



**National
Mental
Health
Association**

Recovery at Work:

**A Guide to
Implementing Effective
Employment Services
For People with
Psychiatric Disabilities**

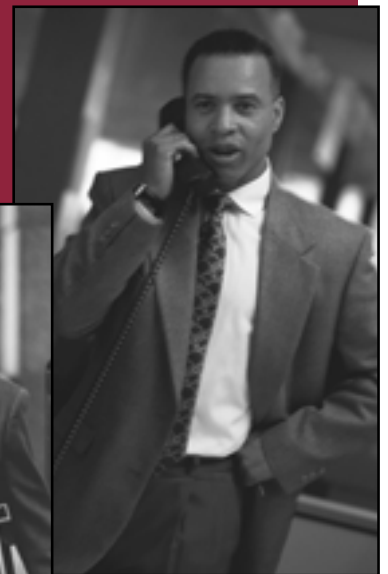


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1. Introduction

People who have mental illnesses want to work. The ability to work and contribute to society is an integral part of recovery for people with mental illnesses. Employment services help people to achieve recovery. Yet all too often persons with psychiatric disabilities are unable to access employment services and gain employment. The national unemployment rate for persons with serious mental illness hovers at 90 percent (USDHHS, 1999) and less than 25 percent of people with schizophrenia receive any form of vocational assistance (Lehman et al., 1998; Hollingsworth et al., 1997; Leff et al., 1995 as cited in Bond et al., 2001).

To meet this need, the National Mental Health Association (NMHA) has created *Recovery at Work: A Guide to Implementing Effective Employment Services for Persons With Psychiatric Disabilities*. NMHA works to improve and expand community-based services and resource options for adults with serious mental illnesses.

NMHA recognizes that employment services are a crucial element of community-based services. Since 1998, NMHA has identified and promoted state-of-the-art employment programs to its affiliate network. NMHA works with its affiliates to implement such programs and improve employment services by providing technical assistance in the form of trainings, research and written materials. In 2001, NMHA published a booklet, *Supported Employment for Persons With Psychiatric Disabilities: A Review of Effective Practices*.

Working with our affiliate network, NMHA educates the public about state-of-the-art community-based services and about the ability of people with serious mental illness to recover from mental illnesses and lead productive lives integrated in the community. We also advocate for meaningful changes in existing mental health systems. Our vision is that one day every community across the nation will offer a comprehensive range of community-based services that promote recovery and choice.

The *Recovery at Work* manual will help you understand, promote and implement state-of-the-art employment services in your community. The manual explains the differences between employment services and why some are more effective than others.

A debate is being waged in the mental health field about what types of services fall into the supported employment category. Supported employment (SE) is a broad category of employment services intended for persons with disabilities who need more than traditional vocational services (Bond et al., 1997). NMHA believes that persons with mental illness must have a wide range of options available when it comes to choosing employment services. Some individuals may want to be directly placed into competitive employment, while others may want more of a gradual approach such as transitional employment—temporary, part-time community jobs that are designed to help people who have serious mental illnesses develop job skills, improve their self-confidence and build up their resumes (Bond et al, 1997). Although transitional employment should be an option, NMHA cautions against its use as the sole means to employment. The temporary and unskilled nature of transitional employment conflicts with what persons with psychiatric disabilities want: permanent jobs with good pay.

NMHA believes that the services that fall under the supported employment category are preferable to traditional employment services because they place more of an

emphasis on recovery, empowerment and community integration. Many employment services have been verifiably effective and the services described in the supported employment section of this manual represent only a sample of the supported employment services that are available. The manual highlights several supported employment programs that demonstrate the range of existing services and can serve as models that Mental Health Associations and other advocates can replicate.

We encourage you to take full advantage of the *Recovery at Work* manual and to seek our assistance in launching supported employment services in your community. With your efforts, people with psychiatric disabilities can gain the many rewards of work, pursue recovery and become significant contributors to our nation's workforce. For more information on supported employment, please contact the NMHA Advocacy Resource Center at 1-800-969-NMHA or shcrinfo@nmha.org.

2. Key Values and Principles of Successful Employment Programs

The success of community-based programs depends on the values and principles they embrace and implement. These values provide a framework from which to build a program. Just as there are many models to learn from in providing mental health services, there are also many models for supported employment programs. NMHA believes that incorporating the right values in a supported employment program will lead to success, regardless of the model that is selected.

NMHA Key Values to Effective Community-Based Programs

To give you a broad perspective of what values are important to mental health services, NMHA has identified ten elements that are fundamental to all services and programs (including supported employment) that are designed to serve people who have serious mental illnesses. The closer programs come to reflecting these key elements, the more likely they are to be valued by those they are intended to serve and assist them effectively.

1. *Recovery philosophy*: An approach that reflects the fact that mental illness can be successfully treated and that people with mental illnesses can work, have relationships and lead fulfilling lives.
2. *State-of-the-Art*: Programs provide high-quality services that incorporate the latest advances in treatment (including pharmacotherapy) and training that are evidence-based and/or cutting-edge.
3. *Voluntary*: Consumers choose to participate in the program and have a range of options that allow them to make meaningful choices that reflect their expressed wishes and permit self-determination.
4. *Empowering*: The organization creates an environment that encourages individual decision-making, self-responsibility and action to effect change in each consumer's life and in their communities. Services are individualized to meet each participant's needs.
5. *Holistic Philosophy*: Programs should maximize a person's strengths and abilities in addition to managing their symptoms, addressing peoples' aspirations, competencies, confidences, resources, and opportunities.
6. *True Community Integration*: Treatment and service take place in the community to help people learn life skills in the environment in which their skills will be used.

7. *Community Supported*: The program has built in the support (financial and otherwise) of a cross-section of stakeholders. The program also invites collaboration with other service providers to form a broad, comprehensive mental health service delivery system.
8. *Effective Administration*: The program is financially sound, incorporating a system of accountability and responsibility. It also has policies and procedures to ensure proper treatment of all individuals (consumers, staff and volunteers).
9. *Culturally Competent*: The program serves diverse populations and reflects the composition of the local community; or the program reflects the importance of serving diverse populations and incorporates a suitable plan and implementation steps.
10. *Measurable Program Outcomes*: The program includes an evaluation of the services it provides determine the effectiveness of the services it provides in satisfying the consumer and helping him or her to succeed.

Research-Based Principles of Successful Employment Strategies

More specifically, research on effective employment programs has identified principles that all successful employment programs share. The Center for Mental Health Services (CMHS) of the Substance Abuse and Mental Health Services Administration (SAMHSA) conducted a five-year (1996 through 2000), multi-site study of employment programs nationwide, called the Employment Intervention Demonstration Program (EIDP). This study proved that effective employment programs shared common characteristics that led the EIDP steering committee to develop the following research-based principles (USDHHS, 2003):

1. People who have serious mental illnesses can receive the support they need to obtain and retain competitive employment.
2. Employment services involve employment in integrated settings in which persons earn minimum wage or above.
3. Persons with psychiatric disabilities are placed in paying jobs as quickly as possible and at their own pace.
4. Ongoing vocational support is provided as needed and desired.
5. Persons with psychiatric disabilities are helped to find jobs that match their career preferences.
6. Services explicitly offer financial planning and provider education/support services that focus on disability benefits and entitlements.
7. Vocational and mental health services are integrated and coordinated.
8. Employment service providers work collaboratively with consumers to address stigma and discrimination, and help negotiate reasonable accommodations with employers.
9. Employment services are made available to all people who have psychiatric disabilities.
10. Employment services involve family and friends in supporting consumers' return to work.

3. Overview of Employment Services

As you read through this manual, you will find that the program descriptions of specific employment programs also list values or principles. The values listed above encompass the values of the specific employment programs outlined in this manual.

Traditional Employment Services

Traditional approaches to employment for persons with mental illnesses focus on preparing a person for competitive employment (e.g., work in an integrated setting for at least minimum wage). These approaches are also referred to as “vocational” services. Such approaches are “gradualist” in nature. The underlying concept stresses that persons with mental illness can best prepare for competitive employment by successfully completing work-related activities that are progressively more demanding (Beard et al., 1982 as cited in Chander et al, 1999). The preparatory work usually takes place in a non-integrated setting that emphasizes teaching employment skills. The services are provided on a continuum including vocational assessments, pre-vocational classes, transitional employment, and finally, competitive employment.

Although this type of preparatory approach to employment may be of value to some consumers, research has shown that programs that stress “pre-vocational” activities, as opposed to on-the-job training, actually decrease the likelihood that the consumer will become employed (Bond, 1992). Furthermore, when people with psychiatric disabilities find work in non-integrated settings such as a sheltered workshop or work crews, they are isolated and are prevented from interacting and socializing with the general population.

Supported Employment Services (SE)

Supported employment (SE) is a broad category of employment services intended for persons with disabilities who need more than traditional vocational services (Bond et al., 1997). SE is based on the premise that it is better to help people with mental illnesses find jobs and wrap supports around them while they learn how to perform them than it is to provide vocational training that may or may not result in employment (Reuters, 2001). SE was originally developed for people with developmental disabilities as a more effective, humane and cost-effective alternative to sheltered workshops (Wehman et al., 1988 as cited in Bond et al., 1999). It has since evolved into a well-defined and researched approach to helping people with serious mental illnesses find and obtain competitive employment (DHHS, *Evidence-Based Practices: Shaping Mental Health Services Toward Recovery* website: www.mentalhealthpractices.org/se.html). It is a “place and train” model, as opposed to the “train and place” models of traditional employment services.

Common elements of SE programs include:

- Jobs that offer at least minimum wage and preferably reflect the prevailing wage rate(s)
- Integrated employment settings in which people with and without disabilities work together
- Ongoing support as needed

- Individualized services
- Job selection based on a person's preferences and skills
- Competitive employment as the goal

Evidence That SE Is More Effective Than Traditional Employment Approaches

Increased employment rates

- National employment rates for persons with serious mental illness hover at 10 percent (U.S. Department of Health and Human Services, 1999). When supported employment practices are in place, the employment rate increases to over 50 percent (Bond et al., 1997).
- A five-year outcome study on the Village ISA (a program that provides a coordinated, comprehensive range of services to persons with serious mental illnesses; see Section 6) revealed that 74 percent of its members worked during the first three years of the study (Chandler et al., 1999).
- In a study in employment rates before and after day treatment programs were converted to supported employment, the employment rates among active day treatment attendees increased from 33 percent before the conversion to 56 percent after the conversion, while the rate among clients who were not involved in the conversion remained essentially unchanged (Drake et al., 1994 as cited in Bond et al, 1999).
- Studies that compared SE to traditional services documented superior outcomes achieved by clients who worked in supported employment settings. Competitive employment rates during a follow-up period for clients who engaged in supported employment averaged 58 percent, compared with competitive employment rates that averaged only 19 percent for clients who received traditional services (Mueser, Bond, Drake, 2001).
- Research has shown that programs that emphasize “pre-vocational” activities as opposed to on-the-job training actually decrease the likelihood that recipients of such services achieve later employment (Bond, 1992 as cited in Bond, 1998).

Improved wages

- The benefits of supported employment are consistently demonstrated by the numbers of hours worked as well as the amount of wages earned (Mueser et al., 2001).
- A recent multi-site national study on employment services revealed that when the direct cost of employment services reached \$2000-\$8000 per person, participants earned a total of \$5 million and worked more than 863,000 hours during the life of the project (HHS, 2003).

