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It is with pride that I congratulate the Employment Development Initiative (EDI) Awardees of Fiscal Years 2011 and 2012, representing 18 states and projects. The effort and leadership of each state in providing innovative models, guiding our systems to identify, adopt, and strengthen programs to create and keep jobs for those served in the public behavioral health system, has been exemplary. By targeting flexible, “tipping point” resources to behavioral health communities, the EDI initiatives have shown clear evidence of success through the past 2 years. EDI supports efforts that work with the present reality of very limited resources to show what can be accomplished to achieve important goals in more effective ways. Each of the initiatives embodies a spirit of expertise, resourcefulness and innovation to address significant employment needs that demand creative responses, unique to each state.

SAMHSA/CMHS will continue to support efforts such as the EDI that leverages positive system change in states and local communities coming together, sharing ideas and facilitating peer-to-peer technical assistance to accomplish measurable goals. We are proud to have partnered in these successful projects and offer heartfelt Congratulations! Together we are transforming behavioral health care in America!

Paolo del Vecchio  
Director  
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June 16, 2013
Introduction

America has always struggled to care for and support people who have mental illnesses. The challenges of addressing these disabling health conditions demand that we show our compassion and our ingenuity. Regrettably, many of the problems noted in the 1970s (during the Carter Mental Health Commission) remain, but there have been some exciting developments, especially the expectation of recovery now for people with mental illness”.
---Former First Lady Rosalynn Carter

“Even in ideal economic conditions, the rate of unemployment among working age adults with psychiatric disabilities ranges from 70 percent to 90 percent”.
---NASMHPD Technical Assistance Tool Kit on Employment for People with Psychiatric Disabilities

Former First Lady Rosalynn Carter’s statement very clearly describes the realistic expectations that our systems should empower people to recover from mental illness. Knowing that meaningful employment is a key component of any journey to recovery, the statistic above from the NASMHPD Tool Kit illustrates the substantial work required to improve hiring rates of individuals with mental health and substance use disorders.

In light of these realities, in 2011 SAMHSA’s Center for Mental Health Services (CMHS) created the Employment Development Initiative (EDI) to assist in this essential work. This project provides, on a competitive basis, modest funding awards to States, the District of Columbia, and the Territories. For each of FY 2011 and FY 2012, CMHS awarded grants averaging $103,000 to nine (9) States. In addition, each grantee received two (2) consultant technical assistance visits coordinated and paid through NASMHPD’s portion of the project.

These flexible funds were used to identify, adopt, and strengthen employment programs and activities that can be implemented in the State, either through a new initiative or expansion of one already underway, and can focus on any portion of a state system working to improve or create employment opportunities to those served in a public behavioral health system.

This overview document highlights the successful outcomes for these eighteen (18) projects. If you would like more specific detail, in-state contact information is provided on each project page. Also feel free to contact NASMHPD’s EDI Project Director with questions as well at:

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Alabama

FY2011 EDI PROJECT:
1. Statewide needs assessment; 2. Develop Advisory council and strategic plan; and 3. Develop and implement a statewide employment training program

KEY OUTCOMES:

GOAL 1: Conduct a cross systems needs and resource assessment
A statewide needs-assessment was developed and implemented which examined current employment services and staff training programs provided in the community for adults diagnosed with a mental illness and/or substance abuse disorder as well as identified gaps in employment services and opportunities. The four stages of the needs assessment included: 1.) A systems gap analysis 2.) Identification of priorities and importance 3.) Identification of causes of service gaps and 4.) Identification of possible solutions and growth opportunities. The systems gap analysis included a comprehensive review of current employment programs and resources available, internal and external constraints, and the necessary conditions needed for systems improvement. To capture opinions of the current and desired situation, evaluations and focus groups were conducted with consumers, mental health and substance abuse professionals, family members, and other key stakeholders.

GOAL 2: Develop a Department of Mental Health Employment Advisory Council & Statewide Employment Strategic Plan
After the completion of the gap analysis, DMH developed statewide cross-systems, Employment Advisory Council (EAC) that includes family and consumer representation as well as representation from the following: Alabama Department of Rehabilitation Services, Alabama Association for Persons in Supported Employment, Alabama Peer Specialist Association, Alabama Medicaid Agency, Social Security Administration, Alabama Work Incentives Network (ALAWIN), the Alabama Department of Labor to include local Career Center representation, the Alabama Department of Economic and Community Affairs, WINGS Across Alabama Statewide Consumer Organization, NAMI Alabama, Mental Health America, Alabama Department of Education, FORMLL (statewide substance abuse consumer advocacy group), Alabama Disability Advocacy Network, Alabama Chamber of Commerce, Governor’s Office Staff, Governor’s Office on Disability, Business Council of Alabama, Alabama Council of Community Mental Health Boards and representatives from local Substance Abuse Providers.

Utilizing information gathered from the needs assessment, the EAC developed a statewide cross systems employment strategic plan which identified goals, action plans, tactics, an interagency SWOT analysis,
emergent strategies, and performance measures. The overarching goal of the strategic plan was to increase competitive employment outcomes for individuals with mental illness and substance abuse through the use of the supported employment model, peer support specialists, and other identified evidence based practices. The EAC initially identified the priorities for the employment initiative and develop strategies for addressing the various barriers. Further, the EAC worked to enhance collaboration among state agencies through memorandum of agreements to expand funding through the utilization of shared resources.

Dartmouth University assisted in the facilitation of the EAC kick off meeting and addressed the potential of Alabama becoming a Dartmouth Pilot State for their Johnson and Johnson funded Evidenced Based Supported Employment.

GOAL 3: Develop and implement a statewide employment training program for consumers & family members, EAC members, DMH staff, community providers, and other community stakeholders

In conjunction with the EAC, DMH held its first Train the Trainer Program for the MI Certified Peer Support Specialist Program in October 2011. DMH’s goal is to have peer specialists hired at every mental health center and to expand the capability to train consumers to be certified as peer specialists. Stemming from this initial training, two pilot consumer training events were then held. DMH has been working with the Appalachian Consulting Group for several of the trainings. Individuals were trained in the basics of supported employment. This has provided DMH with an ongoing resource that will allow the state to continue training peer specialists without the cost of utilizing out-of-state trainers for each training session. It will also provide the opportunity for additional consumers to be certified and potentially employed as a Certified Peer Specialist in the community. A peer support Specialist Training was also held for individuals with a substance use disorder.

Along with expanding the Certified Peer Support Specialist program, DMH implemented a Supported Employment Educational Workshops which has helped to shift attitudes, educate and eliminate misconceptions regarding the loss of benefits and the consumer’s ability to work. Consumers, family members, community providers and other key stakeholders received basic training. The training was developed utilizing the SAMHSA Supported Employment Evidence Based Practice Kit and technical assistance support. Four regional trainings were held, with 150 attendees total. These meetings provided an overview of employment options for consumers with a mental illness or substance use disorder. Meetings featured the trainings and documentary of George V. Nostrand, who has not only seen how work helps people with mental illness and substance abuse with their recovery, but he has experienced it first hand - work was one of the most important elements to helping him regain self-confidence, feel worthy again, and provide direction for him.

Additional results:

➤ This was the first peer support credentialing effort in Alabama.
➤ This project has really helped impress upon Alabama’s Medicaid agency the importance of supported employment.
➤ The EAC continues to meet.
➤ The DMH linkage with the Department of Rehab Services has been significantly strengthened, as has the relationship with Voc-Rehab.
➤ A state plan amendment for Medicaid reimbursement for rehab option peer services is being developed.

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FY2011 EDI PROJECT:
Entrepreneurial mini-grants for consumer established small businesses

KEY OUTCOMES:

Over 150 individuals with psychiatric disorders or psychiatric and co-occurring substance use disorders with self-stated goals of entrepreneurship participated in statewide informational forums and ongoing training and TA supports.

- All DMHAS employment provider agencies including over 100 staff were given an overview of the project and asked to distribute information to consumers in their programs. They actively recruited participants for the project.
- 35 persons in recovery participated in the two-day consumer training.
- 38 employment/housing provider and advocacy organization staff participated in the one-day provider training.

12 individuals with psychiatric disorders or psychiatric and co-occurring substance use disorders were awarded an entrepreneur mini-grant.

- The Advisory Committee and CT Small Business Development Center Business Advisors teamed to select 12 recipients of mini-grants based on the viability of the business plans (out of 23 that had been submitted for funding). Those plans that were selected were deemed feasible business models and good market fits. Awardees demonstrated the requisite financial means and skills set.
- Given the poor economic environment in CT, the Advisory Committee chose to fund fewer plans, focusing on those that appeared the most viable and sustainable rather than those with less potential.
- Grant funds were committed to purchasing intensive technical assistance for persons receiving mini-grants.

100% of individuals with psychiatric disorders or psychiatric and co-occurring substance use disorder awarded an entrepreneur mini-grant received ongoing training and technical assistance.

- All participants in the consumer training received one-on-one TA from the SBDC Business Advisors while preparing their draft business plans.
- The 12 persons receiving mini-grants continued to receive one-on-one business-related TA for as long as needed while starting up their businesses.
- Businesses included a tax accountant, a cab driver, house cleaning, yard maintenance, an eBay seller, and a lawyer whose focus is kids with special needs.
- All participants received one-on-one follow-up personal supports, both during the business plan preparation phase and following the announcement of the mini-grant awards. Efforts were made to link those whose plans were not funded with other resources and supports.
- Additional workshops were purchased from business experts on topics of interest including marketing, legal aspects

This award went directly to the hands of consumers, and it allowed them to do things they never could have done – they can’t go to a bank!
of running a business, managing budgets and credit.

- Participants were connected with fiduciary agents, who managed their grants.
- In-depth benefits counseling was arranged for those whose benefits would be affected by their small business earnings. All awardees were on SSI, SSDI, etc...

76% of DMHAS-funded mental health supported employment service providers participated with training and technical assistance aimed at increasing their capabilities in supporting individuals in recovery with self-stated goals of entrepreneurship.

- 38 providers and staff from advocacy organizations participated in the provider training, representing 25 agencies (or 76%) of the 33 that receive DMHAS funding.
- All DMHAS-funded employment and housing providers received the DMHAS Small Business Development Toolkit that contains information on small business start-up strategies and resources.
- The toolkit, coupled with the staff training provided through the grant, constitute the newly formed DMHAS infrastructure that can support future entrepreneurial efforts among persons in recovery.

Additional Findings

- **This project demonstrated that entrepreneurship is indeed a viable option for persons in recovery.** The Business Advisors from the Small Business Development Center (SBDC) observed that the business plans submitted by the individuals in this program were stronger and demonstrated more commitment than those of the general population. All of the persons receiving mini-grants as well as the majority of persons who were not were encouraged by their Business Advisors to continue working on their business plans, which the Advisors felt had real potential to succeed with additional effort.

- Key to the success of the project was the public-private partnership that was established between the Connecticut Small Business Development Center - those with the business expertise - and DMHAS in collaboration with the state’s advocacy organizations - those with knowledge and experience in supporting persons in recovery. Decisions regarding the training content/format and mini-grant awards, as well as the ongoing personal support of the participants, benefited from the collaboration of both parties. As a result, the project ran smoothly and was consistently tailored to the specific needs of the population.

