands of his school commitments. Yet, she did not shrink away from the idea. Instead, she supported him in this important personal decision. Phyllis admits she was afraid that the stigma of David's experience with homelessness would decrease his chances of winning the case.

"People tend to view homelessness as the inability to care for one's self," Phyllis laments. "But to go from not having anywhere to live to attending college in a relatively short period of time speaks for itself. This is truly a case of an individual rising to the occasion."

The judge that heard David's case agreed that he had proven his self-sufficiency, and in March of 2006, he was granted full custody of his son. That day, Phyllis was by his side—sort of.

She laughs with delight as she recalls the experience. "I dropped David off at court and went scrambling to help him get stuff he needed for the baby. It was such an exciting time."

### STRENGTH IN NUMBERS

In his pursuit of higher education, David has recruited and maintained the help of many people, proving that there is strength in numbers. He has a team of service providers at NEIGHBORING who continue to rally around him: he still sees his therapist and stays in contact with Phyllis, his case manager. In addition, he also receives support from Lake County Job and Family Services (JFS), which pays for daycare for the two days per week that he attends classes. David's dedication to school has inspired others to rally around him as well. One of his professors has been so impressed with his degree of self-sufficiency and determination that he recently wrote a letter to JFS on David's behalf. The letter asks JFS to provide support for more daycare hours to accommodate quiet-study time for David. Phyllis and the other service providers at NEIGHBORING did not know about the letter until they received a copy of it. Phyllis was shocked, and extremely pleased.

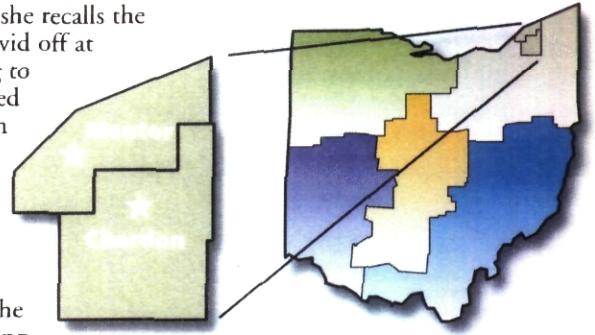
"School involves more than just getting to class," Phyllis says. "David needs time to do his homework. He has to take the baby with him if he goes to the library. But he does it. He has a tremendous amount of perseverance."

Phyllis has no doubt that David will achieve his dream of working as a paralegal. And she looks forward to the day he approaches graduation and begins to work with a supported-employment specialist to find a job.

"It has been such a joy to work with him over the past two-and-a-half years," she says. "David has excellent follow-through, and he has demonstrated that he can overcome the odds."

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*Nicole Clevenger, BFA, is a peer consultant at the Ohio SE CCOE.*



### LAKE COUNTY

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*"I want to help people however I can to be more independent. If I did things for people that they are capable of doing for themselves, it would be a disservice."*

*—Phyllis Wilcox*

# MARGARITA

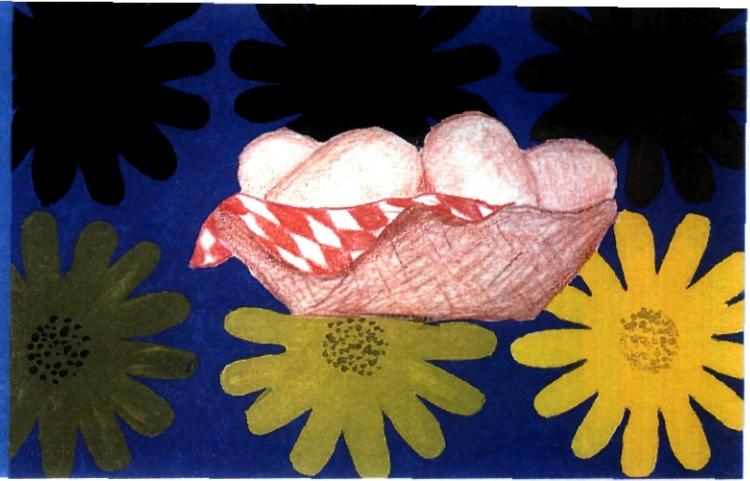


Photo of Margarita by Paul M. Kubek

*"At my job, I feel better. I feel okay. I don't have my symptoms. My mind has to be prepared for work."*

## Perseverance

—by Nicole Clevenger, BFA

Margarita Gomez was, at one time, virtually paralyzed by depression, but not anymore. Working part time at a restaurant in Lorain County, a renewed Margarita stands in contrast to her former self.

"I love my uniform," she says through an interpreter of her native Spanish, gesturing as if to smooth her apron and to check her appearance in a mirror. She smiles. "I am a different Margarita in my uniform." Her pride in this simple ritual of getting dressed for work is striking, given that it can be a chore for some people or even insignificant to others, especially those who struggle with severe depression.

### THE REWARDS OF WORK

At the restaurant, Margarita cleans tables and brings bread to the customers, always striving to ensure a pleasant dining experience for the people she serves. While for some people a job is simply a series of completed tasks that provides a paycheck, money is not the main reason Margarita chooses to work. For her, a job brings a sense of purpose, joy, and fellowship with others: it is a way to remain positive about life.

Margarita has made friends at the restaurant, and she is proud of the work she does there. In fact, she enjoys the social interaction and feeling of accomplishment so much that, once, after a week at home during a scheduled two-week vacation, she felt the familiar flatness of her depression begin to take its grip. So she asked to return to work early. Her employer agreed.

"I was feeling depressed and overwhelmed and thinking about everything," she recalls. "At my job, I feel better. I feel okay. I don't have my symptoms. My mind has to be prepared for work."

### BACK ON TRACK

Margarita had to quit a previous job a few years ago when she was hospitalized because of her illness. The mental health professionals at the hospital helped her stabilize her symptoms, and since then, a team of providers at The Nord Center in Lorain County (e.g., a psychiatrist, case manager, and supported-employment specialist, among others) has helped her manage her symptoms and continue her recovery.

Her decision to return to work did not come without challenges. Yet, with help, Margarita has overcome every one of them. She has a payee who helps her manage her money and pay her bills. Also, she does not read or write English and, therefore, often relies on others to interpret. However, she does not view this as a barrier: she explains that her struggle with language does not prevent her from doing her job well. Margarita does not drive, but she is able to walk to work with ease because the restaurant is near her apartment. She enjoys the almost daily ritual of walking to and from work.

### MARGARITA'S MESSAGE

Margarita wants to share this story with others who may also be struggling on their respective paths to recovery. Her message is never to give up.

"Continue, continue, continue, continue," she says. "After illness, you have to continue your life. Work will help you."