Working while recovering

- People who have traditionally been served in day-treatment programs can obtain competitive employment without any negative effects, such as increased symptoms or hospitalizations (Bailey et al., 1998).
- A longitudinal nationwide study on employment programs for people who have psychiatric disabilities revealed that their employment success increased

over time (Cook, J. Employment Intervention Demonstration Program website: <http://www.psych.uic.edu/EIDP/EIDPPreliminary Results.pdf>).

Effective Models for Delivery of Supported Employment Services

Reference has already been made to the fact that many supported employment models already exist. The model you eventually select should best fit your community. Regardless of which model is chosen, the resulting program's success will depend on the implementation of the values mentioned in the previous section. The models presented are highly likely to positively improve your community.

Job Coach (Individual Placement) Model: A job coach helps a person to find a job and provides employment support both on and off the job site. Most support is provided in the community as opposed to in a mental health treatment center. The job coach may work with the employer and the consumer to facilitate a successful work experience. This has been the predominant model of supported employment for all persons with disabilities. Specific adaptations of this model for persons with psychiatric disabilities include less skills instruction and more advocacy, because persons who have mental illnesses encounter greater stigma and isolation than do people who have cognitive disabilities (Wehman et al., 2000).

Consumer Connections, a program of the MHA of New Jersey, incorporates elements of the job coach model. Consumer Connections recruits, trains and supports people who have mental illnesses and hold jobs as human service and mental health service providers. This program is described in detail in section six of this manual.

Recovery Stories

Clarence Miller grew up in Brooklyn, N.Y., and survived multiple traumas during his childhood. Both his mother and father had substance use disorders and they abused him during his early childhood. During high school, Charles started using alcohol and drugs. His mother committed suicide when he was in college and his father drank himself to death two weeks later. Since receiving training and support from Consumer Connections, Clarence has worked in the mental health field. He has been working for three years in a group home for men with co-occurring mental health and substance use disorders. His supervisor voted him employee of the year. Clarence's coworkers report that he is a wonderful husband and father.

Sandy Stewart* was referred to the Consumer Connections Support Network for vocationally-oriented counseling by her residential service provider. She was working part-time and studying to obtain her Associate of Science degree in psychosocial rehabilitation, but struggled with entitlement and Social Security work incentive issues, and needed to learn time management and assertiveness skills. Her support coordinator worked with her one-on-one in the evenings and on the weekends to accommodate her hectic school and work schedules. With her coordinator's help, Sandy was able to advocate for herself and navigate the human services system. She obtained medication, completed school and began working full-time. Eventually, she became dissatisfied with her employment and found another job as a residential counselor. Sandy continues to work and speak regularly with her support coordinator.

**Name has been changed*

Choose-Get-Keep-Leave: The name of this model refers to the order in which people with mental illnesses are provided employment support. It is a skills-oriented approach to employment. First, the employment specialist or counselor helps each person to choose the job that is compatible with his or her needs, interests, experience and personal values. Then, the employment specialist works with the individual to get him or her the desired job by helping the applicant to submit resumes, prepare to go on interviews or negotiate the terms of employment. Ongoing support helps the person keep the job. Finally, the person will leave the job at a status that contributes to future employment success (Center for Psychiatric Rehabilitation, 2001). This model can also be used to help people pursue educational goals.

This model emphasizes consumer choice in selecting, obtaining and retaining a job or education, and encourages each participant to actively collaborate in career planning. Services include but are not limited to providing emotional support, teaching skills, negotiating accommodations, tutoring, advocating, linking to resources and providing inspiration.

Assertive Community Treatment (ACT): This approach involves interdisciplinary teams that provide intensive case management, psychiatric medications and services, and includes an employment specialist who works with individuals to meet their employment needs. The teams may provide or arrange for supported employment. ACT is effective for a small percentage of persons who have serious mental illnesses and has an extensive body of research supporting its effectiveness.

Individual Placement and Support (IPS): IPS emphasizes integration of employment and clinical services that are provided by multidisciplinary teams. It combines the interdisciplinary

Recovery Story

Karen Anderson's* experiences are similar to those of many people who have mental illnesses. She began experiencing symptoms as a young adult. Her illness disrupted relationships with friends and forced her to leave college. Karen wanted to work, but she knew she'd find it difficult to hold a permanent job. She was uncomfortable with employers' possible resistance to hiring someone with a psychiatric disability and with the prospect of having to deal with job-related stress and interacting with co-workers. As a result, Karen spent long periods of time idle at home but she also found unemployment difficult to endure.

With help from Fast Track to Employment, Karen began interning at the Council on Accreditation, which helps not-for-profit organizations meet established standards of quality. Impressed with her abilities, the council hired her full-time to perform administrative work. With help from Fast Track, Karen stayed on the job and received a well-deserved promotion to a more challenging position.

Employed for more than a year now, Karen enjoys her job and likes going to work each day. She has become totally self-sufficient. Regular paychecks have replaced the Supplemental Security Income benefits she once received from the government.

*Name has been changed

approach of ACT, the Choose-Get-Keep-Leave concept of client choice,² and general supported employment concepts of ongoing support and individual placement. There are six principles that define the IPS model (Bond et al., 1999):

1. Competitive employment is the goal
2. Rapid job search
3. Integration of rehabilitation and mental health
4. Attention to consumer preferences
5. Continuous and comprehensive assessment
6. On-going support

Fast Track to Employment, a program of the Mental Health Association (MHA) of New York City, Inc., is a modified version of the IPS model. A detailed description of this program is described in section six of this manual.

Louisiana Helping Individuals Reach Employment (LA HIRE) is another example of an MHA-driven program that has replicated the IPS model. The MHA implemented LA HIRE, which provides effective employment services through a multidisciplinary treatment team, to assist people who have serious mental illnesses become more independent, establish long lasting support systems and maintain competitive employment.

LA HIRE is described in detail in section six of this manual.

Recovery Stories

Mary* first visited the Village in October of 2000, shortly after being released from a correctional facility. Before her arrest, Mary made her living on the streets. Addicted to crack cocaine for over 9 years, she often neglected her psychiatric health needs. She had been diagnosed with bipolar disorder, and had a history of hospitalizations triggered by severe depression that lead to multiple suicide attempts. Mary came to the Village in hopes of becoming drug-free, getting a job and staying out of the hospital. Staff put her in touch with a nearby sober living recovery program and offered support by visiting and helping her reconnect with positive friends and family members.

After her stay at the sober living home, Mary became involved in the Village work experience program. Mary said her dream was to work in an office setting because “women working in an office” win society’s respect. The work experience program provided Mary with concrete hands-on work experience and helped her enroll in the local community college’s computer skills program. Mary excelled in her job as an office clerk and became a valued worker often serving as a role model to other members of the Village.

Mary has been clean and sober for over 12 months, has a B average in school, has been awarded employee of the month, and is living in her first independent apartment in the community. Seeking a better job, Mary became involved in the Village Job Development program that assists individuals with finding and obtaining employment in the community. Mary became employed in an office setting, working as a receptionist in a travel company. This appears to be the beginning of a successful career in the community. Presently, Mary is still employed and attending school. Mary’s new role in society as “woman working in an office” has kept her motivated to continue working toward her goals.

**Name has been changed*

The Menu Approach—A blend of old and new practices: First coined by the Village ISA, a program of the MHA in Los Angeles County, the menu approach to employment combines elements of various approaches under a different philosophical framework. It reflects four principles:

1. Working offers many benefits in addition to providing a means of “paying the bills.”
2. Virtually all people with mental illnesses can participate in and benefit from meaningful, paying employment.
3. Choice: Consumers should be able to choose from a “menu” of employment options.
4. Multiple opportunities to “try out” different types of paying jobs are an important way for consumers to obtain long-term employment in competitive settings.

Unlike a traditional employment service model, in which a person must progress through a series of vocational tasks and/or programs to become “work ready,” a menu approach is flexible, regardless of what stage of recovery the participant has reached at any given point. He or she may choose between several types of employment services whether it be a more traditional approach, such as a position at the agency-owned business, or competitive employment.

Types of services under the menu approach include:

- Education and training for employment preparation
- Compensated work experience through agency-owned businesses
- Community employment
- Supportive services

A more extensive description of the Village can be found in Section Six of this manual.

Core Components of Employment Services

Despite the different models of supported employment programs, most provide a common set of services. The following list of common employment services derived and adapted from the National Supported Employment Consortium’s Spring 2001:

Continuing vocational assessment—The assessment helps qualified mental health professionals learn about factors in a person’s life that may affect his or her employment. The assessment needs to be a collaborative effort between consumers who seek employment and the job placement staff. Assessments should also be on going, to help people continually review their goals and progress. Examples of items to be included are:

- Current work goals
- Work history (paid and unpaid)
- Level of education
- Areas of employment interest
- Systems of support (family members, friends, religious community)
- Work skills such as job-seeking skills, job skills, motivation, dependability
- Interpersonal skills

- Psychiatric symptoms an individual has previously or is currently experiencing and how he or she manages such symptoms. **It's important to keep in mind that a person's diagnosis is not a predictor of employment success or failure.**

Job development and job placement—These two activities often are connected, and in some cases would be carried out by the same person.* Job development involves marketing your employment program to employers and developing business relationships. Finding a job is a highly individualized process and entails working closely with the person who is seeking employment. In other words, rather than trying to fit a person into an already existing job, the job developer works with the person to help him or her find the job he or she wants.

Job placement refers to the efforts job placement personnel and the job seeker conducts to obtain and keep a job. Examples of job placement activities include career guidance, interviewing, job searching (via the Internet or newspaper), providing information on how employment affects SSI or SSDI, helping the job seeker to master job-related skills, guidance on how to deal effectively with co-workers and supervisors and discussing issues regarding disclosure of psychiatric disabilities. A key to success in job placement is the extent to which both parties capitalize on the relationships developed with employers by the job developer.

Continuing job support—Once a person is hired, he or she can request support from the employment program, a process that is often referred to as job coaching and is provided by an employment specialist from a supported employment program. Such support consists of teaching the new job holder the specific tasks of his or her job, helping the person feel comfortable on the job and helping the person figure out who she or he can go to obtain answers to questions that arise about the job. The employment specialist also helps to involve service providers and family members in supporting the person's employment efforts, arranging childcare, benefits counseling, educating the new employee about work culture and supervisory language. Job coaching can be conducted at the person's workplace or at an alternate location. People who have mental illnesses, are likely to receive job support outside their offices and during non-work hours.

For persons with psychiatric disabilities, job coaching has less to do with "coaching" a person on how to do his or her job than it does with providing support designed to help new employees adapt to the job-site environment. According to *Mental Health: A Report of the Surgeon General* (1999), the most frequent type of requests people make in seeking reasonable accommodations is in connection with orientation and training of supervisors and provision of onsite support and adaptive work schedules. For example, people may need to have an adjusted work schedule because their psychotropic medications make them drowsy in the morning. This initial support will be intensive until the person becomes comfortable with his or her new job, after which the level of support can be reduced.

*Note: Due to overlapping job duties, the generic term "employment specialist" will be used to describe staff that provide employment support.

Additional Community Support Services

Supported Education: In today's world, most people find it difficult to get a job that pays well unless they have earned a college degree. Many people who have psychiatric disabilities first develop symptoms either before they enter college or during their college years, and, as a result, often are not able to complete their studies. Returning to school may be the first step such people can take to reach their long-range goals, which often include work.

When implementing supported employment programs, it is crucial that the educational interests of the individual are not only considered, but also pursued. Supported education services in conjunction with supported employment services are a very effective way to ensure that persons with mental illness achieve their career goals.