- Longer-term tracking of business outcomes - over the period of at least one year - will allow DMHAS to monitor participant progress toward starting their businesses and determine additional needs for personal support and technical assistance. To date all but one business has been moving forward as planned. Several took advantage of the season (tax accounting and lawn maintenance businesses) to solicit customers. Project staff are publicizing grant outcomes on the DMHAS website and via statewide presentations. Staff are pursuing resources to offer the project again in the future.

- Through benefits counseling and the use of Individual Development Accounts and PASS Programs, the grant has helped people who were fearful of losing SSI/SSDI cash benefits to move toward financial independence. Most of the grantees have increased their earnings and are working toward self-sufficiency.

- Providers have been supportive towards these future entrepreneurs.

- The SBDC, whose assistance has been instrumental, has been surprised at how well thought out the proposals have been. The SBDC examined these proposals in a cold, pragmatic way which DMHAS could never have done.

- Voc-Rehab teamed with DMHAS to assist several entrepreneurs to sustain their businesses.

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FY2011 EDI Project:

Integrating increased evidence based practices into Georgia’s supported employment portfolio.

Key Outcomes:

The 20th annual Georgia Mental Health Consumer Network (GMHCN) statewide consumer conference, held in August 2011, set a new tone for Georgia’s consumers by focusing on employment as a means to recovery. George H. Brice, Jr. MSW, from the Integrated Employment Institute in Stratford, NJ, gave a moving plenary speech in which he described the importance of employment in his life. George remarked that he wished someone had invested more time with him when he was 26 to support his employment, rather than enrolling him for Social Security Income (SSI) benefits.

The EDI award also funded four conference workshops, each held twice, on vocational goals. George Brice, plenary speaker, spoke on “Improving Employment Outcomes: Peer Delivered Wellness Coaching”. Charles Willis, Self-Directed Recovery Project Director, GMHCN discussed use of “WRAP for Work”. Sally Atwell, Benefits Navigator at Shepherd Spinal Center discussed SSI/SSDI related issues associated with employment in “Returning to Work”. And Colleen Walsh, CPS shared her personal journey from diagnosis to work on a master’s degree and the many resources available to consumers on college campuses in her workshop, “Recovery on Campus: Navigating Higher Education”.

532 consumers attended. “WRAP for Work” workbooks were distributed to each participant; and 36 staff and consumers from the Supported Employment Collaborative (SEC) pilot partner agencies attended the conference on full scholarships paid for with EDI funding. Every year participants vote on five priorities important to their recovery for which they want the GMHCN to advocate. This year, “Educational Opportunities, Supported Education/Job Training” was identified as the fifth priority. And by a significant margin, “Jobs/Employment/Supported Employment” was voted the number one priority.

DBHDD formed a number of working partnerships, including one with Georgia’s Department of Labor, Vocational Rehabilitation (GDOL/VR) program. GDOL/VR has agreed to participate in our SEC pilot study by assigning a local Voc-Rehab Counselor to each SEC pilot site, and has recognized the need to train VR counselors in Individual Placement and Supports (IPS) model of supported employment (an EBP) and to learn more about the employment potential in individuals living with severe and persistent mental illness. DBHDD is now working on a memorandum of understanding with GDOL/VR to formalize their working relationship.

Employment needs to be a State commitment every step of the way, much like recovery concepts. It cannot be forgotten or shunted aside as we focus on other services, such as signing up people for SSI or other benefits.
One of the challenges encountered in the implementation of the SEC pilot study was confirmation of pilot participants. Each SEC pilot site must have an ACT team, a Supported Employment (SE) provider and a Peer Support (PS) program. Georgia’s behavioral health provider system is unique due to privatization prior efforts. Some of the providers who operated as traditional community MH/AD/DD centers have retained their characteristic provision of a full array of services to all disability groups. Others have limited their array, and literally thousands of non-profit and for-profit providers have entered the system to provide specialty services like Peer Support, ACT and Supported Employment services. Providers can thus have between 0-3 of these services.

Georgia’s provider system presents a challenge to implementing a critical component in IPS SE, the integration of treatment and employment services. Therefore, Georgia has selected three different configurations of ACT, SE and PS providers for each SEC pilot site. One SEC pilot site is a traditional provider of all three services. Another site consists of a non-profit provider of SE and PS services and another partner that provides ACT. And, the third site will involve three different agencies that provide each provide only one of the services (a potential barrier to collaboration). Lessons from these pilot sites will ultimately be applied statewide.

Three webinars (Introduction to IPS, Customized Job Development and Other Elements to SEC), were provided to teach all participants about the principles of IPS. Teleconferences, on-site technical assistance and consultation will be provided collectively and separately to each SEC with the goal of helping them infuse IPS principles. The pilot sites also participated in a focus group to assist in identification of key elements to be included in the Peer Supported Employment curriculum.

After creation of the curriculum, three one-day trainings (and additional on-site TA) were provided across the state to train 10% of Georgia’s Certified Peer Specialist workforce. 60 people were trained. This curriculum will be integrated into the Peer Specialist curriculum and CPSs employed in Peer Support and other DBHDD services will help transform consumer, provider and public attitudes about the ability of individuals with serious mental illnesses to engage in meaningful employment and have professional careers.

Development of these partnerships also forms the basis for a successful and impactful Supported Employment Summit at the Carter Center, held June 8, 2012, brought together a nationally recognized national and local stakeholders to share the lessons and opportunities gained through the SEC pilot study; promote the use of Peer Supported Employment; and chart a path to maximize Georgia’s resources to increase employment opportunities. 109 attendees (including GA DOL and Voc-Rehab). Primary speakers were Lisa A. Razzano, PhD, CPRP, Associate Professor & Deputy Director, Center for Mental Health Services Research & Policy, University of Illinois at Chicago, and Chris Button, PhD, Supervisory Policy Advisor, Office of Disability Employment Policy, U.S. Department of Labor.

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Funds were used in a two-pronged approach: (1) providing Technical Assistance (TA) seminars to mental health administrators and providers regarding earning financial incentives for individuals who establish successful entrepreneurship; and (2) conducting Self Employment workshops to help people explore and establish self-employment ventures.

Technical Assistance Seminars
Subcontractor Griffin-Harnmis and Associates (GHA) performed three TA seminars for mental health administrators (especially CMHCs) throughout the state. Attendees were typically representatives of Mental Health & Disability Services, IDHS facilities, Community Mental Health Centers, County Central Point of Coordination Administrators, Iowa State Association of Counties, Iowa. These three seminars were:
2. “Using Benefits to Achieve Self Employment”, attended by 38 people (82 registered); at least 18 were from direct service providers.
3. “Expand Your Organization’s Resources While Supporting Clients to Seek Self Sufficiency: Ticket to Work”; had 26 participants. This webinar focused on how Community Mental Health Centers and other Providers can become Employment Networks under Ticket to Work.

Self-Employment Workshops
Six 2-day Self Employment workshops were provided for individuals with mental illness to help them explore and establish self-employment ventures. The Self Employment workshop uses the same agenda and materials each time. Seminar participants learn about the principles of small business ownership and the unique resources that exist through Social Security and other national, state, and local resources that support entrepreneurs with disabilities. Following the seminar, a local network of Business Planners, trained and supervised by GHA, was available to provide assistance with writing a business plan or accessing resources. In addition, certified Benefits Planners help assure that Social Security work incentives are maximally utilized while Medicaid healthcare benefits are preserved.

After the first two workshops, there was concern that the turnouts were lower than expected, so a revised marketing plan was established, including advertising in more places (such as in the Governor’s Disability Council newsletter “Infonet” and in the ASKresources web-based-newsletter) and in adjacent counties. So, for example, for the Dubuque seminar on June 26-27, the mailing went to all MEPD and HCBS members age 15-65 in these counties: Dubuque, Delaware, Jones, Jackson, Clayton, Fayette, Buchanan, Linn, Cedar, and
Clinton (which is 5 more counties than they would have before).

The six workshops were:

- April 24-25: 1st Self Employment 2-day seminar in Sioux City IA, attended by 6 people.
- June 26-27: SE Seminar in Dubuque, attended by 10 people (five people signed up for one-on-one technical assistance).
- June 28-29: SE Seminar in Davenport, attended by 21 people (eleven (11) one-on-one sessions).
- August 14-15: SE Seminar in Waterloo, attended by 19 participants (seven one-on-one benefits planning/business consulting sessions).
- August 16-17: SE Seminar in Des Moines, attended by 31 participants (eleven one-on-one benefits planning/business consulting sessions).

Additional workshop follow-up included mailing program binders and CDs to interested parties who were unable to attend and follow-up with constituents from previous Seminars.

Additional activities related to the workshops:

- June 19-20: Staffed a table of “Employment” information at the Iowa Advocates for Mental Health Recovery conference, attended by about 200 people; handed out 50 flyers about the 2-day Self Employment seminars and the upcoming Webinars.
- August 7-9: Staffed an Employment table at Iowa Empowerment conference, attended by 180 persons with primarily mental health disabilities. Invited several vendors (service providers) to the Aug 13th Webinar on becoming an Employment Network under Ticket to Work.
- Received 13 contacts/requests for further business planning; plus 59 constituents with further questions via email.

A number of consumers have already launched, or are about to launch, their own businesses. They include:

- Paula J., Council Bluffs, selling home-made items including greeting cards, baby clothing, tote bags, and aprons.
- Anne Y., Des Moines, Serenity Enhancements online, selling 12-Step related items.
- One of the participants had previously been a real estate agent but had let her license lapse. She has since renewed her license and brought in about $4,300 in profit for 2012 and is still in business for herself and working hard to keep it going.
- Another participant has decided to go to school to get his Masters in Nursing.
- GHA has connected an Iowa Business Planner with 11 constituents for further business planning.

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In the year and a half since the inception of the EDI funding opportunity, IPS has taken a foothold in the state of Michigan. Michigan has seen an increase in our IPS program numbers from 16 existing programs to 37! This is measured by the number of programs receiving fidelity reviews, Michigan does know that there are a minimum of 3 additional programs who simply do not feel that they are at a stage where they feel comfortable being reviewed. Michigan has also experienced an 18% increase in getting people into employment programs and back to work.

Michigan, through its EDI project, focused on four barriers which have limited prior employment projects in the state. The most significant barriers to success is the long-standing notion that employment is “someone else’s issue to deal with”. This belief decreases the opportunities to provide integrated services with mental health treatment. Most organizations see the efforts as coming only from a vocational/employment team, and do not make the necessary changes within their administration. Secondly, the ongoing lack of understanding of the impact of work on benefits (and of benefits on work status) is significant. Another significant barrier is the skill level and credibility of the Supported Employment staff, including the timely dissemination of basic introductory information on the model. Developing the skills and knowledge to consistently perform the necessary tasks not only increases the opportunities for success for the individuals receiving services, it also adds to the professional credibility of employment staff on the multi-disciplinary mental health treatment team. The lack of more accurate data collection is final area that poses a barrier. Without accurate information to give back to the local communities and our key partners (i.e. Vocational Rehabilitation), success cannot be demonstrated in a meaningful way and encouragement for accomplished gains is compromised.