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*Nicole Clevenger, BFA, is a peer consultant at the Ohio SE CCOE. Paul M. Kubek, MA, of the Ohio SE CCOE contributed to this story.*

# Perseverancia

—por Nicole Clevenger, BFA

En una época, Margarita Gomez se encontraba prácticamente paralizada debido a su depresión, pero esto ya está superado. Margarita, totalmente renovada en comparación con su estado anterior, trabaja tiempo parcial en un restaurante situado en el Condado de Lorain.

“Me encanta mi uniforme,” comenta a través de un intérprete de su idioma natal el español, mientras gesticula como si estuviera alisando su delantal para ver su apariencia reflejada en un espejo. Margarita se sonríe. “Soy una Margarita diferente cuando visto mi uniforme.” Su orgullo con respecto a este simple ritual de vestirse para ir a su trabajo es asombroso, ya que para algunas personas esto es una tarea cotidiana o hasta puede llegar a ser insignificante para otras. Especialmente para aquellas personas que luchan contra un estado depresivo agudo.

## LAS RECOMPENSAS QUE LE BRINDA EL TRABAJO

En el restaurante, Margarita limpia las mesas y le trae pan a sus clientes, siempre esforzándose para asegurar que las personas a las que sirve disfruten de una cena placentera. Mientras que para algunas personas un trabajo es simplemente una serie de tareas que deben realizar para recibir un cheque en forma de pago, el dinero no es la razón principal por la cual Margarita opta por trabajar. Para ella, un trabajo le significa tener un norte en la vida, un motivo de júbilo y un sentido de compañerismo —es una razón para mantener una actitud positiva con respecto a la vida.

Margarita ha entablado amistades en el restaurante, y se siente orgullosa del trabajo que desempeña. De hecho, ella disfruta tanto de la interacción social y los logros en su trabajo que, en una ocasión, luego de haber pasado una semana en su casa, durante unas vacaciones de dos semanas que tenía programadas, comenzó a sentir que el abatimiento de la depresión se estaba empezando a apoderar de ella. Para Margarita esto era algo que ya conocía, entonces le pidió a su empleador que le permitiera volver a trabajar antes de lo esperado. Su empleador estuvo de acuerdo.

“Me sentía deprimida y abrumada, y pensaba en todo,” recuerda Margarita. “En mi trabajo, me siento mejor. Me siento bien. No tengo ningún síntoma. Tengo que tener la mente lista para el trabajo.”

## ENCAMINÁNDOSE UNA VEZ MÁS

Hace unos años, Margarita debió renunciar a un trabajo que tenía previamente cuando fue hospitalizada debido a su enfermedad. En el hospital, los expertos de salud mental le ayudaron a aliviar sus síntomas, y desde entonces, un grupo de profesionales que presta servicios en ‘The Nord Center’ en el Condado de Lorain (entre ellos, un psiquiatra, un coordinador de casos, y un especialista a cargo de los servicios de apoyo laboral) le han estado ayudando a controlar sus síntomas y a recuperarse.

Margarita debió enfrentar ciertos desafíos cuando tomó la decisión de volver a trabajar. Al mismo tiempo, gracias a la ayuda que ha recibido, Margarita ha logrado sobreponerse a cada uno de dichos desafíos. Ella tiene un beneficiario que le ayuda a administrar su dinero y a pagar sus cuentas. También, debido a que ella no habla ni escribe inglés, frecuentemente debe confiar en otras personas que le interpreten. Sin embargo, ella no caracteriza esto como una barrera —Margarita explica que su dificultad con el idioma no le impide tener un buen desempeño en su trabajo. Margarita no sabe conducir un vehículo pero puede ir tranquilamente a su trabajo a pie, ya que el restaurante le queda cerca de su apartamento. Ella disfruta del ritual casi diario de caminar de ida y vuelta a su trabajo.

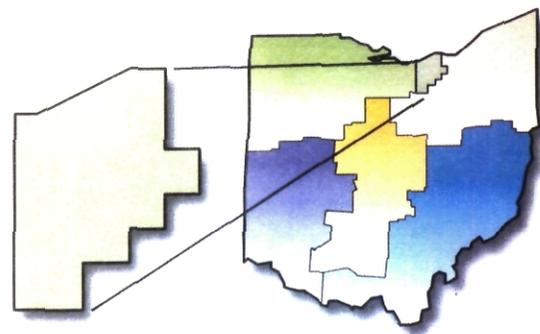
## EL MENSAJE DE MARGARITA

Margarita desea compartir su historia con todas aquellas personas que tal vez estén luchando y se hallen en vías de recuperación. Su mensaje es el de no rendirse jamás.

“Continúen adelante, adelante, adelante,” dice ella. “Después de la enfermedad, hay que continuar viviendo y el trabajo les ayudará.”

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*Nicole Clevenger, BFA, es asesora paritaria del Ohio SE CCOF. Paul M. Kubek, MA, del Ohio SE CCOE contribuyó a este segmento.*



## LORAIN COUNTY

The Nord Center  
[www.nordcenter.org](http://www.nordcenter.org)

6140 S Broadway  
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440-204-4100

*“En mi trabajo, me siento mejor. Me siento bien. No siento ninguno de los síntomas. Mi mente está preparada para trabajar.”*



# ELIZABETH



Photo of Elizabeth by Nicole Clevenger

## Attention to Details

—by Nicole Clevenger, BFA

Henry David Thoreau wrote that everyone marches to the beat of a different drummer, stepping “to the music which he hears however measured or far away.” As the composers of our own life’s music, each of us is charged with the task of arranging the high and low notes of the feelings of our daily experiences in a way that is pleasing and useful to us. This can be challenging, because experiences do not always flow in an easy manner. Rather, they often require us to integrate a wide range of emotional “notes” in the writing of our respective songs.

### **HARMONY: HAVING DIFFERENT PARTS AGREEABLY RELATED**

Elizabeth has a Master of Library and Information Sciences (MLIS) degree from Kent State University in Kent, Ohio. She describes this field as her “calling”. She has always been an investigative person who hungers for information about the world around her. She loves to collect, organize, and share facts. She also has a deep appreciation for music. For her, music provides comfort, catharsis, and a point of connection with others. No matter what happens to her, she always comes back to the music.

Elizabeth currently works from home as an abstractor for the American School Health Association, a job she has held for over two years. Her work requires her to read journal articles about the treatment of adolescents with mental illness and to convert each to a succinct one-page summary. Then, she reduces the summary to a single paragraph, known as an *abstract*, and enters it into a database that is used by library patrons in their search of research materials. All of this work requires a clarity of thought and a level of concentration that, at one time, would have been almost impossible for Elizabeth to achieve and maintain.