Supported education services are designed to empower adults with serious mental illness to:

- Choose and acquire the tools necessary to achieve their post-secondary educational goals; and
- Attain their highest potential and succeed in their efforts

Supported education services offer people with psychiatric disabilities opportunities to prepare for education and training following high school. They help people choose an educational course, become successful students, complete courses, reach career goals, and cope with problems specific to students with psychiatric disabilities in educational settings.

Supported education services include, but are not limited to, financial aid planning, school enrollment assistance, career planning and academic skill practice, assistance with the formal application process, development and update of an educational/career plan, on-site support groups, and assistance to students in accessing natural academic supports.

A more detailed description of a supported education program can be found in section six of this manual.

Peer Support: Peer support is key to finding and maintaining employment. Everyone benefits at one time or another from talking to peers about work; they can provide tips on job leads and advice on how to handle stressful work situations.

It is important that a program establish a way for people with mental illnesses to give each other support in the area of employment. In supported employment programs, peer support comes in many different forms. Some agencies provide peer support through job club meetings where people with mental illnesses who are employed come together to talk about their work experiences. Peer support can also be provided through a person with a mental illness who works as an employment specialist.

4. Work Incentives

Many people with mental illnesses want to return to work but are afraid to do so for fear of losing the benefits they receive through Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI). SSI provides cash assistance to people with limited income and resources who are over the age of sixty-five and/or who have a disability. SSDI provides benefits to people with disabilities who have worked and paid Social Security taxes for enough years to be covered under Social Security insurance. SSDI eligibility also extends to the worker's widow(er) or the worker's child who has a disability (Social Security Administration Redbook, 2002).

The Social Security Administration (SSA) has developed special rules called work incentives to help people return to work without losing all of their benefits. Some work incentives include (Social Security Administration, Working While Disabled booklet, 2002):

- Cash benefits provided during employment
- Medicare/Medicaid coverage during the employment
- Provision of assistance in paying for extra expenses the employee incurs that are the result of a disability
- Help with education, training and rehabilitation to start a new line of work.

In conjunction with employment services, these work incentives can help people with mental illnesses obtain meaningful jobs (USDHHS, 2003). Listed below are brief descriptions of some work incentives as well as recent initiatives that have been developed to insure that SSA beneficiaries who have disabilities are well informed about how their benefits will change when they return to work. *The Redbook on Work Incentives*, which contains descriptions of work incentives offered by SSA, is available at www.ssa.gov/work/ResourcesToolkit/redbook_page.html.

Medicaid Buy-In Program: This program allows people with disabilities who are returning to work to retain their healthcare benefits even after they are no longer eligible for SSI cash benefits. To participate in this program, beneficiaries pay a reasonable premium to "buy in" to their Medicaid benefits. To find out whether a state has adopted the Medicaid Buy-In Program visit the Centers for Medicaid and Medicare Services' (CMS) TWWIIA site on the web at www.cms.gov/medicaid/twwiiahp.htm. (USDHHS, 2003).

Trial Work Period: SSDI beneficiaries who have a disability can return to work for nine months (not necessarily consecutive) without affecting their benefits. Beneficiaries have a "rolling" 60-month time frame within which to use their trial work period (*Social Security Administration Redbook*, 2002).

Extended Period of Eligibility: For at least 36 months after a successful trial work period, SSDI beneficiaries who continue to have disabilities will receive a benefit for any month during which their earnings fall below the "substantial gainful activity"* level (in 2002, this amount was \$780 for people with disabilities) (Social Security Administration, *Working While Disabled* booklet, 2002).

*Under SSA regulations, once a person earns more than \$780 a month, he or she has achieved substantial gainful activity (SGA), which may affect the amount of benefits the person is eligible to receive. (*Social Security Redbook*, 2002).

Expedited Reinstatement of Benefits: SSI and SSDI beneficiaries whose benefits have ended because they returned to work but later become unable to work because of a medical condition will have 60 months to request reinstatement of benefits without having to re-apply. There are differences in how this incentive is implemented for SSI and SSDI beneficiaries (Social Security Administration, *Working While Disabled* booklet, 2002).

Continuation of Medicare: SSDI beneficiaries who have premium-free Medicare hospital insurance and have returned to work may have at least 8 1/2 years of extended coverage (including the nine-month trial work period). After this period, beneficiaries can purchase Medicare coverage by paying monthly premiums (Social Security Administration, *Working While Disabled* booklet, 2002).

Impairment-Related Work Expenses (IRWE): SSI and SSDI beneficiaries who incur necessary work-related expenses because of disability can deduct expenses from earnings when determining whether or not they are engaged in substantial gainful activities (Social Security Administration, *Working While Disabled* booklet, 2002). Examples of deductible items include attendant care services performed in the work setting, and the cost of driver assistance or taxicabs beneficiaries require because of their disabilities. (Social Security Administration *Redbook*, 2002).

Recovery During Vocational Rehabilitation: SSI and SSDI beneficiaries who recover medically from disabilities while participating in a vocational rehabilitation program that is likely to result in the beneficiary becoming self-supporting will continue to receive benefits until the program ends. (Social Security Administration *Redbook*, 2002).

Plan for Achieving Self-Support: SSI beneficiaries may set aside income and resources toward an approved work goal that will help them to support themselves (Social Security *Redbook*, 2002).

Earned Income Exclusion: When SSI beneficiary returns to work, SSA does not count all of the earned income that the beneficiary reports from work. SSI counts less than one-half of beneficiaries' earnings when determining his or her SSI payments (Social Security *Redbook*, 2002).

Section 1619 B: This section allows SSI beneficiaries who have a disability to continue with Medicaid coverage even if earnings are too high to allow payment of benefits in cash (Social Security *Redbook*, 2002).

The Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA) is designed to improve access to vocational rehabilitation and supported employment services by providing people who have mental illnesses with a choice of providers (HHS, 2003). One of the law's main objectives is to allow SSI/SSDI beneficiaries to return to work and earn enough income to halt their reliance on monthly SSI/SSDI checks. To help recipients meet this goal, TWWIIA has spurred the implementation of several initiatives designed to educate people with disabilities about work incentives. They are:

Benefits Planning Assistance and Outreach Programs (BPAO): The Social Security Administration (SSA) has funded 116 community organizations nationwide to provide all SSA beneficiaries with disabilities access to benefits planning and assistance

services. The goal of the BPAO program is to allow SSA beneficiaries who have disabilities to make informed choices about work. Benefit specialists are available at each BPAO who will work with individuals to:

- Provide work incentives planning and assistance
- Conduct outreach to beneficiaries who may be eligible to participate in federal or state work incentives programs
- Work in cooperation with federal, state and private agencies and nonprofit organizations that serve beneficiaries with disabilities (Social Security Administration, from website: <http://ssa.gov/work/ServiceProviders/bpaofactsheet.htm>).

For more information about a BPAO in your community visit: <http://www.ssa.gov/work/ServiceProviders/BPAODirectory.html>

Protection and Advocacy for Beneficiaries of Social Security (PABSS): These programs are housed in state protection and advocacy programs. The purpose of PABSS is to serve SSA beneficiaries who want to work despite their continuing disabilities. PABSS programs work with beneficiaries by providing information and advice about receiving employment and vocational rehabilitation services and by advocating for beneficiaries who need to obtain employment. For more information about a PABSS program in your state, visit: <http://www.ssa.gov/work/ServiceProviders/PADirectory.html> (Social Security Administration, from website: <http://ssa.gov/work/ServiceProviders/pafactsheet.html>).

It is extremely important that advocates initiate efforts to ensure that the above-mentioned work incentives and TWWIA initiatives are implemented in their states. The following are some examples of action steps advocates can take to achieve this goal (NMHA, 2000):

- Join a cross-disability work incentives coalition. By collaborating with other disability-related organizations, mental health advocates can work to make work incentives available in each state.
- Work to increase Medicaid eligibility limits in their states to help more people with mental illnesses return to work and continue to participate in the Medicaid program.
- Team up with other disability advocates and coalitions and build a campaign to implement a Medicaid Buy-In program in your states. Advocates and consumers should participate in the process of designing and implementing a Medicaid Buy-In program.
- Spread the word to people with mental illness and family members that existing work incentives have been improved and that they may be eligible for more services.

Step One: Public Education Raising Awareness

Introduction

Now that you have an understanding of what supported employment is and how people with psychiatric disabilities can benefit from it, the next step to take in developing a supported employment program is to educate your community. This section provides strategies for developing public education on supported employment, tips for how to work effectively with the media and general message points. Specific public education tools on employment, are provided in section seven of this manual.

Raising awareness can help create positive change in your community: Education can be conducted on an informal basis, through conversations with friends, family, and members of your community, or through more formal means such as presentations to community groups and civic leaders. Regardless of how you raise awareness, the goal is to start a conversation about the need people with psychiatric disabilities have for employment services and to eliminate the stereotype that these individuals are unable to work.

Examples of Public Education Strategies

You can:

- Speak at a local Chamber of Commerce meeting about supported employment.
- Write a letter to the editor of a local newspaper.
- Develop a public service announcement.
- Deliver a presentation on supported employment at your annual conference. (Ask NMHA staff to provide you with the latest trends in employment services).
- Submit a recovery story in either your local newspaper or agency newsletter (see chapter 7-Public Education Tools)
- Develop a Billboard (See page 18).
- Write an article in your organization's newsletter about employment services for persons with psychiatric disabilities.

Working With the Media

Positive stories about people with mental illness are rarely published. Advocates can play an important role in enhancing the image of people who have mental illnesses and creating the political and social will to improve services and employment opportunities by writing letters to the editor, op-ed articles and serving as good reference sources for reporters.

This manual contains information to help you compose your own op-ed pieces and a sample op-ed for you to use in part or in full. You can personalize it or add examples of exemplary programs or needs in your community, or modify it into a letter to the editor or "pitch letter" to attract coverage.

5. Bringing a Supported Employment Program to Your Community

You will also find suggestions you can use in writing letters to the editor and conducting interviews to acquire information you need to write them.

Writing Opinion Pieces (Op-Eds)

People who are well known for their expertise in mental health and others who have had direct or substantial second-hand experience dealing with mental illnesses can participate by co-authoring op-eds. You're more likely to get the piece published if those who write it are experts or viewed as being particularly newsworthy or leaders in the community. But celebrity neither guarantees nor rules out publication. Anyone who has a respected position in the community—through one's profession or background as a volunteer—should consider writing an op-ed, especially if the publication you submit it to is known for covering mental health news and/or issues.

Each paper has specific criteria for publishing op-eds. Call the editorial page editor to verify the paper's submission policies. For example, editors may prefer submissions that don't exceed a particular word count; the range is typically 650 to 750 words and most editors reserve the right to cut those they consider too long or cover too many issues in a single letter/op-ed.

Whether you send the op-ed by mail, fax or by e-mail, include a short note explaining which organization, employer or cause you represent and why you are submitting the piece. Express willingness to work with the paper in editing the op-ed. Include your and/or other contacts' names, addresses and phone numbers. A day or so after you have submitted the op-ed, call the editor to confirm its delivery and offer again to work with the newspaper (to help ensure its publication).