These barriers were addressed in a number of specific areas, including:

1. Enhancing the development of www.improvingMIpractices.org as an informational vehicle to the general public regarding evidence-based practices in Michigan, and as a learning tool for EBP practitioners across the state. EDI funding furthered the development of the EBSE information and EBSE-101 course as well as the further development of an interactive wikipedia, web-facilitated learning collaborative, web-facilitated “just-in-time” practice consultation/supervision, practitioner-to-practitioner support and idea exchange, and more. The Improving MI Practices website is active and user friendly. There is a great deal of maintenance and upkeep—it has proven to be a large undertaking. The next step is to explore working with an established web-based training team to explore merging the site with their work.

2. Established criteria and implemented a process of choosing local programs which are motivated, willing and able to work toward a high fidelity EBSE status with an increase in competitive employment outcomes. By choosing programs which, at minimum, have a baseline fidelity review already established for benchmarking purposes,
subsequent implementation, technical assistance and support could quickly be advanced. The MIFAST-SE team can be quickly deployed to begin technical assistance, training, or reviewing programs, and assisting in the development of providers’ quality improvement plans.

3. Comprehensive and individualized benefits counseling is a key to success. Michigan has a strong Work Incentives Planning and Assistance (WIPA) program, however, there are not nearly enough available WIPA services to meet the demand across the state. Michigan has recently started offering Benefits Information Network (BIN) training to many providers (including Peer Support Specialists). This training is a comprehensive 4-day training accompanied by field study and an exit test in which a participant must score an 80% to pass with a certificate of completion. For those who successfully complete the training, they are supported via monthly technical assistance calls with the intent to grow a network across the state. This training has also been supported by Medicaid Infrastructure Grant funds and is designed to enhance the Social Security CWIC (Community Work Incentive Coordinator) initiative in Michigan. Throughout the year, 73 people have been trained via the Benefits Information Network. This offers Michigan’s consumers a greater access to individuals with the knowledge to assist them in understanding their personal benefits situation and the impact of work. A number of consumers across the programs are working one-on-one with their BIN staff and for their Work Incentive Planning Administrator on moving from part time work while maintaining their benefits to full time work with private insurance via their employer. Michigan is currently working on creating a second round of this valuable training.

4. Provided two 2-day EBSE skills trainings for employment staff and supervisors. For those programs selected as part of #2 above, these trainings were followed up with technical assistance onsite at their location to ensure practical application.

5. Collaborated with a motivational interviewing training provider to determine the most effective method for training employment staff. The application of this set of skills in support of gaining employment has some application differences when compared to applications in a therapeutic environment, and training differently would have advantages.

6. Developed a supervisors’ learning collaborative, to further sharpen skills, to problem-solve and to provide a venue for ongoing support from colleagues. This collaborative included a one-time, supervisors’ conference, followed by monthly technical assistance calls, webinars, and other hosted virtual interactions via www.improvingMIpractices.org. The development of a Supervisors' Learning Collaborative has been an essential component for all the program leaders who are involved. This has allowed Michigan to share tools, suggestions and other supports – deepening the supports supervisors feel they have in getting their programs running well. Michigan continues holding monthly Supervisor’s Conference Calls to share ideas, problem-solve and resource share. These calls are assisting the development of their second annual IPS Supervisor’s Training that will be held the summer of 2013.

Additional next steps include:

- From a system perspective, MDCH is experiencing a great deal of interest from providers and legislators in employment for people with disabilities. There is a great deal of discussion occurring in the state around definitions of different levels of employment and for vocational activity.
- Another result of our increased partnership with our VR partners, we are currently collaborating to guide the field in maximizing their local CMH/VR relationships.
- Michigan has initiated a data collection pilot to determine a baseline look at which vocational services the state is directing the most resources, from this look, we will then strategize the best method for influencing the allocation of precious resources to the highest level of integrated/competitive employment.
- All in all, the IPS efforts in the state of MI are moving forward, critically the Department has committed to continued support and assistance for the next fiscal year!

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1. To strengthen peer delivered services in Missouri by leveraging Medicaid billing for services provided by Certified Peer Specialists in Consumer Operated Programs (COSP);

2. To introduce and begin implementation of peer delivered Individual Placement and Supports - Supported Employment (SE) in Consumer Operated Programs.

Goal 1: To strengthen peer delivered services in Missouri by leveraging Medicaid billing for services provided by Certified Peer Specialists in Consumer Operated Services Programs (COSP):

The background leading to the need for this goal includes the way Missouri Medicaid services are organized and delivered. Missouri has an Administrative Agent system of CMHCs; all Medicaid Rehabilitation Option billing must be done thru this system. Considerable progress has been made with training and certifying peers to be “Missouri Certified Peer Specialists” and when they are employed by the CMHC’s there is an established billing code to permit the Medicaid match.

The Consumer Operated Programs (COSPs) by their very nature, are not part of the conventional mental health system, and thus, are not administratively eligible to bill Medicaid. This has meant that the COSPs have not been able to leverage federal participation for the services of their Peer Specialists.

Missouri developed a strong relationship with one of its Administrative Agents: Places For People, who agreed to work on exploring what it would take to “pass thru” the billings for Certified Peer Specialists. Meetings were held to acquaint the COSPs about Medicaid rules and carefully scrutinize the role of the Mental Health Professional in the process. Data was collected by the COSPs about the Medicaid status of the individuals they serve in all locations around the state. The original plan had been to start in St Louis, where Places For People is located, but as a result of the survey it appeared that other locations had more eligible people as well as more people who were dually served by the COSPs and CMHC’s.

It also became clear that the rules and practices concerning billing for individual one-to-one Community Support were greater barriers than the procedures for billing group “Psychosocial Rehabilitation (PSR).” In fact, two of the COSPs had peripheral activity in this area in the past, and one of them is indeed billing via PSR. We are now considering the benefits of adding a specific billing code tailored for COSP rather than attempting to retro-fit the COSPs to existing codes. This work continues and we are cautiously optimistic about achieving success in this way.

Missouri met with Consumer leaders from New York and Ohio to hear more about how those organizations have leveraged Medicaid funds and also contracted funds from Managed Care Organizations.

Missouri continues to work on this goal, and as state policy teams ascertain how to organize the system to permit
Medicaid billing Missouri has contributed state funds to ensure that this initiative continues.

Goal 2: To introduce and begin implementation of peer delivered Individual Placement and Supports – Supported Employment (SE) – in Consumer Operated Services Programs:

Missouri had a head start with this activity because Mickie McDowell, a Consumer Consultant (full time paid position), has been spending half of her time working with the COSPs and the other half working with our Johnson & Johnson Dartmouth Community Mental Health Programs Supported Employment teams.

Missouri began by analyzing the elements of Fidelity SE and comparing them to the capacities and the interests of the COSPs. It became clear that many elements of SE were in synch with the abilities of the COSPs to provide them, most particularly the personalized employment profile that is needed to help people think through their employment history and wishes for the future.

Some of the activities that have occurred under this goal include:

- Numerous meetings held with the COSP participants to discuss aspects of employment, and included one-on-one discussions creating the beginnings of employment plans;
- Presentations at the COSPs by Social Security reps to explain the work incentives available and discuss the consequences on Medicaid eligibility;
- Participation by some Peers in the beta testing of the web based tool called “DB101” which is an application that has a person plug in their personal financial information and then see what happens to benefits as earned income increases. This tool is in use in California, Michigan, Minnesota, and at least one or two other states, and is tailored by the developers for each state;
- Consumers from all of the COSP’s attended the “Real Voices; Real Choices” annual Consumer Conference. At this event, an open discussion was held with the Director of the Department of Mental Health and the Division Directors on the subjects of housing and employment. Consumers were vocal in their desires for work and their frustration at the many barriers they face;
- David Lynnd, an experienced IPS trainer who is affiliated with Dartmouth University visited all of the drop-in centers and performed an on-site review of each site. A work-plan was developed for each, including how sites can assist with employment and social security for people; and
- The Scenarios document has been finished. This document outlines decision trees for consumers, such as “if you have SSI, this is what happens when you go back to work”. The document thus describes how “benefits” can create “barriers” and how these barriers can be overcome.

Numerous materials such as workbooks, videos, and archived webcasts about employment are now available to the COSPs, and these materials will be used by Peers on site who have been hired part time to work with interested Peers on their own employment goals. Linkage with local VR offices is being discussed, and our state liaison, who is our partner in the Johnson & Johnson project, is very supportive.

All state COSPs are now doing supported employment; before TTI there were none. In addition, in a separate, non-TTI project, 8 CMHCs have begun doing supported employment as well (several more are close to beginning).

Overall conclusions:
Through this project Missouri has greatly increased its value of peers. 103 have been trained specifically under this project, with more on the way.

An ad-hoc employment team has been created for Missouri. This team consists of members from multiple state departments. TTI has provided the tipping point for thinking about employment on a wide basis.

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Nebraska

**FY2012 EDI Project:**

*Interagency SE Collaboration with the enhancement of SE functions in ACT teams*

**Key Outcomes:**

The Nebraska Division of Behavioral Health (DBH) has been working systematically to address and improve Supported Employment (SE) in partnership with State Vocational Rehabilitation (VR). The goal has always been to increase employment opportunities for people with mental illness and/or substance use disorders in Nebraska.

One of the goals under the Nebraska behavioral health reform efforts in 2004 was to establish SE programs under all six Regional Behavioral Health Authorities (Regions). By 2007, this was accomplished with all six Regions funding SE and DBH officially approving a service definition. However, based on fidelity monitoring completed in 2010 by the University of Nebraska - Lincoln, it was clear SE needed to be updated. These EDI funds are being used to do this SE updating effort. The work has been focused in the areas of coordinating with VR payment and data processes, updating the Service Definition as well as identifying an ongoing process for Fidelity Monitoring.

**Coordinating with VR:**

DBH and VR have had a long working relationship with a Memorandum of Understanding outlining the collaboration. Nebraska has considered implementing the Dartmouth Individual Placement and Support (IPS) under EDI. The SAMHSA Supported Employment Evidence-Based Practices (EBP) KIT was also considered. The Federal VR definition of Supported Employment [Rehabilitation Act of 1973 as Amended, Title I - Vocational Rehabilitation Services; Section 7] is included in the discussion. Challenges to be addressed include:

- DBH uses expense reimbursement while VR has a combined prospective payment tied to outcomes.
- Nebraska’s target population for SE services expanded from Persons Disabled by Severe and Persistent Mental Illness (SPMI) to people with behavioral health disorders (mental illness or alcoholism, drug abuse, or related addictive disorder).
- Outcome tracking and fidelity monitoring needs a common data base.
- Nebraska needs to work out how to braid together the DBH and VR services to improve serving individuals while ensuring the accountability required by each entity respectively.