### **DISSONANCE: CLASHING SOUNDS IN A MUSICAL INTERVAL**

Elizabeth admits she has struggled with anxiety and depression, strained interpersonal relationships, underdeveloped social skills, and communication difficulties throughout much of her adult life. She has also experienced many losses, including numerous jobs, a marriage, and ties to family and friends.

*“I felt it was important not to give up on my dream. I had to deal with my mental illness in tandem with my career goals. I don’t think it would have worked for me to say I am only going to deal with my mental illness and then get a job.”*

In 1997, Elizabeth was diagnosed with bipolar disorder, but she refused to let mental illness halt her plans for the future. In 2000, she enrolled in the master's program at Kent State University even as she was struggling with symptoms, which gradually got worse. She remembers spending a lot of money to expand her collection of books and music and finding herself in debt as a result. Her mind was racing. She was thinking too fast, talking too fast, walking too fast, and not concentrating enough to perform adequately at school. The severe manic episode left her without her own residence, without financial stability, and with the feeling of being very much alone.

"Things got jumbled up like a ball of yarn that needs to be untangled," she says. "I felt like I didn't have a friend left in the world."

### **RHYTHM: REPEATING STRONG AND WEAK ELEMENTS IN A SONG**

Elizabeth started her recovery by finding as much information about her diagnosis as possible. She contacted the Students with Disabilities Office at Kent State and with an academic counselor devised a plan to stabilize her grades. She also contacted Coleman Professional Services (CPS), a provider of mental health services in Portage County (see sidebar map). At CPS, she began seeing a psychiatrist, mental health therapist, and a case manager on a regular basis. She describes the comprehensive treatment as thorough and "critical" to her recovery. The treatment team helped her gain control of the rapid cycling of her symptoms and helped her manage her budget and find independent housing.

With her emotional and academic lives stabilized, Elizabeth decided to proceed with her master's thesis, entitled "Anything Goes: Composites with Mental Illness—An Analysis of the Music Library at Kent State University." It was her way of integrating new perspectives on her life in an enjoyable way: she combined her love of music and her experience with and increasing knowledge of mental illness. The thesis also gave her a way to reconnect with her sister, who is a classical musician.

### **MELODY: AN AGREEABLE ARRANGEMENT OF SOUNDS**

In 2004, Elizabeth graduated from Kent State. Her service providers from CPS were in attendance at the ceremony.

"It was the best feeling I had ever known," Elizabeth says. "I got to wear the cap and gown, but I really felt like they were graduating with me."

Although this was a happy time, Elizabeth had some difficulty adjusting to an identity shift

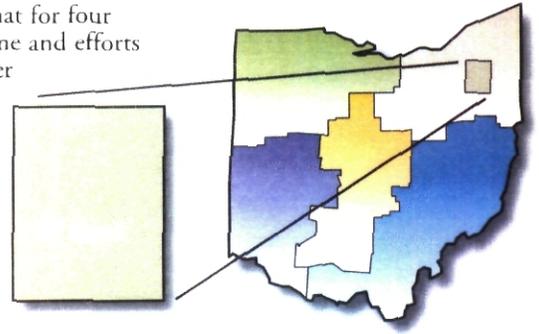
after graduation. She explains that for four years she had spent all of her time and efforts "single-mindedly" focused on her education, which did not provide her with time to deal with other issues, such as social skills, which she needed to succeed in the workforce. She began to feel overwhelmed, and her symptoms began to intensify. Yet, she did not let this stop her from pursuing a career. She began to work closely with a supported-employment specialist at CPS, who helped her prepare for the interview process and encouraged her to apply for her present job.

"I felt it was important not to give up on my dream," Elizabeth says. "I had to deal with my mental illness in tandem with my career goals. I don't think it would have worked for me to say I am only going to deal with my mental illness and then get a job. That may never have happened."

### **SYMPHONY: A COMPLEX COMPOSITION WITH CONTINUITY**

Elizabeth has addressed her need for mental health treatment and employment services by maintaining supportive relationships with service providers at CPS. The therapeutic work has paid off, literally. She maintains an intense focus on her job as an abstractor, and her performance has been noticed by her employer, who recently rewarded her with a substantial raise.

In the past, the bits and pieces of Elizabeth's life felt to her a bit disjointed, like parts of an unfinished song. Today, these experiences feel more cohesive and fulfilling. Evidence of her recovery can be seen in her efforts to advocate not only for herself but for other people who are recovering from mental illness as well. Today, she participates in the Client's Rights Committee and Continuous Improvement Committee at CPS. She is also a member of the Board of Trustees, where she provides a voice for other clients.



### **PORTAGE COUNTY**

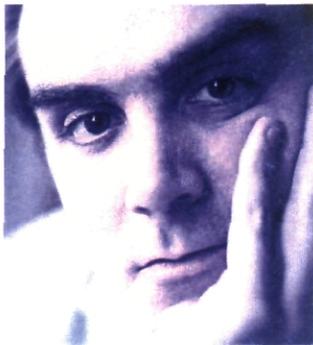
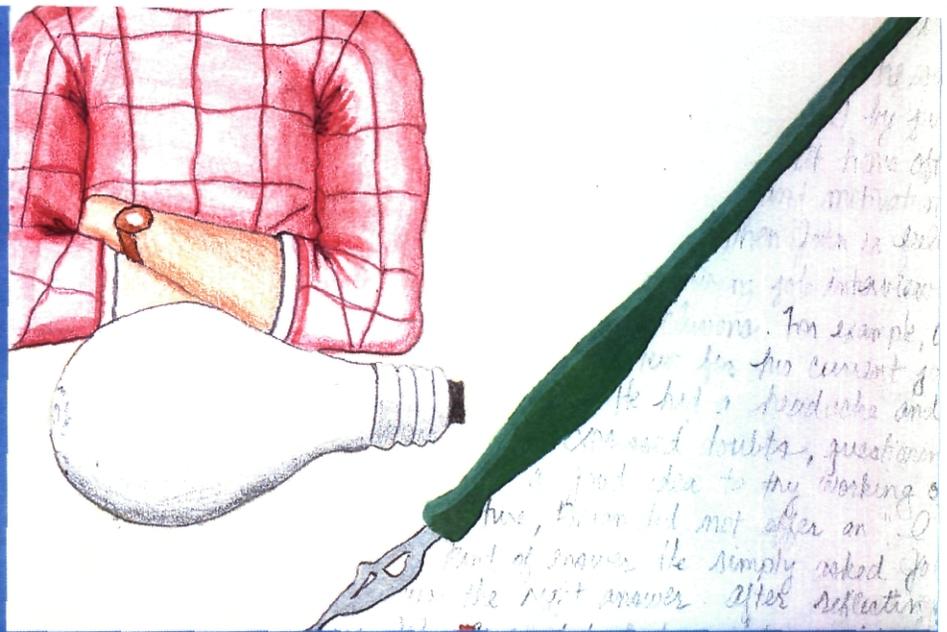
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*Nicole Clevenger, BFA, is a peer consultant at the Ohio SE CCOE.*