Writing Letters to the Editor

Letters to the editor are one of the most widely read sections in any publication. Hundreds of thousands of letters are received daily by newspapers and magazines across the country, but only a small percentage are ever published. To improve your chances of seeing your op-ed in print, adhere to the following guidelines:

- If possible, write about a topic the publication covered recently. No matter how well written the letter may be, if it does not pertain to an earlier letter, article or editorial item, or other current issue, it may be rejected.
- Keep the letter's length to fewer than 300 words and always type it, double-spaced. A misspelled word or typographical error could invite a rejection.
- Follow the classic format in producing your letter to the editor:

The first paragraph refers to the article and states the writer's reaction to it. The second paragraph discusses the article's message and explains why you agree or disagree. (Here you can inject anecdotes, quotes, statistics and any other information to support your position.) Devote the third paragraph to wrap-up and restate your major point (or "take-home message").

- Accentuate the positive. Negative examples stay with the reader. There are enough negative messages out there already.
- If possible, inject some humor or a provocative anecdote about mental health care.
- Spell the editor's name correctly. Include your address and phone number.

When to Write a Letter to the Editor

You may wish to write a letter to the editor if a reporter fails to contact you or other appropriate persons as a source for a story related to employment or other community-based treatment for people with serious mental illnesses. You may also decide to write a letter if you believe a story did not reflect the key points you wanted to express or to clarify your position.

Respond to an unbalanced story: An unbalanced story merits a face-to-face meeting with the reporter. Bring along materials related to the topic for his or her future reference. Let the reporter know where he or she was in error and ask for an opportunity to briefly present the other side of the story. Erroneous information (a wrong phone number, for example) can and should be corrected as soon as possible. Offer to keep the reporter informed of upcoming activities and ask about opportunities to discuss employment issues or community-based treatment.

Media Interviews

It is helpful to have a relationship with reporters who write about mental health and related issues. Once they get to know you and respect your expertise, they will use you as a source of information when they write articles about issues and topics in your field. If you do not have a relationship with the reporter who usually covers mental health, call him or her and introduce yourself. Send the journalist information about your organization and describe your professional background. Here are a few pointers to help you when you are being interviewed.

How to Be Prepared for the Interview And Get Your Key Points Across

Your goal in any interview is to make your key points, but this goal is not always easy to accomplish. Although many reporters are great to work with, some may not ask the right questions, may not be up to speed on the issues, or worse—they may even be hostile. You must be prepared to handle any interview situation and create opportunities, if necessary, to get your messages across.

To give you an example of a few typical hurdles you may encounter: some questions may seem vague, unrelated to the topic or to reflect the questioner's ignorance about the topic. They may be "all over the map" or completely "off the wall." Interviewers may pose questions that confuse mental illness with other health care issues, or confuse various mental illnesses. Some interviewers may ask you for specific personal advice. But the questions the interviewers ask don't matter nearly as much as the answers you provide. Be prepared to construct transitions from broad or irrelevant questions to specific key points.

Avoid using psychiatric jargon or other technical words people won't understand. If you need to use such terms, explain them. Even "clinical depression" probably needs to be explained to prevent the reporter or audience from assuming the term refers merely to a routine, temporary "case of the blues."

Don't make up an answer or lie. If you don't know the answer say so. Promise to get back in touch with the reporter or refer him or her to another qualified information source. You

don't have to be an expert on all mental health issues—especially when scientific or medical advice is being discussed. As appropriate, you should position yourself as an expert who can accurately provide the perspective of a mental health advocate or person with mental illness.

Note the reporter's name and number so you can call back with additional information.

A Public Education Success Story

In 2000, The Mental Health Association of Louisiana (MHAL) created a public education campaign to raise awareness about employment for persons with psychiatric disabilities, which is described below.

The MHAL decided to expand its public education campaign to reach a group in the community it hadn't focused on previously: employers. MHAL had been featured on the local news and in the local newspapers during special events, such as National Depression Screening Day, but realized the importance of conveying a message that would target the entire community, to build consensus on the employment issue.

After examining all methods of public education campaigns and analyzing the issue at hand—people with serious mental illness can work in various jobs—MHAL decided to try a different approach: a billboard campaign. MHAL asked Lamar Outdoor Advertising, a local company to design a billboard and met with a sales representative to discuss ideas for a message, photos, billboard production and rental costs.

The message MHAL devised, “Treatment Works So People with Mental Illness Can,” ran for three months. To MHAL's surprise, Lamar displayed the billboard in the most suitable section of town: just ahead of the exit to the state capitol. State legislators saw this billboard—which also bore MHAL's name and logo—each day as they went to work during that legislative session. Thanks to this exposure, MHAL began receiving phone calls from consumers inquiring about employment programs, people asking about mental health information or services, and people simply calling to say that they saw the sign and thought it was very powerful. And, the billboard prompted other nonprofit groups to run billboards of their own during the legislative session to convey their messages to legislators.

Based on the success of the first billboard, MHAL ran an additional billboard focused on children's mental health. MHAL is committed to promoting the message that people with mental illnesses can work.

For more information on how to start your own billboard campaign, please contact: Yakima Black at the Mental Health Association at 225-343-1921 or Sara Thompson at NMHA at 703-838-7505 or sthompson@nmha.org.

Step Two: Advocacy—Building a Coalition

Coalition building is a key step in your strategy to bring employment services for people with mental illness to your community. A coalition refers to a group of organizations that work together toward a common goal. Joining with other organizations can help you achieve greater power at the city, state and national levels (NMHA, 1999).

As you read this section on coalition building, remember that NMHA's staff is available to provide technical assistance throughout the coalition building process.

Defining the Purpose of an Employment Coalition

Members of a coalition must focus on the issues that unite them (NMHA, 1999). For employment coalitions, the common denominator is jobs. Employers need qualified people to fill vacancies; people who have mental illnesses want to work; and mental health providers help people with mental illnesses achieve their goals—which usually includes getting and keeping jobs.

As an organizer of an employment coalition, you will focus on how to increase employment opportunities for people who have mental illnesses. This involves educating your coalition on effective models of supported employment, educating the business community about hiring people with mental illnesses, seeking input from people with mental illnesses to learn what helped them find and keep the employment opportunities they pursued and won and, finally, implementing state-of-the-art employment services.

Coalition Membership

When identifying stakeholders, keep in mind that they include people, organizations and networks who will be affected—positively or negatively—by the proposed program. You must also consult with people who have mental disorders to determine what types of jobs they can and want to fill and what support services they need to find and keep their jobs. You should also connect with employers and mental health service providers that have prospective employees. Identify who can bring valuable resources to the table, or conversely, who might oppose or block attempts to start bring an employment program to your community.

Other key players are your state Vocational Rehabilitation (VR) office and state mental health authorities. In a position statement on employment and rehabilitation of persons with serious mental illness, the National Association of State Mental Health Program Directors (NASMHPD) charged state mental health agencies with the responsibility of collaborating with vocational rehabilitation and other state employment agencies to improve access by people with serious mental illnesses to competitive employment (NASMHPD, 1996).

Although the following list doesn't necessarily mention all possible players, it does identify key stakeholders who should be involved in your employment coalition.

- People with mental illnesses
- Family members
- Mental health providers
- Key decision-makers such as representatives from local government and state legislative offices
- Office of Vocational Rehabilitation staff
- State mental health authorities
- Faith community leaders
- Business sector representatives

- Local chamber of commerce members
- Social Security Administration officials
- Colleges/academic institutions (for non entry-level jobs)

The members of your coalition should be as diverse as the community they represent and as the people the coalition seeks to serve. Consider the following demographics:

- Ethnicity
- Race
- Age
- Gender
- Sexuality
- Economic Status
- Family Structure (e.g., single parent, blended families)

How to Recruit Coalition Members

When you recruit coalition members, you should identify people who can influence key personnel within their organizations and elicit their full support. Such backing can help prevent problems when action items are assigned.

The following tips can help you to effectively recruit members of your employment coalition:

- Contact people/organizations would want to be a part of the coalition.
- Make presentations during meetings held by existing coalitions.
- Join the chamber of commerce and attend its meetings.
- Advertise coalition meetings in local newspapers.
- Host a legislative breakfast to discuss mental health issues with legislators and discuss employment ideas (be sure to invite people with mental illness).

Tips for Developing and Maintaining Successful Coalitions

The following tips for coalition work were drawn and adapted from NMHA's 1999 document, *Coalition Building: The Foundation of Advocacy*.

Include people with psychiatric disabilities. Have as much input from people with psychiatric disabilities as possible. After all, they will be the recipients of the employment program.

Assess the needs of the community. When soliciting funding for an employment program, a coalition must be able to explain to the potential funder the need for such a program, and prove that the community would support it. This can be accomplished by completing a community needs assessment. NMHA can provide you with samples of this type of document.

Establish an organizational structure. Who will lead the meetings? Will you have a secretary to keep a record of meeting minutes? How long should the meetings run? Who is responsible for making sure meetings end on time? How will the group make decisions?

Collaborate with stakeholders. While you're developing the agenda solicit their input.

Design a system for scheduling regular meetings and other types of communication. In addition to meeting regularly, between meetings, encourage members to think about coalition issues and carry out any tasks assigned. This communication can be included in brief e-mails sent to remind members about the next meeting. Consider holding the meeting at various locations or at a neutral location where members will feel comfortable sharing their ideas.

Get buy-in on your priorities. Although the issue that drives your coalition doesn't necessarily have to be the first priority for all coalition members, it should be for some of them. A key factor in the success of any coalition is the amount of time, energy, activity and resources its members invest in the coalition's mission and activities. If no one sees the issue as paramount, no one will be able to generate the enthusiasm needed to make real change.

Find out whether there are key decision-makers in your community who are not coalition members. Although you may not be able to recruit every key stakeholder in the mental health community for your coalition, you should find a way to involve them in or inform them about its activities. Try to arrange a meeting with these stakeholders or seek membership in the coalitions, committees and boards they serve on so that you can offer your expertise and ideas, which may eventually attract their support.

Confront problems as they arise. Do not ignore any problems within the coalition, hoping they will just go away. Address problems as soon as possible and try to come up with creative solutions.

Communicate with members between meetings. The consensus stakeholders have achieved during the meeting can break down shortly after it has adjourned.

Set a timeline for the coalition's activities. When you begin discussing the timeline, remember to consider important dates such as legislative sessions, grant due dates, and community public education events. If you are considering legislative action, pre-file and pursue contacts with legislators before the next session starts, if possible.

Realize that compromise is necessary. Coalitions operate by consensus, so members have to be open to compromise. Decide what your organization can live with and what it cannot. It's also important to decide how the group will conduct the decision-making process before the group actually has to make one.

Remember: your group—like all others—will have its peaks and valleys. As a leader of the coalition, you'll have to play "cheerleader."

Share responsibility. As a leader, you need to encourage other coalition members to contribute. Delegate responsibility to other members to reduce pressure on you and promote cooperation among the group.

Learn from other advocacy efforts. Use the knowledge and experience you've gained by working with other coalitions. Use what works, change what doesn't and ask someone else for advice about anything you don't understand.

What to Discuss in Your Coalition Meetings

Specific interests: Start the consensus-building process by discussing why coalition members have agreed to participate and the issues that interest them. For example, some coalition members may be dissatisfied with employment services that are currently offered; others may see a funding opportunity. Perhaps some of them actually like the status quo and want to prevent change. By learning what has brought people to the table you can determine what resources each person can contribute to the employment coalition. This discussion will help to develop the mission of the coalition.

Values: Values are a driving force behind the implementation of an employment program. NMHA has identified 10 values for state-of-the-art community-based services. In addition, NMHA also supports the researched-based principles the EIDP steering committee developed (see Chapter 2—Key Values and Principles of Successful Employment Programs). You may find it helpful to discuss these values and principles in the course of devising the coalition's values. However, keep in mind that each organization has its own set of values and the coalition will need to agree on the values of the employment program to be implemented.