EDI triggered discussions between SE Providers, the Regions, DBH and VR. The training on IPS noted below, the May 10, 2012 EBP workgroup meeting, the SE providers conference call on September 24, 2012, and the January 2, 2013 emails concerning draft revised service definitions helped Nebraska identify a number of limitations with IPS including: (1) IPS is limited to adults with severe mental illness only; (2) integration of the IPS staff to one or two MH treatment teams covering 90% of the caseload; (3) having a IPS unit consisting of at least 2 full-time staff & a team leader in rural settings; and (4) requiring IPS’s office be in close proximity to MH treatment team members with an integrated single client chart. The need to coordinate between SE and treatment is understood. However, the IPS model does not
recognize SE services as part of recovery oriented systems of care that may be separate from treatment. It also did not recognize all behavioral health disorders or the challenges of delivering services in rural areas. Thus the use of the IPS model in Nebraska is challenging.

Despite these limitations, the IPS model provided important guidance and practices that have been incorporated to all aspects of the SE discussion. In addition, EDI has provided a platform for numerous discussions on how DBH and VR can work better as a system. Included within these efforts was a review of Maryland’s Milestone Payments, which braids State Mental Health Authority (SMHA) and VR payments.

**Updating the Service Definition:**

DBH uses service definitions as a set of statements specifying requirements including the appropriate setting for the work to be performed, licensure, basic description and expectations, length of stay, staffing, hours of operation, desired consumer outcome(s), description of rates, as well as clinical guidelines (admission, exclusions, continued stay, & discharge criteria). The goal to update the SE Service definition has involved working with local, regional and state level stakeholders. It started with telephone interviews with stakeholders including SE providers, VR Counselors, Regional Administrators and others. Updating the definition involved incorporating elements of IPS to allow for future potential transition to this model while ensuring continued compliance with SAMHSA and VR requirements. At this time, the updating process also included creating a separate service definition for “Transitional Employment” covered under the International Center For Clubhouse Development (ICCD) standards. The ICCD is recognized by SAMHSA as an EBP on the National Registry of Evidence-based Programs and Practices (NREPP) [see: ICCD Clubhouse Model].

The EDI grant paid for IPS training. With assistance from the Dartmouth Supported Employment Center (Lebanon, NH), DBH provided IPS training to the SE Providers under contract with the six Regions.

- Funds supported fourteen (14) individuals access to the Dartmouth Supported Employment Center Online Course on IPS. One supervisor and one employment specialist from each of the seven SE providers signed up to complete the training between May 14, 2012 and August 10, 2012.
- On June 13, 2012, an overview of IPS was provided to SE managers, employment specialists, consumers, VR staff, and DBH staff. Grant funds were used to assist with travel costs for Regional Representatives, SE providers; and a consumer from each of the SE programs to the meeting in Lincoln, NE. Also the Employment Specialist from each of the three Assertive Community Treatment (ACT) teams attended. A $100 honoraria was paid to each SE consumer participant.
  - 48 attended including Mark Schultz (Director, State Vocational Rehabilitation) and Scot Adams (Director, Division of Behavior Health).
  - The presenters were Deborah R. Becker (Debbie) and Sandra Langfitt Reese (Sandy) from the Dartmouth Supported Employment Center, Dartmouth Psychiatric Research Center.
  - The training included an Overview of Evidence-based Supported Employment; a review of the eight IPS supported employment practice principles; an IPS supported employment principles break-out exercise and a review of the 25 item IPS fidelity scale.
- On June 14, 2012 the State Consultation on IPS was provided by Sandy Reese with the staff from VR and DBH. A variety of topics were covered including the role of VR in SE; role of DBH in SE; Fidelity Monitoring; Cost Model, how Transitional Employment (TE) Service fit with IPS and data collection.
- ACT Team employment staff completed the Dartmouth Supported Employment Center Online Course on IPS.
- Additional ACT training on SE is being considered to help improve employment services consistent with the Tool for Measurement of Assertive Community Treatment (TMACT).

**Fidelity Monitoring:**

The Evidence Based Practices Workgroup under the DBH Statewide Quality Improvement Team was chartered by Blaine Shaffer, M. D., DBH Chief Clinical Officer. The EBP Workgroup Charge was to provide recommendations on a consistent and sustainable way of doing fidelity monitoring linked to outcomes on Evidence Based Practices.

- The May 10, 2012 meeting covered Supported Employment. Participants at the meeting included representatives from DBH, VR, Division of Children & Family Services, Division of Developmental Disabilities, Division of Medicaid & Long Term Care; Lincoln Regional Center; the six Regions, & consumer representatives from the State Advisory Committees on Mental Health and Substance Abuse, and others.
Recommendations on Fidelity Monitoring for Evidence Based Practices were presented at the Statewide Quality Improvement Team meeting on December 5, 2012.

There has been discussion on using elements of both IPS and the SAMHSA SE toolkits to create a Nebraska model. To that end, Nebraska created a side-by-side of the two models to better understand the differences. (see Appendix on page 43)

One of the DBH priorities under the SAMHSA 2012 Block Grant is SE. The goal is to improve the quality of SE services. The Performance Indicator is to create an ongoing process for fidelity monitoring by June 30, 2013. The fidelity monitoring will then be completed.

Next steps after September 15, 2012

Work continues on these efforts to improve SE in Nebraska. DBH continues discussing these changes with the six Regions [including November 28, 2012 and April 29, 2013].

In addition, State VR and DBH have been meeting regularly (September 25, 2012; October 22, 2012; October 31, 2012; December 7, 2012; January 9, 2013; February 6, 2013; March 25, 2013 and April 16, 2013). The next VR / DBH meeting is scheduled for May 28, 2013. It is notable how Mark Schultz, Director of NE Vocational Rehabilitation, continues to personally attend every meeting. Discussions include how to create a cost model braiding funds together and share data in order to improve the quality and outcomes of the SE services.

Nebraska continues to address:
- Transitioning to a braided funding model using milestone payment methods.
- No Wrong Door \ Any Door approach.
- The definition of “Active Client”. When to start counting? When to stop counting?
- Benefits orientation and benefits counseling process
- Electronic Data Sharing between DBH and VR.
- Review of Medicaid Rehabilitation Option services with opportunities to embed SE or a vocational specialist to increase opportunities to work for individuals with SPMI.
- Job Retention Plan – One milestone may be to pay SE providers to prepare a job retention plan. The focus of the plan is on long term supports. The plan would be prepared starting 90 days into a client successfully working a job. At the 120 day time of working, the Job Retention Plan would be completed and VR closes the case. The job retention plan would describe the long term support strategy needed to help this consumer keep the job into the future. The Job Retention Plan would include things like:
  → Specific follow-along supports needed by employer & consumer.
  → The use of natural supports and/or other DBH funded services as needed. The plan does not necessarily require the use of an Employment Specialist.
  → A crisis relapse prevention plan.

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FY2011 EDI Project:
Empowering Peers Through Strengthening Supported Employment

Key Outcomes:

Due to legislation that was passed that prohibited the Bureau of Behavioral Health from contracting with or providing funds to the Dartmouth Psychiatric Research Center, the original proposal for the EDI grant had to be rewritten to eliminate the use of the Dartmouth contract and staff. The replacement proposal consisted of the following statement of work:

- Develop and implement a “Train the Trainer” model to assist the sustainability of Supportive Employment;
- Conduct stakeholder forums to develop Supportive Employment outcome measures that will be reported to the Bureau of Behavioral Health;
- Provide consultation to Peer Support Agency staff by a consultant well versed in supportive employment services delivered by peer support agencies;
- Provide ancillary training to CMHC, VR and Peer Support staff to compliment the provision of Supportive Employment i.e. motivational interviewing, job development and stages of change, etc;
- Act as a clearinghouse for material related to Supportive Employment for the CMHC and Peer Support Agencies; and
- Convene a multi-agency group to clarify and document areas of collaboration and commonality.

The project once again ran into problems getting the necessary approval to expend the fund as the documentation necessary for the Governor and Council was delayed several times until ultimate approval was received on February 8, 2012. In the interim, the grant did continue with tasks that it could complete with the
resources it had on hand. Those interim and post-approval tasks included the following:

- Developed a resource manual “New Hampshire’s Resource Guide for Trainers of Evidence Based Supported Employment” to provide guidance to supervisors at CMHCs to provide training to employment specialist. This manual was printed, bound and distributed to the employment coordinators and managers at the CMHCs as well as other interested parties once funds are available. 1500 copies were originally made.

- Finalized a MOU between the NH Division of Vocational Rehabilitation and the Bureau of Behavioral Health spelling out areas of mutual responsibility and areas of collaboration.

- Developed a schedule of stakeholder forums and staff trainings. These re-commenced once funding was released. They include sessions on:
  - Evidence Based Supportive Employment Refresher
  - Motivational Interviewing
  - CMHC Staff Forum
  - Job Development
  - Evidence-based practices

- Searched for consultants regarding how peer support can assist, support and implement Supportive Employment.

- New Hampshire also held an informational session called Supportive Employment Informational Session for Consumers and Families. To encourage participation a limited number of stipends were used to ensure optimal participation by consumers and families. The purpose of the session was to provide an overview of the Supportive Employment Evidence Based Practice along with concepts utilized in the provision of implementing supportive employment services. The session also:
  - Explained how to access the service and to incorporate it into the treatment at the CMHC.
  - Identified other community resources available - i.e. Peer Support Agencies - to assist with successful employment experience.
  - Provided motivational techniques and strategies that will enhance employment opportunities.
  - Explored interviewing styles and personal marketing skills.

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FY2011 EDI Project:

Increase the amount of whole health peer support coaches and principles within employment based roles and jobs

Key Outcomes:

In order to understand the New Jersey EDI project, one first needs to examine New Jersey’s 2009 TTI project (a more in depth description of appears in the TTI summary). The 2009 TTI project focused on the creation of and training of Peer Specialist Wellness Coaches and a State Medicaid Plan Amendment to allow for reimbursement of peer specialist services. New Jersey developed a curriculum aiming to combine traditional peer support roles with more active whole health considerations. They did so by partnering with the University of Medicine and Dentistry, New Jersey – School of Health Related Professions (SHRP) for curriculum integration and development. Four academic departments of SHRP (psychiatric rehabilitation, nutritional sciences, physical therapy, dental hygiene, complementary and alternative medicine) and CSP-The NJ Institute for Wellness and Recovery were involved in the curriculum development. Several dozen peers were trained over the course of the original TTI project, and training has continued since that time (52 at the start of the EDI project).

In 2011 New Jersey was awarded an EDI grant to continue working on the peer wellness coach idea, but from an employment standpoint. In light of the health challenges facing individuals with SMI in a variety of positions (i.e., service participant, peer provider), the proposed project intended to: 1) have each Supported Employment (SE) program develop the capacity to deliver wellness coaching services in order to help remove the employment barrier of poor health management; 2) help each IMR provider organization develop the capacity to deliver wellness coaching services also with the goal of removing the barrier of health concerns in the pursuit of educational and employment goals; and 3) provide wellness coaching specifically to peer providers with health and wellness concerns.