*Editor's Note: Brian Eskridge, BA, was Elizabeth's supported-employment generalist while this story was being written. He contributed information to this story. Brian now works for the Bureau of Vocational Rehabilitation, Ohio Rehabilitation Services Commission.*

# JOHN



Photodisc/Getty Images

*"He (supported employment generalist) helps me sometimes by not doing anything. He goes to an interview with me, and he will just sit there and not say two words. He lets me do all the talking, which is good, of course, because I can speak for myself."*

## Tenacity

—by Nicole Clevenger, BFA

"I can do anything I want," John says confidently. He speaks with defiance against any doubt that limits his aspirations for the future. Some people may think that John is overestimating his abilities with such a bold statement, but he disagrees.

"If you work hard enough at something, you can make it happen," he explains. "I don't think that is being delusional. People prove that every day."

In the future, John wants to become a published fiction writer, and he continues to hone his craft. In the meantime, he works part time at a fast-food restaurant near Kent, Ohio, a job he enjoys for several reasons. It gives him the opportunity to meet new people, and it also increases the money in his wallet while decreasing his symptoms of depression and anxiety.

### IN THE BEGINNING: CONFUSION

John can remember a time when he was not thinking so positively or so clearly. It was junior year in high school. He had episodes of losing concentration that became longer and

more severe as time went on, and he found it increasingly difficult to manage the abundance of thoughts racing through his mind. It was then that he was diagnosed with schizoaffective disorder. He was hospitalized twice during this difficult period, which forced his absence for most of his senior year. He finished high school with the help of a tutor.

John sought help for his illness from Coleman Professional Services in Portage County. There, he began to work with a psychiatrist and attend a day-treatment program. As he felt stronger, he began to think about getting a degree, and he enrolled in some writing classes at Kent State University. He eventually withdrew from the University due to complications from his illness, and for months, he spent more than 15 hours per day writing alone at home—an activity which has sustained him throughout the turbulence of the last few years.

## A RECOVERY RELATIONSHIP

Although John was busy with his writing, he was unhappy spending so much time alone. He knew a job could help him begin to remedy this loneliness, so he sought the help of employment services at Coleman in order to find work. This is when John met Supported-Employment Generalist Brian Eskridge\*, BA. The two have built a relationship that gives John the assurance he needs to move forward.

*Today, John describes his job as a "lifesaver", and he readily accepts the challenges at work in place of the "nothingness" he experienced while unemployed.*

"The nice thing about Brian is that I can talk to him about a lot of things," says John. "I am not afraid of what he might say. I trust him."

This trust is built from Brian's compassion and his understanding of John's illness, work preferences, and life-struggles. There is mutual respect, which John finds comforting. In fact, John feels so at ease that he has asked Brian to accompany him to most job interviews. In order to protect his own privacy, John has simply told prospective employers that Brian is a friend who checks in with him from time to time.

John describes Brian as a quiet, unassuming person who offers encouragement in a way that is not overbearing. In fact, he says that one of the best ways Brian supports him is by just being there in person. Brian visits John at home often to provide face-to-face guidance and motivation and his presence has a calming effect when John is feeling anxious, especially before and during job interviews. He guides John to his own conclusions. For example, on the morning of the interview for his current job, John was feeling nervous. He had a headache and his confidence was shaky. He expressed doubts, questioning whether or not it was a good idea to try working, but true to his nature, Brian did not offer an "I agree" or "I disagree" kind of answer. He simply asked John what he thought was the right answer. After reflecting for a moment, John concluded that a job might offer him some relief from his symptoms and get him out of the house, if nothing else.

"Brian told me that I just answered my own question," John recalls with a slight chuckle. "Brian has a way of doing that. He helps me sometimes by not doing anything. He goes to an interview with me, and he will just sit there and not say two words. He lets me do all the talking, which is good, of course, because I can speak for myself."

So, with renewed enthusiasm, John proceeded to the interview, taking Brian along with him. Ultimately, he was hired.

Today, John describes his job as a "lifesaver", and he readily accepts the challenges at work in place of the "nothingness" he experienced while unemployed. Working with Brian and the other mental health providers at Coleman has helped John maintain a positive focus, and he has learned not to anticipate a worst-case scenario about the challenges he faces in his life. These skills have enabled John to adjust to new situations and people.

"You know, when you finally get to work, half of your fears disappear altogether," John says. "The other half, you find, are manageable."

## NO SUCH THING AS FAILURE

John believes that his recovery will be a life-long journey. He views himself as a work-in-progress and his employment as an exciting evolution, never losing sight of his long-term goal to become a writer. He notes that some of his family and friends have referred to the stops and starts in his journey as failures, but he strongly disagrees. He tells the story of Thomas Edison, who made numerous attempts to create one successful light bulb.

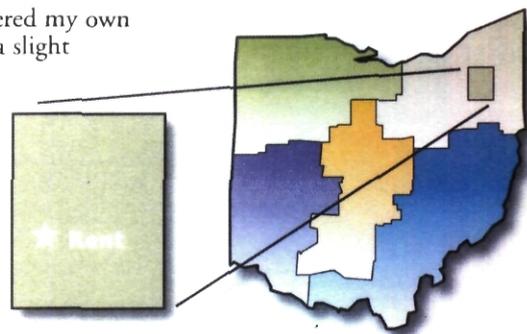
"At a press conference, someone asked Edison why he kept on after he failed two-thousand times," John says. "Edison replied that he didn't fail; he just found two-thousand ways not to make a light bulb."

John laughs. He makes this point: Edison proved that the only real failure is the failure to keep trying.

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*Nicole Clevenger, BFA, is a peer consultant at the Ohio SE CCOE.*

*\*Editor's Note: Brian Eskridge, BA, was John's supported-employment generalist while this story was being written. He now works for the Bureau of Vocational Rehabilitation, Ohio Rehabilitation Services Commission.*



## PORTAGE COUNTY

Coleman Professional Services  
[www.colemanprof.com](http://www.colemanprof.com)

5982 Rhodes Road  
Kent, Ohio 44240  
330-673-1347



***Supported Employment is effective because its core principles encourage professional behavior that produces a social environment which enables everyone involved—service providers, employers, consumers, family members—to build safe, trusting, long-term relationships. It is these relationships that promote and support positive personal change. And it is the accumulation of these personal changes that creates large-scale social transformation over time.***

## Seven Core Principles

Supported Employment (SE) is the evidence-based practice that helps people with mental illness find competitive jobs in their local communities with rapid job-search and placement services.