Definition of the problem and potential solutions: All stakeholders must agree on the problem that needs to be addressed and the driving forces behind it. In other words, is the high unemployment rate among people with psychiatric disabilities caused by a lack of quality supported employment programs, stigma, a lack of job opportunities or a combination of all of these? Once the problem has been defined you should brainstorm solutions and evaluate the feasibility of implementing each one that is proposed. This involves a discussion about whether stakeholders view a proposed solution as a welcome opportunity or a potential threat or liability. All stakeholders should have the opportunity to express their views about the possible pros and cons of any proposed solution.

Refining the solution: When the coalition agrees on a particular solution to the problem, make sure that the solution includes the following:

- Program philosophy
- Program goals and objectives
- Employment Model (e.g., menu approach, IPS, Job Coach)
- Implementation of consumer-driven services (commit to hiring persons with mental illnesses, solicit consumer feedback on how services are delivered, etc.)
- Acknowledgement of the population to be served

Turf Issues

The following section on turf issues was adapted from the National Coalition on Mental Health and Aging's 1994 document, *Building State and Community Mental Health and Aging Coalitions*.

The term "turf issues" refers to a state of conflict between stakeholders of a particular movement who usually would work together. But some stakeholders may feel threatened by a new program that they fear could intrude on their domain. As your coalition develops and coalesces, be aware of why turf issues occur and how to avoid them.

Reasons for turf issues:

- Competition for resources
- Disagreement between organizations over how to implement change
Stakeholders frequently come to consensus on a program's values, but have difficulty agreeing on how it should be implemented
- Coalition's or group's goal conflicts with stakeholders' organizational goals

Ways to avoid turf issues:

- Remind members that not all of all of the organization's goals will be addressed; that they should be prepared to compromise.
- Check in with members to ensure they feel comfortable with the direction in which the group is moving.
- Establish subcommittees to keep all members active.
- Make sure that all stakeholders can contribute to the group. A coalition's strength depends more on the level of its cohesiveness than it does on the numbers of stakeholders who are involved.

Step Three: Replication—Starting an Employment Program

Overview

Starting any new venture can be very exciting but also confusing at times. This section provides a basic explanation of what it takes to start a supported employment program. If, after reading this document, you have any questions regarding how to start an employment program, please contact NMHA's Adult Mental Health Services staff. Even if you do not plan to provide employment services but wish to see improvement in employment services in your community, contact NMHA. We will work with you and your community to advocate for improved employment services.

Defining Your Vision

Before you implement an employment program, verify whether everyone involved agrees with the proposed program's vision and/or mission. During employment coalition meetings, you should identify the following issues:

- Program philosophy and values
- Program goals and objectives
- Employment model
- Implementation of consumer driven services (e.g. active practice of hiring people with mental illnesses, consumer feedback regarding how services are delivered, etc.)
- Population to be served

There are various types of employment programs and the one your coalition pursues will be driven by your assessment of the community's needs. Various models are described on pages 9 and 10.

Defining Your Program

Now that you have made an outline for your employment program, it is time to start filling in the gaps. Your coalition should consider the following issues during the implementation phase:

- Who will provide the proposed services?
- Where will the program be located? (Will it be accessible by public transportation?)
- What kind of services will be offered and how will they be delivered?
- What is the program's budget?
- What are possible sources of funding for the program?
- What criteria should drive the establishment of operating hours? (Keep in mind that providing employment support involves working with the consumer at work — many jobs do not operate on the standard work week.)
- How will the program be staffed?
- What goals should you be able to achieve immediately or shortly after the program is launched?

You may find it helpful to have the coalition break into sub-committees or work groups to develop these aspects of your employment program.

The Role of Vocational Rehabilitation (VR)

Your local Vocational Rehabilitation (VR) office can be a great benefit to the people your supported employment program serves. In addition to offering placement and support services, benefits of VR include (Becker et al., 1993):

- Training
- Additional assessments
- Job-related equipment and supplies
- Tuition

You should keep in mind when working with VR that its system is set up to provide services that end with employment. Once a person obtains a job, VR provides time-limited supports, a service aspect that may conflict with the nature of supported employment that provides services on an on-going basis. One way to minimize this conflict is to collocate VR counselors with the supported employment program, an arrangement that can also improve service coordination.

Securing Funding

As is true of most community-based mental health services, a number of funding sources are available to support employment programs. Although the specific types and levels of funding may be driven by state policies and require applicants to offer specific types of services or adhere to other requirements, potential funding sources—and the types of programs eligible for financial assistance may include one or more of the following:

The Ticket-to-Work and Work Incentives Improvement Act of 1999 (TWWIIA): TWWIIA seeks to improve access to vocational rehabilitation and supported employment services by

providing people with mental illnesses a choice of providers. The “tickets” are vouchers, SSI/SSDI beneficiaries receive by mail and can redeem for employment, vocational rehabilitation and case management services from any provider that participates in the Ticket to Work program. Under TWWIA, agencies can apply to become employment networks that provide vocational rehabilitation and supported employment services to people with disabilities. (USDHHS, 2003). TWWIA has been implemented in states in phases and will become a nationwide program by 2004. For more information on how to become an Employment Network, visit www.yourtickettowork.org.

State Offices of Vocational Rehabilitation: Historically, state mental health dollars have not paid for “vocational” activities such as job coaching and job development. These funding gaps have caused employment programs to rely on VR as a primary funding source, leaving the employment program to absorb the cost of non-reimbursable employment activities. In many cases, supported employment programs can assume the role as a VR “vendor.” Under such arrangements, VR pays the employment program to provide job placement and support services for their clients and may also pay for assessments and pre-employment activities. Although these activities serve a purpose, they may not turn out to be the most prudent way to use the funds because they focus more on preparing people for work and less on helping them to find work. Despite this drawback, VR can serve as an important referral source.

For more information on how to become a vendor, contact your local VR office. Contact information for state VR offices can be found on the Vocational Rehabilitation State Offices web site: www.jan.wvu.edu/SBSES/VOCREHAB.HTM.

State Mental Health Authority: Traditionally, supported employment services have been funded by the State Mental Health Authority. This funding may appear in the ongoing services budget or be provided through special, time-limited grant programs. (USDHHS, 2003).

Medicaid Rehabilitation Option: Since the 1980s, most states have amended their Medicaid state plans to cover community mental health services under the optional rehabilitation services provision, which permits them to provide a broader range of reimbursable services such as supportive counseling in home and community-based settings, and developing job opportunities and goal planning (Bond et al., 2001). All of these activities can help a person obtain employment and are acceptable under the rehabilitation option provided they are not defined as explicit vocational activities. Most state Medicaid plans have heavy restrictions placed on vocational activities (Bond et al., 2001). Despite these restrictions, states have become more flexible about blending VR and mental health dollars to fund employment services. Mental health dollars help pay for pre-employment activities and ongoing supports; while VR dollars pay for initial job coaching.

Federal Mental Health Initiatives: There are a variety of federal initiatives that provide funding for employment programs. For example, the Projects for Assistance in Transition from Homelessness (PATH) grants can be used for employment activities that are designed to serve people with mental illnesses who are homeless. In addition, the Community Action Grant program of the SAMSHA’s Center for Mental Health Services provides funds to help communities develop consensus on how to implement exemplary practices, including supported employment. Although no direct service

dollars are available through this program, the funds can be used for startup expenses such as training costs, to communities that successfully achieve consensus on the services the program will offer (USDHHS, 2003).

Mental Health Services Performance Partnership Block Grant: A number of states allocate portions of this federal grant to support employment services offered in the state. Block Grant funds can be used to leverage additional funding from the state VR or Medicaid office or can be used to support evidence-based employment support projects (USDHHS, 2003). For more information on Block Grants, visit SAMHSA's Mental National Mental Health Information Center at: <http://www.mentalhealth.org/publications/allpubs/KEN95-0022/default.asp>.

One-Stop Centers: A broad range of services are available at One-Stop Centers funded by the U.S. Department of Labor. Since VR is required to be a partner of the One-Stop system, people with mental illness can access the full range of services provided by VR through the One-Stop system. Other disability-specific organizations provide services in One-Stop Centers as well; they identify policies and provide technical assistance to address barriers and provide work incentives for people with disabilities (USDHHS, 2003). To find out more about One-Stop Centers, visit: <http://www.doleta.gov/usworkforce/onestop>.

Results-based Funding

Some states, such as Oklahoma, Kentucky and Massachusetts, have switched from the traditional fee-for-service model to the "results-based funding" model under which the supported employment provider is reimbursed after a person completes various "milestones" such as vocational assessment, job placement, job stability and job retention (National Supported Employment Consortium, 2001). A prominent feature of a results-based funding agreement is the stipulation that a portion of a providers' fee will be paid only after it has met specific outcome performance measures. By contrast, fee-for-service models base payment on units of service delivered, not on the specific results of those services (National Supported Employment Consortium, 2001). The "milestone" reimbursement system, which is a cornerstone of TWWIIA, is sure to become, increasingly, the system of choice. A. For more information about how to set up a results based funding program, visit Virginia Commonwealth University's Supported Employment Consortium at: www.vcu.edu/rrtcweb/sec/spring01.

Implementing Change

Change occurs in an environment in which leaders encourage good communication and feedback and a diverse range of views are respected, including those that are critical of the organization or program that is being discussed (Becker et al., 1998). As a role model, the head of the agency must demonstrate his or her commitment to employment of people with psychiatric disabilities. The head of the agency must commit to emphasizing outcomes (e.g., jobs) rather than service units (e.g., number of people in day treatment) (Becker et al., 1998). This type of commitment is not always easy because funding streams are not always set up to reward outcomes. It is important that everyone in the organization embrace your employment program's message.

When the time comes for you to set a time frame for the change process, Anthony and Farkas (1989) suggest that you assume the process will take:

- 6 months to introduce the idea
- 6 months to prepare for the change
- An additional year to implement the change

You will find it easier to implement a new employment program if the existing programs' mission, structure and environment are consistent with the values inherent in the new employment program (Becker et al., 1998).

Other factors to consider when implementing change are staff training on employment services and any type of organizational restructuring that needs to occur to make room for employment services (Becker et al., 1998). This may require a shifting of staff roles, responsibilities and work hours.

Village ISA

The Village Integrated Service Agency (ISA), a program of the Mental Health Association of Los Angeles, provides a coordinated, comprehensive range of services to people with schizophrenia and other serious and persistent mental illnesses. The Village is a state-of-the-art program and offers a menu approach to employment.

Population Served

Village ISA provides services to 470 people with serious mental illnesses. Services are designed to serve people who have used mental health services at a moderate or high rate.

Philosophy

The psychosocial rehabilitative services at Village ISA are built upon strengths and abilities while de-emphasizing illnesses and disabilities. Program staff believes that members learn and grow best through their experiences in the real world, not through skills training workshops that isolate members from the rest of society. These experiences help people become productive members of their communities.

Treatment Principles/Program Description

- Employment is a cornerstone of Village services. All members are encouraged to work and are supported by their personal service coordinator and other Village staff. Village ISA offers onsite paid employment opportunities in many settings.
- The clinician-to-patient role is de-emphasized; members are equal partners in determining the services they receive. Staff acts as coaches rather than therapists.
- Village ISA provides supportive services in whatever settings the members choose.
- Staff empowers members by encouraging them to try new things and not be afraid to fail.
- Each team or "neighborhood" includes a psychiatrist, a nurse, an employment specialist, a financial planner and several para-professional personal service coordinators.