SE is a well-established practice offered in all of New Jersey’s 21 counties with a fair degree of fidelity to SAMHSA's evidence-based practice standards. SE is implemented with over 2,500 participants annually and provided by approximately 80 employment specialists in the role of job coach. Among these programs, 40-
60% of the participants are placed in competitive employment annually. The EDI proposal was to help supported employment programs develop the capacity to add wellness coaching to the job coaching and other supported services they offer.

In addition, a second SAMHSA-identified evidence based practice (EBP), Illness Management and Recovery (IMR) has been introduced in New Jersey to address employment goals. In the current phase of our statewide implementation, 73 IMR groups at 32 different agencies are being conducted with over 1,000 consumer participants. Approximately 28% of these consumer participants have active career development goals in terms of education or employment. At the same time, many of these individuals are also reporting that their physical health concerns are presenting a significant barrier to returning to employment. Thus, second to SE, IMR is fast becoming the next largest route to help prepare our adult public mental health consumers to enter the workforce.

Thus far, the New Jersey EDI project has accomplished the following:

- A process to recruit supported employment and Illness Management Recovery (IMR) staff was established which included an application process.
- Two wellness coaching classes were conducted with 27 participants in the first and 10 in the second.
- All participants completed the eight days of training successfully, a very high retention rate.
- DMHAS emphasized the state’s desire to implement the wellness coaching within the SED and IMR and provided support for participants to do so.
- DMHAS identified what components could be used as part of the supported employment process including wellness assessment and wellness activities as part of a job support plan.
- Identified which units of service could be used to capture these activities.
- Training evaluations were provided to participants; results were highly favorable.
- 19 of the 21 DMHAS supported employment programs were represented in the Wellness Coaching training.
- DMHAS, UMDNJ and CSP Wellness Institute is providing follow-up implementation strategies for the providers who have completed the training.
- A discussion of the wellness coaching training, how its components can be incorporated into SE practice and what DMHAS policy supports will be needed will be discussed at regularly scheduled Quarterly SE Supervisor meeting.
- Increased the amount of partnerships regarding wellness and whole health throughout the system.
- Finished a memorandum of understanding with New Jersey’s voc-rehab agency.

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New York

FY2011 EDI PROJECT:

Developing the Individualized Placement and Support Guidebook: A practical tool to improve vocational outcomes for adults with serious mental illness

KEY OUTCOMES:

Specific Aims
The New York State Office of Mental Health (OMH) desires to raise employment rates among consumers with serious mental illness by implementing the Individual Placement and Support (IPS) model of supported employment within Personalized Recovery-Oriented Services (PROS) programs throughout the state. At the request of OMH, the Center for Practice Innovations (CPI) is providing training and consultation in the IPS model. Funding from TTI allowed OMH and CPI to create an IPS guidebook used by vocational staff who are working with consumers who have expressed a clear interest in seeking employment. The IPS guidebook will be used in individual meetings between the vocational staff member and the consumer seeking employment. It will offer a step by step guide that keeps both the practitioner and the consumer on track.

Adopting Best/Evidenced-based Practices for Supported Employment Programs

Individual Placement and Support Model. OMH has adopted the Individual Placement and Support (IPS) model of supported employment, which has consistently demonstrated high rates of competitive employment for consumers. Implementation of this approach will require a workforce that is competent in knowledge and skill in providing these services. The guidebook will assist staff in developing the necessary competencies. Deborah Becker of Dartmouth, one of the originators of the IPS model, consulted with us on the development of the guidebook.

OMH has recently created a newly licensed multi-service program referred to as Personalized Recovery Oriented Services (PROS). One of the high priority service areas in PROS is supported employment. PROS programs provide employment related services in ways that align with the IPS approach to varying degrees.

One very promising strategy to assist staff in faithfully implementing a practice has been to include the use of guidebooks as part of the service provision process. Increasingly, treatment and rehabilitation services are employing guidebooks to insure that practitioners are following recommended approaches (e.g., Illness Management and Recovery, Wellness Self-Management). These approaches have been well received and valued by staff and consumers. Guidebooks that belong to the consumer are especially empowering and valued. These resources promote learning and retention of information because consumers take the material with them.

The goal of this project was to develop an IPS guidebook used by vocational staff members who are working with consumers who have expressed a clear interest in seeking employment.
The development of the IPS guidebook includes a consensus based approach involving IPS experts, a consumer advisory committee, PROS experts and curriculum development specialists.

**Accomplishments to date:**
- First draft for a 100+ page, 13 topic guidebook, plus 9 appendices, has been developed, reviewed by stakeholders and expert consultants, and finalized. The guidebook is oriented from the perspective of the user.
  - Topics include:
    - Introduction to the guidebook
    - My decision to work
    - My hopes and concerns about working
    - My job preferences
    - Important things to consider
    - Working and my benefits
    - My work goal – figuring out what I would like to do
    - Finding a job
    - Applying for a job
    - Preparing for the job interview
    - What supports and resources do I need to plan for now?
    - To get a job? To keep my job?
    - First day on the job
    - Supports that will help me to keep the job
    - Planning for next job and developing a career path
- Appendices currently include:
  - Basics of benefits counseling
  - Sample resumes
  - Sample cover letters
  - Sample job applications
  - Interview tips
  - Sample thank you letter
  - Starting the new job and preparing for the first day of work
  - Using supports
  - Sample letters of resignation
- Revisions to all drafts are underway, guided by feedback stakeholders group with lived experience and expert consultants.

**Pilot Project**
The pilot project has 4 sites: 2 near Rochester; 1 in New York City; and 1 on Long Island. The pilot started in February 2012. All are in community-based services rehab programs. There are 70 such PROS programs statewide. Feedback is taking place via surveys, and focus groups occurred in May/June. This summer all of this will be reviewed to produce an updated Guidebook, which will hopefully be released Fall 2012. Data reports are being regularly delivered by the Pilot Sites, and implementation is intentionally being carried out in a non-proscriptive fashion – as a result a diverse set of uses has arisen. After the second iteration of the Guidebook is finished, the program may expand beyond PROS to residential treatment.

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North Dakota

**FY2012 EDI PROJECT:**

To strengthen and enhance North Dakota’s extended services program for individuals with serious mental illness (SMI), utilizing the SAMHSA evidence-based practice model for supported employment, with primary focus on principle #4 (personalized benefits counseling is important) and principal #6 (follow along support is continuous), in the implementation of several key activities.

**KEY OUTCOMES:**

**Activity 1: Formation of an interagency group**
An interagency group was formed with representation including: Consumers, Recovery Centers; Vocational Rehabilitation; Division of MH and SA; Peer Support; Case Management; Human Service Centers; Employment Providers; MH Planning Council; Extended Services; Consumer Family Network; Money Follows the Person; and ND P&A. The interagency group reviewed existing employment supports for individuals with SMI and made recommendations for enhancement to the Divisions of VR and MH and SA for possible adoption. The interagency group proved to be an effective forum of collaboration and recommendations include the long-term continuation of this group.

**Activity 2: Collaboration with Vocational Rehabilitation**
Vocational Rehabilitation (VR) participated in all interagency group meetings and collaboration was ongoing throughout the initiative. VR is moving towards a customized employment approach, including the addition of a “discovery” process to the supported employment training and stabilization phases. The Division of MH and SA next plans to approach VR about the option of a VR Counselor, a SMI Case Manager, and a Peer Specialist from each of the 8 regions of the state being part of a team to participate in a “Benefits Planning Toolkit – The Basics” training by Case Western Reserve University to increase the availability of benefits planning services.

**Activity 3: Benefits Counselors met with consumers, case managers, recovery center staff, and peer specialists to provide info on impact of work activity on benefits; identify options/strategies.**
A Benefits Counselor held 15 benefits counseling group sessions and presented at the ND Consumer and Family Conference. The sessions provided information on impact of work activity on benefits and instructed participants how to identify options and develop strategies so available work incentives are not overlooked and essential benefits are retained if possible. Participants were asked to rate their knowledge of Social Security rules and work incentives prior to the meeting; their knowledge of Social Security rules and work incentives after the meeting; and how relevant the meeting was to them and/or the people they serve. EDI activities confirmed benefits counseling is an essential element of an effective employment system, allowing consumers to obtain accurate information to guide their decisions.

The ND Department of Human Service’s request for additional funding for benefits planning services was accepted into the Governor’s proposed budget and presented to the 2013 Legislative session for consideration and approval. The benefits planning group sessions provided as part of the EDI enhanced the “culture of employment” within the regional recovery centers and regional human service centers. As a result there is more emphasis on employment in these environments.
Activity 4: Development of an e-learning module covering the impact of employment on benefits.
An e-learning module covering the impact of employment on benefits was developed. The module is an efficient web-based tool allowing for wide-spread and ongoing benefits planning education which will enhance access to benefits planning services in this rural state. The benefits planning module was marketed to multiple entities statewide, including VR, consumers, recovery centers, rehab service providers, human service centers, and peer support programs. In turn, the agencies are marketing the tool and utilizing it as applicable to their work. The module will be updated each year hereafter.

Activity 5: Employment Specialists providing one-on-one coaching and group coaching sessions.
The COED Initiative (Community Options Employment Development) was formed and employment specialists provided 100 one-on-one coaching sessions to 43 individuals, as well as 16 group coaching sessions to about 200 individuals with SMI considering employment. Employment specialists capitalized on the customer’s personal strengths and motivations while assisting them to move into supported employment or directly into employment. Assistance with cover letter and resume development, interviewing, budgeting, goal setting, job search/application process, being professional, and time management was provided. The group sessions seemed to enhance the “culture of employment” throughout the public mental health system. As a result there is more emphasis on employment throughout the system and it appears staff and consumers are more open to the possibilities of employment for individuals experiencing mental illness. Due to the success of their project, the Division of MH and SA awarded additional funding to the COED project and they continue to provide this service.

Activity 6: Employment Specialists engaged two consumers by assisting the consumers with working with the Small Business Administration to explore starting their own businesses.
Employment Specialists assisted two customers with contacting the Small Business Administration, attending SBA classes, assisting the customers with walking through steps to write a business plan, gaining the assistance of a SBA volunteer, and supporting the customers to coordinate activities to start their business.

Activity 7: Peer Specialists identified how the Peer Support Program could work with the extended services program to help better communicate the unique challenges of individuals with a SMI.
Two meetings were conducted with Peer Specialists to explore how peers can assist extended services with communicating the unique challenges of individuals with a SMI in gaining competitive employment. Resulting recommendations include Peer Specialists being a part of treatment teams, supported employment teams, and IDDT teams; and Peer Specialists placing greater emphasis on employment when facilitating peer support groups and in their daily work with peers. Peer Specialists can assist with instilling hope; providing emotional support; reducing stigma; advocacy; and providing education on reasonable accommodations.

The Division of MH and SA is assisting the statewide peer support programs and recovery centers with placing greater emphasis on employment in their programs. The following resources from Temple University are being utilized:
- A Practical Guide for People With Mental Health Conditions Who Want to Work
- The Roles of Peer Specialists in Promoting Competitive Employment

Summary: EDI presented a unique opportunity to North Dakota to strengthen and enhance the extended services program for individuals with SMI. The initiative increased visibility of employment-related needs and established a framework to move forward. Due to the initiative, key stakeholders recognize system potential, have a shared vision, and are highly motivated to continue the work. Critically, EBP Supported Employment is spreading and is now being implemented in another region of the state since the EDI concluded.