There are seven core principles that make the SE model different from traditional vocational programs. The principles are briefly described below. Research has demonstrated that these principles produce positive consumer outcomes and improved program and service-system outcomes.

### 1. ZERO EXCLUSION POLICY

All consumers who want to work are eligible for help, even if they

- Have experienced job loss in the past;
- Lose a job(s) while enrolled in SE;
- Are still experiencing symptoms of mental illness;
- Are still using alcohol or other drugs\*;
- Have problems with transportation;
- Do not know how to fill out an application;
- Do not know how to talk to an employer;
- Do not have previous training;
- Are afraid they might not learn the job fast enough; or
- Are afraid they might not fit in with others.

*\*The use of alcohol and other drugs may limit consumer job choices because many employers test for drug use. If consumers can pass a drug test, their choices of jobs typically increase.*

### 2. CONSUMER PREFERENCES ARE IMPORTANT

The mental health case manager and supported-employment specialist help each consumer identify his or her personal strengths, skills, and interests. These are excellent motivators. Consumers who find jobs that they want experience a higher level of satisfaction and tend to keep their jobs longer. The case manager and employment specialist are trained to give as much or as little help as the consumer wants.

### 3. RAPID JOB SEARCH

Once a consumer expresses the desire to work, his or her case manager will contact the employment specialist. In two to three weeks, the specialist may be helping the consumer research jobs, fill out applications, and interview with potential employers. The case manager will also contact a benefits counselor. Research shows that fewer people obtain employment when their job search is delayed. The SE service model does not require consumers to complete lengthy pre-employment assessment, training, and workshops.

### 4. A COMPETITIVE JOB IS THE GOAL

The employment specialist is committed to helping each consumer find a regular part-time or full-time job in the community that pays minimum wage or more. A regular job is a competitive job that anyone in the community can apply for. The SE model only endorses competitive jobs for several reasons:

- Consumers like competitive jobs more than they like sheltered work.
- Competitive jobs reduce stigma by enabling consumers to work side-by-side with people who may not be experiencing mental disabilities.
- Competitive jobs inspire self-esteem.
- Consumers want to live in the mainstream of life.

### 5. EMPLOYMENT IS INTEGRATED WITH MENTAL HEALTH SERVICES

Employment specialists are included in service-team meetings, and they work closely with case managers, psychiatrists, and other professionals to help consumers achieve their employment goals. Team members openly discuss and find solutions for clinical issues that affect work performance, such as the following:

- Medication side effects (e.g., drowsiness)
- Persistent symptoms (e.g., hallucinations)
- Cognitive difficulties (e.g., problem-solving skills)
- Other rehabilitation needs (e.g., social skills)

### 6. TIME-UNLIMITED SUPPORT

Some consumers need support over long periods of time. Therefore, consumers are never terminated from SE services, unless they request it.

### 7. PERSONALIZED BENEFITS PLANNING

Benefits counselors help consumers calculate exactly how much money they can make at their jobs without disrupting benefits, such as Medicaid insurance, supplemental security income (SSI), and social security disability insurance (SSDI). Benefits counselors advise consumers and caregivers about the following:

- Benefits requirements
- Income ceilings
- Work incentives
- Other issues and regulations related to employment benefits



*Photodisc/Getty Images*



## Resources

Deborah R. Becker and Robert E. Drake, MD (2003). *A Working Life for People with Severe Mental Illness*. New York: Oxford University Press, Inc.

[SAMHSA Supported Employment Toolkit](http://www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/employment)

[www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/employment](http://www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/employment)



# CENTER FOR EVIDENCE-BASED PRACTICES



## OUR MISSION

The Center for Evidence-Based Practices (CEBP) at Case Western Reserve University is a technical-assistance organization that promotes knowledge development and the implementation of evidence-based practices for the treatment and recovery of people diagnosed with mental illness or co-occurring mental illness and substance use disorders. The CEBP also implements and studies emerging best practices in an effort to identify innovations that consistently generate improved outcomes and, thus, may become an EBP. The CEBP provides these services:



- Service-systems consultation
- Program/organizational-change consultation
- Clinical consultation
- Training and education
- Program evaluation (fidelity and outcomes)
- Professional peer-networks
- Research

## CCOES

The CEBP functions as an umbrella entity for two State of Ohio Coordinating Center of Excellence (CCOE) initiatives. Both CCOEs share resources and work cooperatively.

### Ohio SE CCOE

The Ohio Supported Employment Coordinating Center of Excellence disseminates strategies for increasing competitive employment among people diagnosed with mental illness.

### Ohio SAMI CCOE

The Ohio Substance Abuse and Mental Illness Coordinating Center of Excellence disseminates strategies that address co-occurring mental and substance use disorders.

This booklet is part of an evolving training and consultation process from the CEBP and it's Ohio SE CCOE initiative. It is written for consumers of mental health services, as well as for potential employers, family members, and community advocates. It is also written for policy makers, administrators, and service providers who want to implement and sustain the SE model.

### Written by

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### Edited by

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### Funded by

- Ohio Department of Mental Health
- Johnson & Johnson-Dartmouth Community Mental Health Program

### Share the News

We invite and encourage you to make copies of this publication and distribute it widely. We hope it supports your efforts to advocate for evidence-based practices in your community. A free high-resolution PDF of this publication may be obtained from our web site (see "Resources" in right column).

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*Editor's Note: The people featured in this booklet were all asked to choose how their names would appear in print and whether they wanted their photo to appear or not. The options were presented as a way to respect their preferences for privacy and publicity. Some people chose to use their first and last names while others chose to use their first name only or requested that we use a fictitious name. Many chose for us to print their actual photos but some preferred that we use a stock photo from a photo library. We thank each person for taking the time to share these stories of recovery.*

## PUBLIC-ACADEMIC PARTNERSHIP

The CEBP is a partnership between the **Mandel School of Applied Social Sciences** at Case Western Reserve University and the **Department of Psychiatry** at the Case School of Medicine. The partnership collaborates with and is supported by the following:

- Ohio Department of Mental Health
- Ohio Department of Alcohol and Drug Addiction Services
- Ohio Rehabilitation Services Commission
- Ohio Department of Health

## RECOVERY STORIES

For more stories about the positive impact of work upon mental-health and/or substance-abuse recovery, visit this page on our web site:

[www.centerforebp.case.edu/recoverystories](http://www.centerforebp.case.edu/recoverystories)

## THE NATIONAL SCENE

Supported Employment, the evidence-based practice, was created and is studied by researchers at the Dartmouth Psychiatric Research Center (PRC) of Dartmouth Medical School. SE is also known as Individual Placement & Support (IPS).