6. Program Descriptions

- Village ISA uses a menu approach to help members develop customized service plans. Members select from a list of psychiatric, employment, housing, health, financial and recreational options.

Village, ISA — Highlights

- A study that compared the Village with another integrated employment model demonstrated the Village's success in making employment available to all its members. Over 29 months, 95 percent of Village members received employment services compared with 35.5 percent of the comparison group whose members received employment services over 18 months. The Menu Approach reached a very high proportion of program participants, the vast majority of whom had not worked in the year before entering the program. (Psychiatric Rehabilitation Journal, 23:24-33, Summer 1999)
- Approximately 73 percent of people who received integrated services tried paid employment over a three-year period. Only about 15 percent of the comparison group was paid for their work. (Psychiatric Services 47:1337-1343, 1996)
- After 12 months of a 36-month program, [Village] clients spent less time in hospitals, were more likely to have worked for pay and were more likely to have remained in treatment than those in a comparison group. (Psychiatric Services 47:175-180, 1996)
- An in-house study that tracked 190 members in 1997 revealed that homelessness decreased by 78 percent, conservatorship decreased by 46 percent, independent living increased by 57 percent and employment increased by 76 percent. (Psychiatric Services 51:1436-1438, 2000)

Village, ISA — History

In 1987, a group of consumers, parents, business people and professionals approached the lieutenant governor of California with numerous complaints about the mental health system. Open to their ideas, the lieutenant governor suggested that the group form a task force to study various mental health systems to determine which provided the best services. He then agreed to review any recommendations they had concerning the creation of a better mental health system in California.

For two years, the task force studied various mental health systems, researched programs and held numerous community discussions. Their research paid off when their recommendations were incorporated into a bipartisan legislative bill, AB 3777, which passed in 1989. AB 3777 provided funding for three years, directly out of the state general funds, for three Integrated Service Agency (ISA) demonstration projects in three different settings: countywide, urban and rural.

Approximately 20 agencies throughout California submitted proposals to compete for one of the three ISA contracts. In 1989, the Mental Health Association in Los Angeles (MHA-LA) was awarded the contract to start the urban Integrated Service Agency. Designed to utilize capitated or fixed funding, the ISA demonstration sites were responsible for providing the best possible services to people with mental illnesses without needing to focus on collecting funds for services offered. The Village was designated \$15,000 per member, per year with the possibility of receiving additional funding for cost of living increases to cover mental health costs. Neither housing nor physical health care services were included in these allowances. The original program was designed to serve 120 people.

In 1996, special legislation was passed that provided permanent funding to the Village from the Los Angeles County Department of Mental Health's (LAC/DMH) budget. Village ISA's success in its first year caused LAC/DMH to expand the ISA approach throughout the county for its "high utilizers." In 1993, 12 new "high utilizing" members entered the Village.

Over time, Village staff felt that multiple funding sources were needed to ensure the program's longevity. In 1997, the program pioneered a two-tiered case-rated system with 276 members, 138 "high utilizers" at \$16,100 per year and 138 "moderate utilizers" at \$4,950 per year. Although this system worked very well in meeting members' needs, unfortunately, this funding mechanism has been phased out.

The success of the Village has played been instrumental in expanding state funds to serve people with serious mental illness who are homeless and/or on probation or parole. In 2000, legislation known as AB 2034 was enacted to provide comprehensive, community-based and integrated services to "adults who have a severe mental illness and who are at risk for becoming homeless, recently released from a county jail or the state prison, or others who are untreated, unstable, and at significant risk of incarceration or homelessness unless treatment is provided to them." (Mayberg, 2000).

Village, ISA — Employment Design

Although the Village ISA is a comprehensive system of care, the employment services it offers merit additional discussion. Employment is a cornerstone of the Village. All members are encouraged to work and Village staff members help them to choose, obtain and retain jobs using a menu approach, which allows Village members to decide what type of employment they want to pursue.

The Village Employment Menu provides options for members who are not quite ready to commit to a part- or full-time job. In such cases, the member can choose one of the following options:

- Work-for-a-Day—allows members to work in a Village-owned business for one shift to meet co-workers, accomplish tasks, survive failure, become needed and try a non-disabled role.
- Resource Center—offers an array of assistance options to those who are seeking employment, including resume writing, interviewing, completing applications and visiting the clothes library.
- Continuing education—assists members in furthering their education, whether it be completing high school, going to college or attending graduate school.

A menu of options is also offered to members who want steady employment that includes:

- Seasonal Work—seasonal positions, which are usually entry-level.
- Group Placements—multiple jobs made available in one community location, which may or may not include on site job coaching.
- Lease labor—position where an employer contracts with the Village to receive assistance with a job, but pays the employee and not the Village.
- Agency-run—Village-run businesses such as Café 456, the Mini-Mart, clerical support and maintenance. Members must apply, interview and be hired,

following the procedures they would when competing for conventional employment.

- Temporary Labor Business—provides an opportunity for people to obtain temporary work in the community. Members are offered the opportunity to be paid directly by the employer, or by the Village. This program targets people who are homeless.
- Community Employment—competitive full-time and part-time jobs that most closely match the interests, skills and experience of each worker with job options.

Agency-run Business

Village ISA operates on-site businesses to help members learn new skills, increase their self-confidence and self-esteem, and reacquaint themselves with the responsibilities and behaviors they need to retain jobs. Not all members choose to start out by working at a Village-owned business but, for those who do, the jobs are time-limited, paid positions that are intended to serve as a first step in attaining a job in the community of the Village.

The Village businesses are:

- Café 456 — A full-service delicatessen and catering business that serves the public.
- Village mini-mart
- The Village Maintenance Service, which contracts with local businesses for janitorial, and property maintenance services.

Individual Placement

When members decide they're ready to work in the community, their life coaches help them obtain jobs outside the Village.

The first step in helping members to find jobs is to determine what type of employment they prefer. The Village does not believe in placing members in jobs, simply to prove its ability to help them find jobs. Staffers match members with positions that most closely match their preferences. For example, an employment specialist may suggest to a member who likes to play the guitar and listen to music to look for music store openings.

Although Village staff and members build strong relationships with local businesses, members are not simply placed in jobs. Once an employment specialist and the member have identified possible jobs, the member applies and interviews for those jobs as any other person would. Some members may stay in these jobs indefinitely while others use these opportunities as a stepping-stone to pursue careers elsewhere.

Non-Disclosure Orientation

Unless a member directs otherwise, the Village incorporates a non-disclosure approach to job development. This strategy is based on the understanding that:

- a) Neither a mental illness nor a diagnosis defines a person's employability.
- b) A person's mental health diagnosis is only one of many personal issues that potential employers are not typically privy to during members' job-search process.
- c) Unfortunately, disclosure can often become a barrier to getting hired (although employers will seldom disclose it as a reason).
- d) Helping members learn to describe themselves to strangers in terms that don't focus on their disabilities can contribute significantly to their recovery.
- e) Many members report that co-workers and supervisors often treat people who have mental illnesses differently than they do other workers, viewing them as being "special."
- f) People with mental illness are not the only employees who need accommodations and many of those they need can be requested and provided without the need for public disclosure.

Village ISA — Program Structure

- 470 Village Members.
- Three Village "neighborhoods" of 125 members each, a transitional age youth neighborhood that serves 50 people and a neighborhood that serves 50 adults who have mental illnesses and are homeless
- Each neighborhood has its own structure.
- Employment department serves all of the 470 Village members who want to become employed. There is one employment specialist for each neighborhood and four job developers for the Village.
- Outreach and Engagement team — No set caseload: Serves as the entry point for Village members. The outreach and engagement team also works with people who are homeless and have mental illnesses.
- Money Management — Financial planners are in each neighborhood. Although they are part of an integrated service team, the financial planners will continue to come together as a team to deal with special issues.

Staff

- Staff to member ratio — 1:15.
- 14 staff members for each neighborhood.
- Each neighborhood includes a psychiatrist, a nurse, an employment specialist, a financial planner and several para-professional personal service coordinators.
- Four job developers who serve all 470 Village members who wish to be employed.

Funding

Employment aspect of the Village

- \$500,000 or 6 percent of the total budget comes from the Department of Vocational Rehabilitation.
- An additional \$300,000 or 4 percent of the total budget is mental health funding which has been allocated for employment purposes.

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Consumer Connections

Consumer Connections is a program of the Mental Health Association in New Jersey. Consumer Connections recruits, trains and supports individuals with mental illnesses to become mental health service providers. Working in support of other mental health consumers, consumer providers contribute critical insight and assistance in the recovery process.

Population Served

Consumer Connections targets consumers of mental health services who are interested in employment in the field of human services. Program participants have widely varying levels of education and employment experience. Some participants have no high school degree or work history, while others have master's degrees and extensive professional experience.

Philosophy

Consumer Connections was founded on the idea that service providers with mental illnesses can be great role models for their clients. Their stories of recovery and empowerment help eliminate stigma and encourage others to follow in their footsteps. In addition, these consumer providers give their clients invaluable peer support and understanding.

Program Goals

- To recruit, train, and support people with mental illnesses in occupations as human services and mental health providers.
- To expand employment opportunities in the mental health and human service systems for people with mental illnesses.
- To educate mental health professionals about the value service providers with mental illnesses add to service teams.
- To integrate trained consumer providers into the mental health association and consumer advocacy networks to contribute to legislative, public policy and systems advocacy.

Program Highlights

- A 66-hour, 11-day core training session is offered three times a year in different locations for people who want to become qualified to serve as consumer providers through Consumer Connections.

- Consumer Connections' newest initiative, The MICA Institute, is a 12-day, 72-hour training program, designed for consumers of mental health services who seek positions working with other consumers in substance abuse/mental health treatment systems. This training series is offered twice annually in different locations in New Jersey.
- For those who complete the training program, Consumer Connections has a Job Opportunity Bank that facilitates outreach and job placement. Twenty-five employers are served on a regular basis.
- 527 mental health consumers participate in the employment program. In 2002, 63 percent of program participants were employed as consumer providers, 36 percent are employed on a full-time basis, and 64 percent are employed on a part-time basis.
- Consumers receive on average 1.25 hours per month of individual meetings and 20 hours per month for group meetings.
- Consumer Connections educates mental health and other human service agencies and encourages them to employ people who have mental illnesses in their service systems.

Consumer Connections — History

Since the early 1990s, the Mental Health Association in New Jersey (MHA-NJ) and the Collaborative Support Programs of New Jersey (CSP-NJ) have strongly advocated within the mental health service system and their own organizations for the hiring of consumers as providers of mental health services. Both organizations monitored the consumers they hired but the results were very disappointing. Well over 70 percent of these employees failed to keep their positions. Many consumers were unprepared for work, lacked training opportunities, and/or were not supported on or off the job. It was clear that if the advocacy goals of impacting the mental health system to employ consumers as providers were to succeed, a system of training and supports would have to be created for consumers.

In 1995, the MHA-NJ developed a pilot project called POST (Peer Advocate Support Teams). Funded by the vanAmerigen Foundation over three years, the program developed training and support services for consumers to employ them as outreach workers who assist people who are homeless. The model was extremely successful allowing participants to maintain long-term employment and many moved on to attend college or assume other positions. In 1997, the New Jersey Department of Mental Health Services (NJDMHS) mandated the inclusion of consumers on case management teams and the new Programs of Assertive Community Treatment (PACT). The model's success led to the formation of a partnership between MHA-NJ, CSP-NJ and NJDMHS to create and fund Consumer Connections.