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Introduction. The Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS), coordinated by Temple University Collaborative on Community Inclusion, in collaboration with consumer and family groups, peer specialist trainers and supervisors, and leading research and training organizations, are working to enhance the roles played by Pennsylvania’s expanding base of Certified Peer Specialists (CPSs) in the promotion of Supported Employment programs and competitive employment goals for individuals with psychiatric disabilities. OMHSAS has: a) convened an inclusive statewide advisory committee to better define the roles of CPSs, leading to the development of an OMHSAS Guidelines document for the mental health field; b) worked with the state’s two consumer-based providers of its current CPS training program and two national consultant organizations to develop and deliver training on promoting competitive employment, for both new CPS trainees and current CPS workers already employed; c) developed a community-of-practice setting providing CPSs statewide a focused opportunity to discuss the challenges of promoting competitive employment; and d) assessed the effectiveness of the project with regard to CPS engagement in, and feeling of, competence with regard to the promotion of Supported and competitive employment.

EMPLOYMENT DEVELOPMENT ADVISORY COMMITTEE
Pennsylvania convened a statewide advisory committee to oversee this project in April, 2012. It includes representation from Temple University, the Institute for Recovery and Community Integration at MHA of SE Pennsylvania, Recovery Opportunity Center, Boston University Center for Psychiatric Rehabilitation, Drexel University Behavioral Health Education and the Office of Vocational Rehabilitation, vocational provider agencies, and peer specialist programs. The advisory committee meets monthly by teleconference to monitor the two major deliverables of the project.

POLICY DOCUMENT ON THE ROLE OF PEER SPECIALISTS IN SUPPORTING EMPLOYMENT
A policy document entitled “Regulatory and Funding Parameters for Peer Specialists in Supporting Employment” was developed in conjunction with the advisory committee. It was developed based upon interviews with mental health policy experts in other states as well as former and current employees of the Office of Medicare and Medicaid Services (CMS), and reviews both national and state policies that guide the provision of Medicaid funded peer support services in Pennsylvania related to a person’s employment goals. The document utilizes these policies to provide clarification on the role of peer specialists and extensive examples of the types of services that are permitted and not permitted within Medicaid. The policy was distributed statewide and reviewed in a statewide webinar (150-200 attendees) on September 13, 2012. The paper was presented at the Pennsylvania Association of Rehabilitation Facilities conference on Sept 20, 2012. The paper is available at: http://www.parecovery.org/documents/PS_Parameters_Supported_Employment.pdf.

This document was finalized and approved by OMHSAS executive staff and Behavioral Health Managed Care Organizations, and has begun dissemination to various county mental health and provider staff. Training on the document has commenced, and includes details on the documentation of employment services under Medicaid as well as
examples of the types of employment services that peer specialists might provide.

CERTIFIED PEER SPECIALIST EMPLOYMENT TRAINING

Employment Training Curriculum Development. The second deliverable was the development of training for peer specialists and their supervisors on employment. Four goals have been identified by the advisory committee:

a. To emphasize the value and power of competitive work and work-related education, building enthusiasm for supporting the work ambitions of the people peer specialists work with;

b. To identify and prepare peer specialists for the unique roles they can play in supporting the competitive employment goals of the individuals they serve;

c. To insure that peer specialists have the information and skills they need to broker vocational and work-related educational resources; and

d. To insure that supervisors support the work of peer specialists in meeting their individual employment goals.

Recruitment of Trainees. The recruitment strategy includes priority being given to peer specialists who participate in the training with their supervisor, and to multiple peer specialists and supervisors from agencies that have made a commitment to having peer specialists support the individuals they serve in pursuing competitive employment.

Piloting and Evaluating the Trainings. MHA of SE PA provided a two-day face-to-face training for 29 individuals in December. Recovery Opportunities also provided a 15 hour e-learning training for 29 individuals in January. Both training vendors made their curriculum available to peer specialists and supervisors on an on-going basis as of January 2013 (47 people have already taken it). Temple University Collaborative on Community Inclusion is working on the evaluation results, including a two month post-training on-line questionnaire which was provided to all 58 peer trainees. This evaluation will be used to develop the final curriculum package, and has already yielded some initial findings, including that many peers have already started to use the trainings despite the lack of changes in their job descriptions.

Peer Specialist Community of Practice Teleconferences. OMHSAS has supported bi-monthly Community of Practice teleconferences for all peer specialists that complete the pilot training. These “Community of Practice” conference calls focus on topics of interest on employment and allow sharing and lessons learned between CPSs.

CONCLUSION OF THE PROJECT

At the conclusion of this project in the Spring 2013, OMHSAS will post “Regulatory and Funding Parameters for Peer Specialists in Supporting Employment” the OMHSAS website and that additional training is provided to insure that county and provider staff are knowledgeable about what services peer specialists are able to provide. OMHSAS and Temple University Collaborative on Community Inclusion will determine whether the peer specialist community of practice teleconferences need to continue and OMHSAS will address ways to assist in this process.

OTHER PROJECT EFFECTS

The inclusive process of this project has led to several related, but separate developments:

1. Inclusion in the existing CPS basic training packages of more information on the role peers specialists can/should play in the promotion of employment goals.

2. The advisory committee requested that OMHSAS and the Temple Collaborative look for resources to expand training for supervisors on assisting peers with employment goals, which was not a goal under this project.

3. The inclusion in existing CPS supervisor training programs of information related to employment.

4. The expansion of documentation training programs for peer specialists with regard to information specific to 'how to document' peer engagement in employment issues within a Medicaid funded CPS system.

5. Pennsylvania’s two primary training providers, both of whom have assisted with this project, have committed to embed the EDI training curriculum into the broader range of their training activities.

6. The EDI initiative is now spreading on its own merits statewide. OMHSAS is working with managed care organizations, and a Philadelphia facility spin-off has already allocated a half time position for employment efforts.

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FY2012 EDI Project:

Using IPS and Certified Peer Wellness Coaches to Create Employment Opportunities in Behavioral Healthcare Settings

Key Outcomes:

The Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals’ (“BHDDH”) Employment Development Initiative (“EDI”) was created to develop, implement and sustain a consumer-centered behavioral healthcare system that would support consumers in achieving and maintaining employment in order to promote wellness, support recovery, and enhance dignity while reducing stigma. The plan was to build on our current Peer Wellness Coaches Transformation Transfer Initiative by utilizing the certified Peer Wellness Coaches and to hire a new Vocational Supervisor, who is also a job developer, to work with two (2) behavioral healthcare clubhouses, Harbor House and Hillsgrove House, and one (1) peer support services agency, the ANCHOR Recovery Community Center, in an effort to increase and improve employment outcomes for consumers with behavioral healthcare diagnoses. Prior to EDI, two (2) of the sites had a small amount of employment services and the third had none.

The first four (4) months of the grant involved meeting with the agencies involved and the Office of Rehabilitative Services (“ORS”) to establish a model service delivery system that could be replicated if successful. The model consisted of having the Peer Specialist, Vocational Supervisor, and ORS Liaison at each agency working together with the agency’s Vocational Specialist. It was decided that each person should have a clear understanding of what they were responsible for in the collaboration. Having clear guidelines also helped prevent duplication of effort. Furthermore, the team approach kept everyone on task and motivated in the goal of employment for the consumer.

Rhode Island decided to utilize the evidence-based Individual Placement and Supports (“IPS”) model. Since this was a new model for Rhode Island, there was significant resistance to parts of it and trust building for the IPS model was difficult. Over time, Rhode Island also noticed that since it was trying to use IPS in clubhouse settings and a community center setting, it was sometimes difficult to find and consistently meet with consumers.

After the Peer Training was completed, Rhode Island spent several weeks placing the peers at each site. The Peer Specialists spent a month shadowing the existing Vocational Specialists to learn more about what their roles would be and also to learn more about each agency’s style.
The Vocational Supervisor started one (1) month after the Peer Specialists. Since then, the Vocational Supervisor has been meeting with the agencies and the peers to become familiar with the vocational programs currently in place. In addition, the Vocational Supervisor met with BHDDH, ORS, and the three (3) agencies to learn more about the funding mechanism for this new initiative. The old system was a “tier” system. However, the new system being used for this employment initiative is a “fee for service model”.

During the first two (2) months, the Vocational Supervisor identified eleven (11) consumers who are ready for employment and willing to work. The Vocational Supervisor created new forms for the agencies to utilize that will be used for data collection. Since many of the consumers do not have resumes or computer skills, the Vocational Supervisor has been working with the consumers on a variety of job search preparatory tasks as well.

Rhode Island feels that utilizing the Peer Specialists in this initiative has been the key to its success. Peer Specialists use their unique set of recovery experiences in combination with solid skills training to support other consumers who have behavioral healthcare issues. Also, Peer Specialists actively incorporate peer support into their work while working within an agency’s team support structure as an identified member of the recovery team.

This initiative was intended to create and implement a new model of service delivery system to improve employment outcomes for consumers with behavioral healthcare issues and it is successful as evidenced by the placement of consumers in the following jobs: Peer Specialist, Wellness Coach, Hairdresser, Food Services, and Security Personnel, for a total of thirteen (13) placements as of May 2013.

Rhode Island will continue with this new initiative and continue to educate consumers about the benefits of utilizing IPS for improved employment outcomes. The overall goal of job placement for forty (40) consumers with behavioral healthcare issues has not changed.

Final Thoughts. Overall, this EDI project created a stronger collaborative relationship between two (2) of Rhode Island’s state agencies, BHDDH and ORS, and the agencies participating in the initiative. More importantly, EDI has created a new sense of hope for many consumers – many of whom previously had none. A frequent comment from consumers had been that support services for employment “had not done anything for me”. That feeling has been decreased dramatically at the three (3) sites. In addition, EDI not only achieved results systemically, proving that established work is possible, but pushed Rhode Island to think through what the overall system should look like.

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The South Carolina Department of Mental Health (SCDMH) proposed an initiative to (1) integrate peer support services into its evidenced-based best practice supported employment programs and (2) to educate and train employees and stakeholders in consumer employment.

Part one of the proposal supported the integration of peer support into South Carolina’s supported employment model “Individual Placement and Support” (IPS). This integration would enhance the model of helping people with severe psychiatric disabilities obtain and maintain competitive employment in the community. Activities occurred in two sites: Sumter and Greenville. South Carolina hired two peer support specialists who coordinated and led hiring efforts at a Community Mental Health Center (CMHC). Each person ended up having a caseload of approximately 40 clients. Each position has demonstrated such abundant value that both peers have continued to work after the conclusion of the EDI project using state and other funding to sustain their role.