The PRC has provided leadership for national implementation of SE with the Johnson & Johnson-Dartmouth Community Mental Health Program. The State of Ohio is participating in this national effort with technical assistance from the CEBP and its Ohio SE CCOE initiative.



## RESOURCES

To obtain additional printed copies of this booklet or a free PDF, consult the order form on our web site:

[www.centerforebp.case.edu/resources/workisrecovery.html](http://www.centerforebp.case.edu/resources/workisrecovery.html)

v.2010.05.19 Revised

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CASE WESTERN RESERVE UNIVERSITY EST. 1826

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Build trust  
Improve outcomes  
Promote recovery

## Vocational Needs Survey

To assist to you in reaching your short and long term job goals, you may want to identify what type vocational services you need to reach your job goals. Please answer the questions outlined below.

Please answer Questions :	Yes	No	Maybe
1) Are you interested in getting a job either part-time or full time?			
2) Did you know that you could get a job and maintain your Medicaid Benefits through the Medicaid Buy In Program?			
3) Would you like to know how your benefits would be impacted by going back to work?			
4) Do need assistance to determining what type of job would best fit you?			
5) Would you help to find out about different jobs and careers?			
6) Do you feel like you need to upgrade your basic skills (math, reading, Writing)?			
7) Would you like to learn how to operate computers?			
8) Would you like to attain job training/education so you could get the job you want and fits you?			
9) Would you like to phase back into the work through some job tryouts where you can get use to the demands of work and understand employers expectations?			
10) Do you need assistance with your job search skills such things as interviewing, completing applications, and writing a resume?			
11) Do you need someone to contact employers on your behalf to assist you to attain job interviews?			
12) Do you need one- on assistance in taking you to interviews?			
13) Do you need someone(Job Coach) to train you on the job task?			
14) Do you need someone to talk to when you are having problems with co-workers or supervisors?			
15) Do you need a to find a job that gives you a starting point but also the opportunity to move up?			

Optional Information:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Comments:

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## **How To Talk To Your Doctor**

How do you talk to your doctor? Does he or she do all the talking while you do all the listening? Are you afraid to ask questions? Do you leave the office feeling like you just sat through a foreign language class?

Your relationship with your doctor, including how well you talk with each other, affects your care. A good relationship — where you and your doctor share information and work together to make the best decisions about your health — will result in the best care. You'll also feel more confident in your doctor and the quality of care you're getting. Here are some ways to make talking to your doctor more effective:

### **Be Prepared**

Doctors are busy people and their offices are often abuzz with activity, like ringing telephones and crowded waiting rooms. When you actually see your doctor, your visit probably won't last more than 15 minutes. The best way to make the most of your limited time is to come to your appointment prepared:

- Write down all the questions you have for the doctor in advance and bring a pen and paper to jot down answers and take notes.
- Make and bring a list of symptoms if you're not feeling well. You might want to research your condition at the library or on the Internet if you're visiting your doctor for a specific problem or illness. Learning some related medical terms (see online course below) and common treatments will make it easier to follow what the doctor is telling you.
- Bring a list of all the medicines you take. Write down the doses and how often you take them. Include vitamins and other supplements.
- Arrive early enough to fill out forms.
- Have your insurance card ready and bring your medical records or have them sent in advance if you're seeing the doctor for the first time. Also bring your health care advance directive, which outlines instructions about your care if you become unable to speak for yourself. Go over it with your doctor so that your wishes are clear.

### **Here are some questions to ask the doctor.**

**You can add to the list as you come up with more questions:**

#### **Problem**

- What is wrong with me? How do you know?
- What caused this problem?

#### **Tests**

- *Must I have tests?*
- What tests do I need and why?
- What do the tests involve?
- How do I prepare for the tests?
- When will I know the test results?
- Will my insurance cover the cost of the tests?
- Will I have to take the tests again?

#### **Treatment**

- What are my treatment choices?
- What are the benefits and risks of each treatment?
- What are the side effects?
- How good is each treatment?
- Which treatment is most common for my condition?
- What do I do if treatment fails?

### **Medication**

- What kind of medication(s) must I take? For how long?
- What does the drug do? Will there be any side effects?
- What should I do if I have side effects?
- Can I take a generic version of the drug?
- Will the medicine interact with any I am already taking?
- Should I avoid any kind of food or activity while taking this medicine?

### **Follow-Up**

- Do I need to see a specialist?
- Should I get a second opinion?
- Do I need a follow-up visit?

### **Speak Up**

Don't be put off by big words or a doctor's impatient manner. If you don't understand what the doctor is telling you, ask him or her to explain it again. Using different words, or drawing or showing you a picture can help. Don't leave the office without understanding everything the doctor told you.

If there are issues you want to discuss that the doctor doesn't mention, raise them yourself. Doctors often are so focused on making sick people better — or so rushed — they forget to talk about important health matters like diet and weight, exercise, stress, sleep, tobacco and alcohol use, sexual practices, vaccines, and tests to find diseases. Find out what tests you might need for your age, such as a mammogram or colonoscopy, and ask your doctor about getting them. Don't be embarrassed or ashamed to bring up sensitive topics.

### **Don't Withhold Information**

Speaking up also means telling your doctor everything you know about your body and health, including all your symptoms and problems. The more information you share, the better the doctor will be able to figure out what's wrong and how to treat you. Don't make the doctor guess. Be sure to mention any and all medicines, vitamins, and herbs you are taking, and anyone else you are seeing about your health, physical and mental.

### **Bring Someone with You**

Sometimes, people like to bring a friend or family member to a doctor appointment for moral support. A companion also could help you relax, remind you of questions you forgot to ask, and help you remember what the doctor said. If you need personal time with the doctor, the person can sit in the waiting room. Having someone join you is especially helpful if you feel too ill to get around easily on your own.

### **Follow Up**

If you feel nervous, rushed, or just plain overwhelmed, you might forget to ask a question, even if you wrote it down. *If this happens, or if you think of a new question, call the office right away. Be patient but firm if you want to speak directly with the doctor, who might not be able to take your call at that moment.* If the doctor wants you to come back for a follow up visit, be sure to set and keep the appointment.

Building a successful partnership with your doctor takes time and effort. It's not uncommon to have a frustrating doctor visit now and then. But overall, your relationship with your doctor should be positive and comfortable. You should have confidence and trust in his or her medical ability and judgment.