Consumer Connections, which opened its doors in 1997, is an advocacy driven program designed to create a comprehensive recruitment, training, job placement and support service system for consumers of mental health services who wish to work as providers of mental health services. Consumer Connections' goal is to retain people with serious mental illness in service provider positions in the community. Employed as peer counselors, case managers, self-help center facilitators and support service workers, participants have made a major impact on the quality and effectiveness of the services the program delivers. They also serve as role models and mentors for others who are on their road to recovery.

Consumer Connections — Employment Design

Consumer Connections consists of three basic components:

- Training
- Job Opportunity Bank
- Support Network

Training

The training aspect of the program consists of a 66-hour core training over 11 days, which is mandatory for people who would like to become consumer providers through Consumer Connections. The program is designed to convey concepts and facts about mental illness, issues that may arise for consumer providers, information about various medications, and appropriate communication and peer counseling skills. Training activities include lectures, role-playing, videos, group discussions and various other individual and group exercises. Those who complete the training are encouraged to participate in Consumer Connections' daylong workshops during the year. These workshops focus on issues that range from stress management to working with persons who have mental illnesses and substance abuse/addictive disorders.

Job Opportunity Bank

To help consumer providers find jobs after they finish training, the Job Opportunity Bank (JOB) maintains a listing of consumers who seek employment and businesses that offer employment opportunities. An information and employment referral specialist works with people and agencies to match job opportunities to potential employees and serves 25 employers on a regular basis. Support coordinators call participants, arrange individual meetings and conduct monthly peer supervision meetings to give job seekers and new employees appropriate support. Meetings are held to solve problems, share employment opportunities, discuss potential training topics and review workplace conditions. In addition, JOB helps consumers arrange interviews, write resumes, prepare for interviews, and helps consumers find jobs that are compatible with their experience and interests.

Support Network

The Support Network provides Consumer Connections participants with on-call support 24 hours a day, seven days a week for job-related issues. The Network is a comprehensive program that provides ongoing support to program participants who are employed or actively seeking employment by functioning as an employee assistance plan. Services are optional and based on the participant's needs. Nine support coordinators who are accessible by beeper 24 hours a day, provide support to program graduates as needed. Support Network staff members also hold one-on-one meetings with participants, when necessary, and conduct monthly peer supervision meetings.

After Consumer Connections participants have successfully completed the required core training, they can take advantage of all of the network's services indefinitely.

Consumer Connections — Program Structure

Staffing

- One full-time project director
- One full-time MICA coordinator
- One full-time Information and Referral coordinator
- Nine part-time support staffers
- Nine part-time support coordinators who cover the state
- One part-time administrative assistant

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Fast Track to Employment

Fast Track to Employment is an innovative employment placement and support service for consumers of mental health services. Sponsored by the Mental Health Association of New York City, Inc., Fast Track's staff, in close coordination with mental health professionals, provide comprehensive vocational assessment, job placement and support services to people with mental health needs.

Population Served

Fast Track provides services to people who live in New York City and have serious and persistent mental illnesses. Some of these people have histories of homelessness, substance abuse, and/or involvement in the criminal justice system. Many have lengthy histories of institutionalization. Fast Track assesses all applicants for their ability to participate in the program.

Philosophy

Employment is a critical aspect of recovery for people with serious and persistent mental illnesses. Fast Track's strategy creates an array of competitive job opportunities for people with mental illnesses and ensures successful job matches with reasonable accommodations. The program builds a bank of job opportunities for these individuals by recruiting businesses and other employers to participate in the program. Because people who are employed through the Fast Track program receive ongoing support throughout their job placements, employers are assured that they'll have access to a

source of competent employees who can produce good work products. The peer support provided by Fast Track increases the probability of job retention.

Program Highlights

- Fast Track assesses program participants' clinical and medical status, interests, education and skills — including life, work and interpersonal skills. The program staff emphasizes these factors when matching people with employers. As a result, the program has higher than average rates of successful job placement.
- Before applying for competitive employment, individuals can participate in an internship program that allows them to earn money and gain work experience.
- Fast Track gives program participants work skills support and training during their internships and paid employment experiences. The program sets realistic expectations for participants and allows them to move forward at their own pace.
- Fast Track has peer support groups for all program participants in every stage of the employment process. Participants always know who to call for support and mentoring.
- Staff focuses on participants' clinical issues that could affect their jobs. The program's staff works with other provider agencies to ensure that all participants receive appropriate case management.
- Fast Track allows people who have mental illnesses to discover and develop their identity in the context of the employment experience.
- In 2002, almost 250 people with mental illnesses participated in Fast Track. To date, more than 100 employers—from law firms to supermarkets and technology companies to non-profit organizations—have hired workers through Fast Track.

Fast Track to Employment — Program Structure

- Fast Track participants are referred to the program through mental health clinics, intensive psychiatric rehabilitation treatment programs, hospital day treatment programs, supported housing programs, consumer organizations, psychosocial clubs, private psychiatrists and word-of-mouth.
- Individual Fast Track program designs vary based on the consumers to be served and the level of support they need. Staffing may, or may not include a case manager and/or a job coach.
- The Fast Track program is tailored to offer individualized, on-the-job experience in competitive, integrated settings. Participants conduct smooth, gradual transitions into work with professional and social supports.
- Fast Track participants may choose to take part in internships that are designed to help participants develop work skills and obtaining references.
- Fast Track serves almost 150 people with mental illnesses.

Staff

Fast Track program staffing patterns vary based on the needs of particular populations served. A typical Fast Track program serves 40 to 60 people annually and has the following staffing pattern:

- One full-time program director
- One full-time job coach/case manager
- One full-time job placement specialist
- One full-time job developer/marketing specialist

Funding

- New York City Department of Mental Health and Mental Retardation
- New York State Office of Mental Health

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LA H.I.R.E.

LA H.I.R.E., an Individual Placement and Support (IPS) model of supported employment, is designed to help people with serious mental illnesses move into competitive employment as rapidly as possible. LA H.I.R.E. uses a treatment team approach, which encourages consumers of mental health services to actively participate in the business of finding, obtaining and maintaining jobs with ongoing support and guidance as part of a treatment program. The Mental Health Association of Louisiana (MHAL) opened its first LA H.I.R.E. site in November 2000 and its second site in the fall of 2001.

Population Served

The first LA H.I.R.E. site is designed to serve people who are at least 18 years of age who have been diagnosed with serious mental illnesses that qualify them for services at the local mental health center. The second LA H.I.R.E site will serve the same population the first site serves but will focus on people who are homeless.

Philosophy

LA H.I.R.E. considers work to be therapeutic and a central part of daily life. The program's goal is to allow the participant to take the lead in making employment choices and build upon their employment history. Depending on their needs, participants may select from a variety of job categories that range from full-time employment to pre-vocational training. Employment outcomes range from competitive employment to volunteer jobs.

An employment specialist works with participants one-on-one and gets to know them in their communities. The employment specialist offers assistance and supports the people in their roles as employees. In all of their endeavors, participants are provided the supports they need to build a series of successes in their lives with the desire that this will lead to hope, encouragement and the possibility of growth for the participant.

Treatment Principles/Program Description

- Focus is on the strengths of the participant rather than the needs of the institution.
- Participants are encouraged to obtain and keep their jobs, and have access to ongoing support and guidance.
- The employment specialist works closely with consumers one-on-one, in each participant's community.
- The employment specialist coordinates all services with the members of the treatment team.
- Anyone who is identified as a means of support for the participant can be included on the treatment team. This role can be filled by a social worker, psychiatrist, rehabilitation counselor, case manager and family members.
- Vocational assessment is conducted on a continuing basis and conveys the IPS philosophy that an assessment is growth and learning process. Assessment emphasizes tracking the consumers' experiences in competitive jobs and other employment-related performance.
- The Individual Employment Plan (IEP) sets a direct course of action and takes into consideration the needs, concerns and other issues the treatment team has identified.
- Volunteer work, workshop subcontracting, job shadowing and the creation of short-term job projects can all be useful experiences of employment.

LA H.I.R.E. — Program Structure

LA H.I.R.E. participants can apply to participate in the program independently or be referred by a case manager or other appropriate local mental health center point-of-contact.

- Each participant has a treatment team that works together towards helping their participants to gain successful employment. The treatment team consists of the participant's case manager, the psychiatrist, the employment specialist and the participant—who is a core member
- LA H.I.R.E. assesses participants by emphasizing the acquisition of competitive job and related experiences rather than the traditional approach that entails completing a battery of pencil-and-paper tests prior to acquiring a job.
- An Individual Employment Plan (IEP) is written for and tailored to suit each participant, either as a section of the of the client's overall document or as a separate document. The IEP must be integrated into other aspects of the participant's treatment. If a participant is changing or wants to try a direction that is not in the plan, the plan changes not the person.
- To help participants obtain jobs that they feel best suit them, employment specialists work around or with their clients' challenges, disabilities and styles rather than trying to change them.

Staffing

- A vocational coordinator and one or two pairs of employment specialists staff the typical IPS program. Their caseloads vary to ensure they can meet participants' needs and may increase gradually to cover no more than 20 to 25 clients.

- The vocational coordinator, who typically has a master's degree in rehabilitation counseling, supervises the employment specialists and usually handles referrals.
- The employment specialist should have experience working with people with psychiatric disabilities but his or her most important characteristic should be an unwavering belief that most, if not all, clients can work if the right job and supports are provided.
- Each LA H.I.R.E site has a team and will serve 25 people within the first year of implementation. Each site is located at a local community mental health center to ensure that members of the treatment team can collaborate easily.

Funding

- The first LA H.I.R.E site is funded entirely by Louisiana Rehabilitation Services for employment services. Additional case management services that are crucial to the success of this project are funded through Capital Area Human Services District, a region of the Louisiana Office of Mental Health.
- A HUD grant will provide 80 percent of the funding for the second LA H.I.R.E. site to serve people who are homeless; Louisiana Rehabilitation Services will provide the remaining 20 percent.

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Supported Education Community Action Group At the University of Michigan

The Supported Education Community Action Group (SE-CAG) at the University of Michigan provides training and other assistance to local agencies to help them introduce supported education programs in their communities. SE-CAG's approach to implementing supported education is based on research conducted in the development of the Michigan Supported Education Program (MSEP) in Detroit and similar programs in other Michigan cities.

What is Supported Education?

Returning to school may be the first step people with severe mental illness can take to reach their long-range goals, and supported education services can help them to do so. Supported education offers services to people with psychiatric disabilities to help them prepare for education and training after they have graduated from high school. The program helps people to choose an educational course, become successful students, complete courses, reach career goals, and cope with problems that confront students with psychiatric disabilities in educational settings.

Population Served

SE-CAG's programs serve people with persistent psychiatric disabilities (one year duration or more), who want to pursue educational or employment training after they graduate from high school and are willing to use mental health services, as needed, during the program.

Core Principles and Values

Choice: Students identify and explore their career interests and receive support in acquiring skills and resources to meet their goals.

Learning differences: Supported education includes collaborative learning, didactic teaching, vicarious learning and experiential learning.

Availability of supports: Many supports are necessary to foster learning. Students are encouraged to maintain relationships with the supported education staff, special student services on campus, case managers, peers, families and residential providers.

Self-determination: People with psychiatric disabilities help to implement the program. Students may serve as staff, peer mentors, tutors and board members.

Empowerment: Supported education programs incorporate strategies such as advocating for necessary accommodations, collaboration between stakeholders, sharing access to resources and open communication.

Flexibility: Services are evaluated on an ongoing basis and are revised to meet the students' needs.