**Sumter:** The IPS Peer Support-Employment Specialist, Berlese Botwe, began her work duties on June 17, 2012. She has learned the basic concepts for the IPS Program and its evidence based practices. She has completed her Peer Support training as well as other required training. She has been credentialed by the Quality Assurance Office, at Santee Wateree MHC, to begin the billing process. Her ability to motivate those served is evident through the positive feedback by those served. She demonstrates her understanding of the role of peer support. She works one-on-one with work candidates who are in need of more intense motivation. Ms. Botwe has remained very energetic and organized. She has demonstrated great skills in providing motivation to those seeking employment. Her ability to document services via clinical services note in the Electronic Medical Records (EMR) and to help IPS members locate community resources has been very instrumental the Sumter IPS Site. She has been outstanding in providing and advocating for effective recovery-based services. Overall, her ability to seamlessly assist individuals in identifying their strengths and recovery and wellness goals remains good. She has been successfully utilizing her specific training to lead and facilitate a recovery dialogue which has been beneficial to those served. Throughout the past few months, she has been effective in helping work candidates to combat negative self-talks and overcome fears in order to support their vocational choices which has promoted the IPS cause. Ms. Botwe has been a great role model and understands the role and parts of the Wellness Recovery Action Plan. Her ability to teach and role-model the values of every individuals recovery experience is noted daily.

**Greenville:** Since starting August 2, 2012, Belinda Wilson has implemented a progress and reward system for the IPS clients and has planned and facilitated various group activities. She works individually with clients as well as co-leads our weekly job skills group. She is comfortable sharing her story and relates very well with a lot of the clients we serve.
because of her past experiences. She shares IPS practices and principles with other community agencies and advocates for the clients’ recovery. Since the addition of the peer support position, the CMHC has been able to schedule more initial assessments and provide more outreach to clients with a history of noncompliance or poor follow through.

**Employment Conference:** Part two of the project was enhancing a statewide Supported Employment Conference which occurred on January 10-11, 2013 in Myrtle Beach, South Carolina. The primary goals of this conference were:

- motivating, encouraging, and educating the mental health system on the importance of employment in mental health recovery;
- demonstrating successful practices in getting people with disabilities employment in the community;
- implementing practices and principles that promote employment for people with disabilities; and
- understanding the impact of employment on people with disabilities.

Speakers and attendees included from: Risa Fox, M.S., A.C.S.W., SAMHSA, Judith A. Cook, Ph.D., Professor of Psychiatry Director, Center on Mental Health Services Research and Policy, Mark Salzer, Ph.D., Professor and founding chair of the Department of Rehabilitation Sciences at Temple University, Virginia Selleck, Ph.D., Director, Office of Transformation Clinical Director, Comprehensive Psychiatric Services Missouri Department of Mental Health, Gary Bond & Sarah Swanson, Dartmouth Psychiatric Research Center, Roberta Hurley, Vocational Rehabilitation Coordinator for the State of Connecticut Department of Mental Health and Addiction Services, John Rios, MA, CRC. Senior Program Associate Advocates for Human Potential, Barbara Hollis, VRD State Commissioner and John H. Magill, SCDMH State Director.

The target audience of the conference was IPS & VR employment staff, Community Mental Health Center - Directors, Job Coaches, Targeted Case Managers, Peer Specialists, & Family Members. There were 110 attendees and the evaluations of the conference were overwhelmingly positive.

One additional outcome was that representatives of the State of Illinois attended the conference and as a result of their attendance they will replicate the conference in Illinois in June 2013.

**Continued Effort:** South Carolina is continuing the Supported Employment work begun with the EDI project. They are currently planning to hold trainings on motivational interviewing at all nine of its IPS sites statewide, with an approximate total audience of 29 people. In addition, these trainings will integrate train-the-trainer personnel into these additional sessions.

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Expansion of SE through Consumer Operated Service Programs and Development of Medicaid Billing for Peer Support Services with a Focus on Employment

**Overview of Goals/Objectives/Related Activities**

Over the course of the EDI project Texas Department of State Health Services (DSHS), Mental Health & Substance Abuse Division (MHSA) set out to accomplish the following goals:

- To strengthen peer delivered services in Texas by leveraging Medicaid billing for peer support services delivered with a focus on employment in the Consumer Operated Service Providers (COSPs) & Local Mental Health Authorities (LMHAs) by Certified Peer Specialists.
- To leverage the lessons, knowledge and experience learned from prior supported employment learning community pilots to assist in the development of peer delivered supported employment services. In addition to the lessons learned, training for peers in benefits counseling and the evidence-based model of supported employment was also a key focus.

The specific objectives to achieve these goals were/are the following:

- All 7 COSPs will be provided training and technical assistance in the provision of evidence-based supported employment and benefits counseling.
- The Austin COSP, Austin Area Mental Health Consumers, will develop the organizational capacity to deliver supported employment services that are Medicaid billable (i.e. hire peer providers dedicated to providing employment services) and will work with their Local Mental Health Authority, Austin Travis County Integral Care (ATCIC), to create a referral system for persons interested in employment.
- The other 6 COSPs will be provided with mentoring by Austin Area Mental Health Consumers, Consumer Operated Program, in addition to technical assistance by DSHS.

During this process Texas was able to complete the following:

- In collaboration with Via Hope (a peer owned and run non-profit), DSHS developed a contract with Shannon Carr (AAMHC Director) to serve as a mentor to other COSPs. Her mentorship relationship focuses on developing infrastructure to provide Medicaid billable services in collaboration with a LMHA with an emphasis on employment services (using the IPS model of Supported Employment).
  - AAMHC became a contractor for their LMHA, ATCIC, to provide Medicaid billable services.
  - AAMHC hired staff to focus on employment.
- COSPs were offered training in IPS Supported Employment by expert trainer Harry Cunningham. Approximately ¾ of the COSPs participated in this training. The post training evaluation showed an eagerness to have more training in this model.
  - AAMHC received some additional consultation on providing IPS Supported Employment in their COSP. The expert trainer will be providing additional follow up and consultation for the employment specialist at AAMHC.
Via Hope and DSHS leveraged the quarterly COSP gathering to provide “Work Incentives and Benefits Planning Training,” (by expert trainer Sara Kendall). All COSPs were represented at this training. COSP representatives received technical information in this training about navigating the Social Security system. There was also a heavy emphasis placed on the importance of engaging in the dialogue with peers/individuals about the benefits of returning to work by leveraging lived experience. Additional trainings covered topics such as “Is Your Organization Ready for Medicaid Billing?”

Shannon Carr began her mentorship efforts at the COSP Gathering by presenting a training on how to build infrastructure in the COSP to become Medicaid billable. She is reporting that she has received several follow up calls from her COSP colleagues about her presentation resulting in impromptu mentorship opportunities.

DSHS invited the COSPs to participate in the monthly Supported Employment TA calls. These calls include subjects such as Work Incentives & Benefits Planning, and recently implemented employment targets for the LMHAs.

There have been continued efforts to build infrastructure within the peer agency that was selected to serve as mentor for the EDI Project in Texas. Austin Area Mental Health Consumers has continued to solidify their contracting process with Austin Travis County Integral Care (ATCIC) and now provides Medicaid billable services. ATCIC is the Local Mental Health Authority and sister agency to AAMHC.

AAMHC has attended several required trainings to prepare them for ATCIC referrals for employment services. Some of those trainings were specific to the coding of services using the local data system. The AAMHC staff has attended several other required trainings such as: billing training; incident/accident report training; and provider training.

AAMHC began receiving referrals and providing those services this week as per the Director of AAMHC, Shannon Carr. AAMHC has continued to participate in the monthly supported employment technical assistance calls provided by the state and will continue to do so. As AAMHC continues to build infrastructure in the provision of Medicaid billable supported employment services, they will also provide continued mentorship to other COSPs.

**Next Steps**
The aforementioned activities laid the foundation for providing more structured mentorship to the other COSPs by AAMHC. Over the next several months to a year Texas plans to accomplish the following:

- Continue offering the COSPs an opportunity to participate in the SE TA calls.
- Additional training and consultation for AAMHC in the IPS model of Supported Employment by expert trainers.
- Conference calls for the COSPs focusing on AAMHC’s continued efforts to implement the IPS model of supported employment and the lessons learned from that experience.
- Site visits to the other COSPs by AAMHC and DSHS to provide technical assistance focusing on Medicaid billing and IPS Supported Employment.
- Development of a “How to Manual” specific to building infrastructure in the COSP to provide billable Medicaid services and with an emphasis on employment services using the IPS Supported Employment model.

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FY2011 EDI Project:
Supported Employment (SE) Champions

Key Outcomes:
The focus of Vermont’s EDI project is to enhance the use of evidence-based Supported Employment (SE) for adults with serious mental illness at Vermont’s ten Designated Community Mental Health Agencies (DA’s) increase the degree to which non-employment staff (i.e. case managers) support and refer their clients to SE services and increase integration of SE programming at their site. The primary grant activities include developing experienced SE Champions among the CRT (Community Rehabilitation Treatment) program’s non-employment staff who work to increase support for and knowledge of SE among their colleagues. As a result of the SE Champions efforts, the CRT programs have experienced an increase in the number of referrals to evidence-based SE services and the number of clients who are receiving such services.

Present situation and lessons learned:
All ten Vermont Designated Agencies’ CRT Programs are actively participating in the EDI award. CRT Program staff and leadership across the state are now familiar with the term “SE Champion.” The CRT leadership and case management supervisors are more actively discussing how to increase employment. Employment is increasingly being seen as a program-wide concern and not just the focus of the Supported Employment program. Employment coordinators at several of the sites have commented that having a case manager who voices support for SE and provides training to their colleagues affects the culture at the agency in a manner that the SE staff alone could not do. Referrals to the SE Program have increased at several of the agencies (according to verbal reports and Johnson & Johnson – Dartmouth data). Some case managers who have become more familiar with supported employment have actually considered changing their staff role from case manager to employment specialist. Some case managers have expressed that while they are very excited about the idea of employment, especially now that they know more about work incentives and the process involved with working with the SE Program, the individuals with whom they work are still hesitant to pursue employment. This continues to be feedback among the SE Champions as well. Their goal is to learn the most effective approach for working with individuals who are not presently considering employment. It also needs to be the goal of the leadership and supervisors to assist staff with employing the most affective approaches and changing any policies that inadvertently create barriers. This is part of the sustainability plan.

Agencies where the SE Champion is self-motivated, empowered (and encouraged by leadership) to provide the monthly in-service training on employment, and enthusiastic about the possibilities of employment for people with mental illness are increasing their level of integration at a faster rate. The SE Champion is more effective when he/she communicates with the SE Program Coordinator regularly and is allowed to have ample time to conduct activities related to the grant. In-person trainings result in more rich discussions, information sharing, and feelings of connectedness. While on-site visits by the grant manager on a more regular basis would have been helpful for the SE
Champion, time restraints of the SE Champion are a real problem.

Accomplishments and activities:

- CRT Directors, DMH leadership, DMH business office staff, Vocational Rehabilitation, consumer and family advocate groups, and SE Program staff all support the work of the grant.
- All ten CRT programs attended 90% or more of the monthly trainings. Trainings include:
  - “Introduction to Individual Placement and Support (IPS) and EDI Grant Guidelines”.
  - “Basic Benefits Information and Work Incentives”.
  - “Creating a Culture of Work”.
  - “Jobsville: Networking Possibilities to Support the Client’s Employment Goal”.
  - “Benefits Training for Case Managers”.
- Five of the ten agencies completed the survey on attitudes regarding the employment of people with mental illness; remaining states pending. Plan to have all sites re-do survey post-project.
- Information about the EDI grant has gained attention from other states as the result of presenting brief summaries during national J&J-Dartmouth Community Mental Health Program Learning Collaborative calls.
- DMH will hold a training event on motivational interviewing by a trained professional in the field of motivational interviewing. No date has been scheduled as of yet.