Let your doctor know when there's a problem. If you can't resolve things together, you might need to entrust your care to someone else.

(Source: AARP)

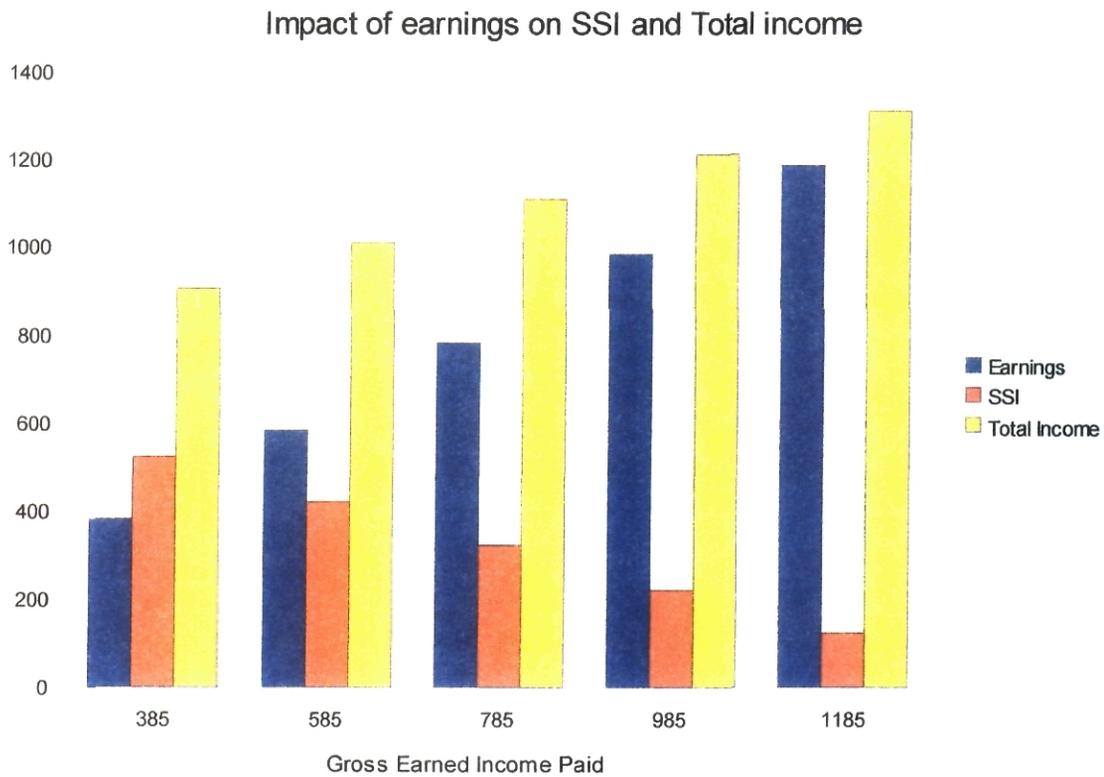
# Supported Employment

Impact on  
Benefits

# Common Myths about Benefits

**Myth: Benefits will be stopped if an individual goes to work.**

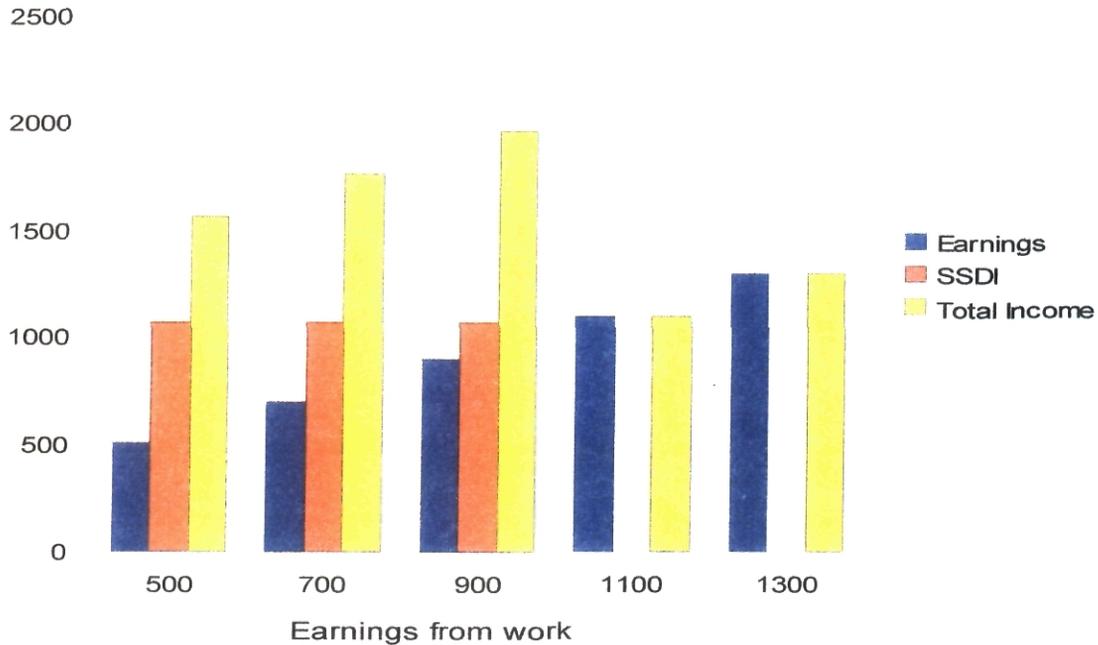
**Truth: SSI** – SSI check will decrease as income from work increases. Total income will increase.



**SSDI** – SSDI check will not be impacted by income under the SGA level (currently \$1000, \$1640 for person who is blind).

### Impact of Earnings on SSDI benefits

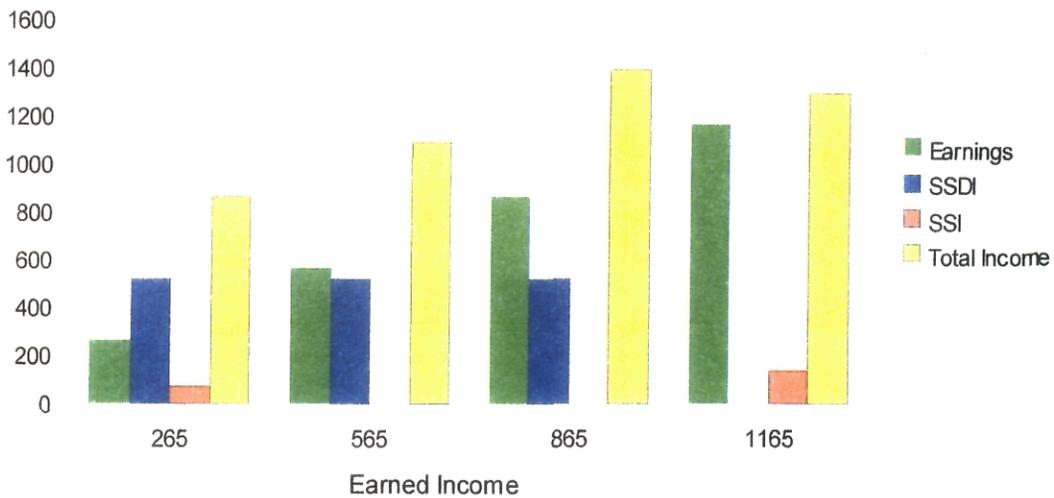
Average SSDI benefit of \$1064 with no work incentives applied