Coordination: The program is designed to draw on educational and community resources that can help students.

Program Services and Models

Core Services: These are the first services that students access when they become involved in supported education. They familiarize potential and enrolled students with the concept of supported education and the steps they need to take to transition back to school. Core services include pre-admission assessment, financial aid planning, school enrollment assistance, career planning and academic skill practice. Additional services include an informational resource packet, on-site mentorships, access to resources and contingency funds that can help cover costs for schooling that are not available through traditional services.

Support Services: Once the student's have become fully acquainted with the core services, , they can receive support services designed to assist students in the tasks necessary to succeed in post-secondary school from admission to graduation. Examples of support services include providing assistance with the formal application process and financial aid applications, development and update of educational/career plans, on-site support groups and assistance to students in accessing natural academic supports and summer workshops.

Indirect Services: These services are designed to maintain support for supported education within the community. Indirect services include in-service presentations to schools and

agencies, cooperation with service providers, and collaboration with schools, community mental health centers, vocational rehabilitation, consumer groups and families.

Program Models: One of the most appealing aspects of SE-CAG is that services can be delivered in several ways and settings. The approach selected should reflect the needs of the community that will deliver the services.

- Mobile Support — Support services are delivered by a community provider and are not linked to a particular college or university.
- Classroom Support — This model uses a pre-set curriculum that focuses on academic skill development, career goals, and skill building and support. It prepares students to join an integrated classroom setting.
- Group Support — This method incorporates a group support format in an informal setting. Content is based on the needs assessment and a prioritized agenda that the group develops.
- On-Site Support — Support services are located in existing campus programs.

Benefits of Supported Education

New role: Supported education allows individuals with psychiatric disabilities to move from identifying themselves as consumers to viewing themselves as students.

Career growth: By earning their degrees, students earn the credentials they need to succeed in their preferred career field.

Improved quality of life: A study conducted by the University of Michigan revealed that more than 50 percent of the students who actively participated in MSEP were also involved in school activities, vocational training or employment compared with only 24 percent of people who did not participate in the program.

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7. Public Education Tools

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Sample Op-Ed

Treatment Works, So People With Mental Illness Can

People who have mental illnesses can fill many employment gaps in the labor market. We must get past our prejudice, ignorance and fear of people with mental illnesses and provide quality training and supports to help them get out of poverty, live fulfilling lives, and contribute to society.

Each day, thousands of people with mental illnesses go to work, raise their families, go to church or synagogue, play tennis, jog, go on dates . . . have lives that never make the news. They work for the government and private industry. They are graphic artists, engineers, psychologists, and researchers. They manage multimillion-dollar organizations and they are outreach workers who help people who are homeless find housing and supports. In short, they hold many different types of jobs and follow a variety of lifestyles, often surrounded by friends, coworkers and acquaintances who are unaware that they have mental illnesses.

People who have psychiatric disabilities often conceal their conditions because they fear they'll be discriminated against—that others will avoid them, view them as being morally deficient, or equate them with dangerous people so often described in newspaper headlines. Rather than risk the effects of discrimination, they prefer to keep their conditions hidden.

Recovery is possible and happens every day. The diagnosis of schizophrenia, depression, or bipolar disorder does not mean that a person is doomed to dysfunction, be dangerous or live in poverty. New medications, combined with quality community based services can help people recover and live rewarding lives through which they contribute to society. Communities must offer: safe affordable housing, psychiatric care that treats people individually, based on their needs, employment training and supports, access to medications most appropriate to their needs, crisis stabilization, case management that helps people access all the services they need, drop in centers, substance abuse treatment and outreach to people on the streets.

One reason for the high unemployment rate among people who have mental illnesses is the prevalent misconception that they have to recover before they can work. Family members, professionals, and many members of the general public frequently assume “he’s not ready yet.” In fact, work can be an important part of the recovery process because employment increases self-esteem, fosters the building of relationships with others, and helps the newly employed person assume social roles in the community. A job offers opportunities in each of these areas.

Employers sometimes fear that making reasonable accommodations for people with mental illnesses, as required by the Americans for Disabilities Act will be costly. In fact, job accommodations are often easy to implement. Among the most common requests

are changes to work schedules, a quiet space to work, and regular time off to see a doctor or mental health service provider. Employers don't have to spend a lot of money nor devote a lot of extra time for such accommodations. In addition, many persons with mental illnesses don't need any accommodations at all.

People who have mental illnesses want opportunities to engage in a whole range of employment rather than being offered only menial jobs. The success rates among people who have access to individualized help in choosing work that appeals to them and finding long-term jobs are impressive. People who have been in psychiatric hospitals, homeless or had other experiences that would seem to preclude them from successfully seeking employment are doing great work. Success does not depend on a person's history — it hinges on his or her abilities and the availability of support they need to function effectively in the work place.

Our community must take the necessary steps to improve our employment services and opportunities for people who have mental illnesses. We need to increase our funding for employment supports, create state-of-the-art services that have proven to be successful and encourage employers to open their doors to people with mental illnesses who can excel in filling good jobs.

Employment Message Points

The following message points will help you educate your community about the need for employment services for people who have with psychiatric disabilities. These points can be used in a fact sheet, in an article, or as talking points when you are doing a presentation.

People with Mental Illness CAN and WANT to WORK

- Contrary to public opinion, people with psychiatric disabilities can work, and want to work!
- When people with mental illnesses are polled about what they want from life, employment always tops the list. Furthermore, with the passage of the Americans with Disabilities Act (ADA) and the Ticket to Work and Work Incentive Improvement Act of 1999 (ITWIIA), more and more people with psychiatric disabilities are returning to work. Research tells us that:
- When offered meaningful employment, most persons with psychiatric disabilities will choose to work (Chandler et al., 1999).
- In an evaluation of the Village ISA's employment program, 74 percent of program participants entered the work force over a five-year period (Chandler et al., 1999).
- More than 60 percent of people with serious mental illnesses want competitive employment, yet more than 85 percent of people in the public mental health system are not working (Bond et al., 1999).

Employment Is Part of Recovery

- For all workers, employment is more than a source of money; it is a locus for friendships, a way to be active and productive, a source of self-sufficiency, and

a way to participate freely in society (Chandler et al., 1999).

- The aspirations of people who have psychiatric disabilities are no different than those of the rest of the general public. They desire employment in normal environment (Chandler et al., 1999).

The Need for Supported Employment Services

- Less than 25 percent of clients who have serious mental illnesses receive ANY form of vocational assistance. Few people with serious mental illnesses have access to supported employment services (Bond et al., 2001).
- Research indicates that programs that are designed to offer “pre-vocational” activities, as opposed to on-the-job training, actually decrease the likelihood that participants will subsequently find employment (Bond, 1992).
- The EIDP study demonstrated that the more vocational services people receive, the better the employment outcomes they achieve. (Cook, J. Employment Intervention Demonstration Program website: <http://www.psych.uic.edu/EIDP/EIDP Preliminary Results.pdf>).

Supported Employment is Working!

- National employment rates for people with serious mental illnesses hovers at 10 percent (U.S. Department of Health and Human Services, 1999). When supported employment practices are provided, this increases to more than 50 percent (Bond et al., 1997).
- People who have traditionally participated in day-treatment programs can obtain competitive employment without experiencing any negative effects such as increased symptoms, hospitalizations, etc. (Bailey et al., 1998).

Treatment Works, So People With Mental Illness Can Too!

- People who have psychiatric disabilities and receive well-integrated and coordinated vocational and clinical services have much better employment outcomes than those who received non-integrated services. (Cook, J. Employment Intervention Demonstration Program Web site: <http://www.psych.uic.edu/EIDP/EIDP Preliminary Results.pdf>).
- Mental illness does not preclude the ability to hold professional positions. A 1999 Boston University survey of professionals and managers who have psychiatric conditions revealed:
 - 78 percent had been hospitalized in the past for psychiatric reasons; of these, 63 percent had been hospitalized three or more times.
 - 88 percent of participants are taking psychotropic medications; 73 percent of all participants are participating in some form of psychotherapy, most of which is provided on an individual basis.
 - 73 percent reported that they are holding full-time jobs
 - 62 percent of those who were surveyed have held their jobs for more than two years. (Ellison et al., 1999)

8. Resources

The National Mental Health Association (NMHA)

www.nmha.org/pbedu/adult/index.cfm

NMHA is the country's oldest and largest nonprofit organization that is dedicated to addressing all aspects of mental health and mental illness. With more than 340 affiliates nationwide, NMHA works to improve the mental health of all Americans, especially the 54 million individuals with mental illnesses, through advocacy, education, research and service. Partners in CARE (Community Access to Recovery and Empowerment), an NMHA initiative, addresses the treatment needs of individuals with schizophrenia and other serious mental illness. Visit our Web site to obtain more information on employment programs such as the Village, Consumer Connections and Fast Track to employment.

Boston University: Center for Psychiatric Rehabilitation

www.bu.edu/cpr

The center is a research, training, and service center working to increase knowledge in the field of psychiatric rehabilitation and to apply this body of knowledge to train treatment personnel, develop effective rehabilitation programs, and to assist in organizing both personnel and programs into efficient and coordinated service delivery systems. The Center for Psychiatric Rehabilitation developed the Choose-Get-Keep-Leave model for education and employment and has many resources that describe reasonable accommodations and how to work with persons with psychiatric disabilities in the workplace and in school.

Consumer Run Business and Services: Technical Assistance Guide

www.mhselfhelp.org/pub/business.pdf

The National Mental Health Consumers' Self-Help Clearinghouse, a consumer-run national technical assistance center serving the mental health consumer movement, offers technical assistance to consumer-run mental health groups in all stages of development.

The Job Accommodation Network (JAN)

www.jan.wvu.edu

JAN is an international toll-free service that provides information about job accommodations and the employability of people with functional limitations. Anyone may call JAN (1-800-562-7234) for information. The mission of JAN is to assist in the hiring, retraining, retention or advancement of persons with disabilities by providing accommodation information.

New Hampshire—Dartmouth Psychiatric Research Center (PRC)

www.dartmouth.edu/dms/psychrc

The PRC conducts interdisciplinary research to improve the quality of life for people who have serious mental illnesses. The PRC specializes in developing effective interventions under research conditions, and incorporates them into existing mental

health services while evaluating their effectiveness in routine practice settings. The PRC developed the IPS model of supported employment.

Office of Disability Employment Policy: Project Employ

www.dol.gov/dol/odep/public/programs/projecte.htm

Project EMPLOY is a joint initiative of the federal Office of Disability Employment Policy (ODEP) and the Society for Human Resource Management (SHRM) in partnership with other employers to promote employment opportunities for people with significant disabilities. Project EMPLOY seeks to eliminate inherent employment barriers caused by negative stereotyping through a program of demonstration, outreach, education and technical assistance. It is designed to foster the development and placement of qualified people with significant disabilities in occupations that pay more than minimum wage, and offer benefits and career development.

Small Business and Self-Employment Services (SBSES)

www.jan.wvu.edu/SBSES

The SBSES is a service of the federal Office of Disability Employment Policy. It provides comprehensive information, counseling, about self-employment and small business ownership opportunities and referrals for people with disabilities. Topics include how to start a business, business management and disability issues.

University of Illinois at Chicago: Mental Health Services Research Program

<http://freud.psych.uic.edu/EIDP>

The Employment Intervention Demonstration Program (EIDP) is a multi-site research study of innovative models that combine vocational rehabilitation with clinical services and supports.

Worksupport.com

www.worksupport.com

Provides information, resources and research about the employment of people with disabilities.

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