**SSDI and SSI (concurrent benefits)** – see graph below.

### Impact of earnings on Combined SSI and SSDI benefits

SSDI of \$520 and SSI of \$174 prior to earnings



**Both SSI and SSDI provide additional work incentives** – Work incentives such as trial work, impairment related work expenses, pass plans, subsidies and special conditions and expedited reinstatement (to name a few) are in place to enhance total income for individuals who receive benefits and go to work and to provide “safety nets” in case symptoms of an individuals' disability interfere with earnings in the future.

The fact sheets in your toolkits provide some information about some of the work incentives that are available when people go to work.

**Medicaid:** Individuals who receive Medicaid and go to work are protected by a number of programs that allow them to go to work and still receive Medical coverage. 1619(a) and 1619(b) protect individuals who receive SSI and go to work from spend down and the Medicaid Buy-In for Workers with Disabilities (MBIWD) program provides for extended Medicaid to individuals who go to work. Individuals with annual income of as much as \$50,000 per year may still be eligible for some Medicaid.

**Medicare:** Medicare coverage continues if an individual goes to work and continues to receive their SSDI check. Even if SSDI stops due to employment, individuals often can remain eligible for Medicare for years.

**Myth # 2: If a person who receives SSI or SSDI goes to work, they will end up being overpaid.**

Truth: Overpayments do happen but the major reason they happen is a lack of understanding of income reporting requirements when a person goes to work. Proper reporting (by the sixth of each month) can help reduce the risk of overpayment.

**Myth #3: It won't pay for a person to go back to work.**

Truth: For many people, work is the only way to increase their standard of living once they get on SSI or SSDI benefits. These benefits are not designed to provide for a gradual increase in standard of living. Work is one of the ways that individuals on SSI and SSDI can increase their total income. Social Security has many work incentives that help make it pay to work. There are resources in Ohio that can provide benefits planning and consultation for individuals who get benefits and want to return to work. (See the map contained in your “toolkit”)

## BENEFITS PLANNING FACT SHEETS PACKET

These fact sheets summarize many of the different calculations and work incentives involved in benefits planning for individuals who receive either SSI or SSDI benefits. The following items are attached:

**Determining Countable Income for SSI** – This fact sheet documents the impact that earnings from employment can have on SSI benefits. If the beneficiary only receives SSI and employment earnings, the top half of the form is used. If the beneficiary receives SSI and both earnings and unearned income (like SSDI), then the bottom half of the sheet contains the correct formula.

**SSDI Personal Information and Tracking Worksheet** – This worksheet can be used when individuals who receive SSDI go to work as a way of helping accurately tracking monthly income. The worker should document the date and number of hours worked in the blocks on the chart in the middle of the page. The hours can then be added up and multiplied by hourly wage to get a fairly accurate estimate of monthly earnings.

**Trial Work Period** – The trial work period is a powerful work incentive that becomes available to individuals who begin receiving SSDI benefits. This fact sheet allows the individual to document trial work months as they happen or to track back over past work to attempt to identify past months that may have been trial work months.

**Extended Period of Eligibility** – Provides information about the extended period of eligibility and the cessation and grace period months and a place to document when these months are used.

**Impairment Related Work Expenses** – Provides information about Impairment related work expenses, a commonly used work incentive that is available to individuals who receive SSI or SSDI benefits.

**Income Reporting for Individuals with Social Security and/or Medicaid/Food Stamp benefits** – Provides information about what needs to be reported to Social Security and/or the Department of Job and Family Services. Reporting income is a critical activity that helps individuals avoid unnecessary conflicts and overpayments.

*Please note that these forms are meant to provide some basic information and estimates. They do not and are not meant to take the place of a formal benefits consultation.*

## Determining Countable Earned Income for SSI

**If the only sources of income are SSI and earnings from work:**

- The first \$20 of gross earnings are excluded due to the general income exclusion.
- The next \$65 of gross earnings are excluded due to the earned income exclusion.
- Half of the remainder of the gross earnings is excluded due to the two for one exclusion.
- The remainder, called countable earned income is subtracted from the federal benefit rate to determine the new SSI check amount.

Example (Using earned gross income of \$\_\_\_\_\_ during a month):

\$\_\_\_\_\_ (earned gross income) - \$20 (general income exclusion) = \$\_\_\_\_\_  
\$\_\_\_\_\_ - \$65 (earned income exclusion) = \$\_\_\_\_\_  
\$\_\_\_\_\_ (remainder after general and earned income exclusion) / 2 = \$\_\_\_\_\_  
\$\_\_\_\_\_ (countable earned income)

\$674 (Federal Benefit Rate for 2010) - \$\_\_\_\_\_ (countable earned income) =  
\$\_\_\_\_\_ (New SSI check amount)

**If unearned income is present (from SSDI, VA pension, or income from other sources other than work):**

- The general income exclusion of \$20 is subtracted from the unearned income to determine countable unearned income. If any is left (unearned income was less than \$20), the remainder is subtracted from earned income.
- The rest of the formula for determining countable income is the same as above.
- The new SSI check is determined by subtracting countable unearned income from the federal benefit rate then subtracting out the countable earned income.

Example (using earned gross income of \$\_\_\_\_\_ and unearned income of \$\_\_\_\_\_ from SSDI):

\$\_\_\_\_\_ (unearned income) - \$20 (general income exclusion) = \$\_\_\_\_\_ (countable unearned income)  
\$\_\_\_\_\_ (earned gross income) - \$65 = \$\_\_\_\_\_  
\$\_\_\_\_\_ / 2 = \$\_\_\_\_\_ (countable earned income)

\$674 (Federal Benefit Rate for 2010) - \$\_\_\_\_\_ (countable unearned income) = \$\_\_\_\_\_  
\$\_\_\_\_\_ - \$\_\_\_\_\_ (countable earned income) = \$\_\_\_\_\_ (new SSI check)