Successes:

- Increase in the number of conversations at agencies devoted to the topic of employment.
- Several agencies now have strategic plans that include employment at varying degrees.
- Increase in the number of referrals to the SE program and some increase in the employment rate at a few of the agency employment programs.
- Vocational Rehabilitation is pleased with the preliminary results and is interested in providing funding to support the grant’s efforts in the future.
- Agencies where employment has not been a major focus of case management team meeting conversations have witnessed more rich conversations about employment with the SE champion leading the way.
- Cross-agency sharing to learn more about development of a Job Tree to share consumers’ successes.
- SE Champions are showing an interest in attending the SE program coordinators quarterly meeting although this meeting is an activity outside the grant requirements.
- Six of ten agencies have submitted their data packet and are doing so regardless of the status of the planned $8,000 financial incentive payment.
- Program was awarded a Johnson & Johnson community mental health award.

Plan for the future:

- Determine the best way to continue to include case managers as SE champions.
- Discuss with Vocational Rehabilitation how to fund future activities that involve the case managers (i.e. a statewide training for case managers on employment).
- Develop a detailed state-level sustainability plan that addresses the need for strengthening the level integration of employment in other state-level activities impacting case managers.
- Work with the research and statistics team at DMH to collect data on employment in addition to the quarterly employment rates presently collected (such as the percentage of people employed who graduate out of CRT programs and the number of people who have and have not had access to SE services).

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FY2012 EDI PROJECT:

Employment First Initiative

KEY OUTCOMES:

Virginia is currently enacting an Employment First Initiative, which has as its goal increasing integrated employment opportunities for people with mental health, substance use, intellectual disability, developmental disabilities, and co-occurring disorders who want to work in the community. The activities conducted under EDI have had a tremendous impact on Virginia’s efforts, and are best shown through the below listed six areas.

1. “Develop a new employment services policy with the State Board of Behavioral Health and Developmental Services.”

DBHDS developed this policy statement with contributions from our partners in the field of employment as well as advocacy groups, provider organizations, Community Service Boards (CSBs) and individuals with disabilities. DBHDS sought, and received, public comment which helped develop a policy which has a broad base of support in the employment services community. The policy was approved on December 4th 2012 by the State Board for Behavioral Health and Developmental Services. The policy applies to DBHDS and all CSBs, which are now required to offer employment assistance and to track their efforts. CSBs are Virginia’s Community Mental Health Centers. The policy states:

It is the policy of the Board that in the development and implementation of policies and procedures and the delivery of services, the Department and CSBs shall ensure that community-based individual supported employment in integrated work settings the first and priority service option offered by case managers and support coordinators to individuals receiving mental health, developmental, or substance abuse day support or employment services and shall expand access to integrated, community-based employment opportunities for individuals with mental health or substance use disorders, intellectual disability, or co-occurring disabilities.

It also is the policy of the Board that the Department and CSBs shall be guided by the following principles in the provision of employment services and supports to individuals with mental health or substance use disorders, intellectual disability, or co-occurring disabilities.

- The goal of employment services is to support individuals in integrated work settings where they are paid minimum or competitive wages.
- Individuals should be active participants in developing their person-centered plans annually, including discussion of integrated, community-based employment services at least annually and inclusion of employment-related goals in individualized services and supports plans.
- Individuals should contribute to their own support to the extent they are able to do so, for example through becoming employed in integrated, community-based employment services.
Day services should be flexible enough to allow even individuals with the most severe disabilities to choose integrated, community-based employment among other day habilitation or rehabilitation services they may need.

While full-time employment is the optimal goal for many individuals, their services and supports providers should work with individuals to decide the number hours they want to work and are capable of working.

2. “Underwrite participation by community behavioral health and employment services staff to attend online training, “Supported Competitive Employment for Individuals with Mental Illness,” a 12-week course on the Individual Placement and Support (IPS) model of supported employment.”

DBHDS paid the tuition for 30 Community Service Board (CSB), and not-for-profit Employment Service Organization (ESO) staff to participate in the Virginia Commonwealth University (VCU) Rehabilitation and Research Training Center’s nationally recognized online web course on Supported Competitive Employment for Individuals with Mental Illness. DBHDS offered the opportunity to participate in the training to interested CSB and ESO staff. DBHDS developed an application which interested organizations needed to complete to show that they were committed to increasing the opportunity for integrated employment for their clients. Ten CSB and five ESO were selected to participate. DBHDS selected CSBs based on a number of criteria such as need for employment services in their area, a commitment to increasing employment opportunities for people with mental illness, and previous activities geared towards increasing towards employment options. CSBs selected for the project represent a cross section of geographical areas in Virginia from very rural to inner-city. The services they provide for employment currently range from pre-vocational classes and transitional and workshop employment to integrated community based employment. The direct care staff enrolled in the web course have a variety of levels of experience in different types of employment programs; some are having difficulty grasping the concepts of IPS. This reinforced our belief that Virginia needs to provide additional training to staff involved in employment services on the evidence-based best practice. The training lasted for 12 weeks and everyone successfully completed the training. The EDI Coordinator participated in the course and he and the instructor were impressed with the level of interest and commitment shown by the course participants. There were a number of course participants who commented that the information covered in the course had a great impact their perception of what they could do to help their clients be successful in the workplace. They also reported an increase in their belief that their clients could be successful in integrated employment.

Virginia put a lot of effort into trying to meld IPS with the state system, and frequently tried to add to the IPS model - which was universally rejected by IPS as IPS is very strict about what can and cannot be done. Nevertheless every site has “dirty little secrets” and has quietly added to supplement IPS at their sites. One thing that Virginia has learned is that just because IPS is the “best” way does not mean it is the perfect way.

3. “Organize partnerships of and conduct in-person trainings to community behavioral health, employment services, and vocational rehabilitation staff on the principles and practices of the IPS model”

Nearing the end of the web course, the instructor and EDI Coordinator developed a list of partnership sites to receive enhanced onsite training and technical assistance. To choose sites, DBHDS used the combined grades of class participants from each CSB as well as a measure of their willingness and desire to offer integrated employment using the IPS model. Although we initially proposed to offer this enhanced training to only four sites, due to earlier negotiations with VCU for reduced tuition costs, we were able to extend it to five. The EDI Coordinator worked with the course instructor and staff from vaACCSES, Virginia’s work incentives training organization, to develop a one day training for the selected sites that addressed some of the concepts of the web course in greater detail and to help the 5 “enhanced TA sites” implement integrated employment services. These trainings were well attended with a total of over 400 people participating across the sites. The audiences were composed of leadership of the CSB, local ESO and DRS staff, residential program staff, case management staff, and clubhouse staff and program participants. During the one day trainings DBHDS was able to correct a number of misconceptions about the potential for people with mental health and substance abuse issues to be successfully employed in the community, if the proper supports are put in place. Virginia also received feedback about addressing some disincentives in the current service delivery system that it incorporated into the policy statement presented above. In addition, a two-hour mini-presentation of the larger web course has been created and is being presented used across the state.
4. “Complete an updated DBHDS Resource Guide to reflect how community behavioral health, employment services, and vocational rehabilitation staff can partner to make the IPS model work in the field”

The first step in this process was the identification of areas where the guide could be revised to reflect how state and federal regulations and other fiscal (work incentive) information has changed since the guide was originally written. Staff from two sites where the IPS model is already successfully in practice, the CSB partners worked collaboratively with the EDI Coordinator on this part of the project. Each site took responsibility for reviewing and updating the sections we identified. The revised guide will serve as a training and technical assistance tool to be used in providing additional consultation to the new CSB/DRS/ESO partnerships created through this initiative. The Resource Guide has been updated significantly since its initial introduction, and this update has been done in conjunction with a public-private set of partners.

5. “Provide technical assistance to employment service delivery partnerships chosen through this initiative to demonstrate and evaluate supported employment outcomes.”

As an incentive to continuing CSBs’ efforts towards implementing the practices learned in the web course, DBHDS offered participants a payment of $1,000 per participant to increase employment opportunities for their clients upon successful completion of the course and receipt of a written commitment to apply the training towards implementing new or improved employment services at the CSB. Six of the ten CSBs whose staff completed the course have applied for this payment so far. The EDI Coordinator is DBHDS’ Community Resource manager for Employment Services and, as part of his regular duties; he will provide ongoing technical assistance to all organizations who participated in the Initiative on a continuing basis.

In addition to providing technical assistance to all CSBs participating in the project, the funds from this grant will be used to continue to support the five “enhanced TA sites” described above in developing their integrated community based employment options. Each site has been asked to select two individuals receiving services who would like to work in the community. DBHDS will financially support the CSBs in applying IPS techniques to help these people secure and maintain integrated employment over the next year.

6. “Convene regular meetings of the State Employment Leadership Network (SELN) to receive project oversight and expand the focus of VA’s Employment First initiative to include behavioral health services.”

EDI project participants currently serve on the State Employment Leadership Network Advisory Group for Virginia. As a result of participating in this grant, a number of individuals have asked to be invited to be on the SELN Advisory group for Virginia, which will increase the participation of Behavioral Health staff in this group. Virginia has committed to including individuals with different types of disabilities in its Employment First efforts. We have increased membership on the SELN Advisory Group to help ensure that people with Behavioral Health disorders have an impact on all Employment First effort in Virginia. Through BH staff’s involvement in SELN planning, there were two presentations about EDI efforts at the annual 2012 “Collaborations Conference,” sponsored by the Virginia Rehabilitation Association, the Virginia Association of Persons in Supported Employment, and the Virginia Association of Community Rehabilitation Programs in early October.

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FY2011 EDI PROJECT:

Supported employment in rural counties

KEY OUTCOMES:

Wisconsin is making a substantial employment impact in the state because DMHSAS has the capacity to sustain supported employment through braided funding including Division of Vocational Rehabilitation, county tax levy, federal Medicaid (MA) 1915(i) revenue and Social Security Ticket to Work. Wisconsin has an approved Medicaid state plan amendment (SPA) under 1915(i) to provide home and community based services to persons with mental illness and substance use disorders. The three services offered under this plan are Peer Support Services, Community Living Supportive Services, and Supported Employment (SE). The definition of the supported employment service used in this SPA is the Individual Placement and Support (IPS) model and its core principles. DMHSAS is currently in the process of submitting a revised SPA to come into compliance with the Patient Protection and Affordable Care Act requiring 1915(i) services to be offered statewide.

Wisconsin has already been focused on increasing supported employment in the state by increasing the ability of counties to develop high fidelity evidence based supported employment. For example, for the past three years, DMHSAS has used Medicaid Infrastructure Grant (MIG) funds to fund three county sites to implement the IPS model. The MIG funding will be ending for this project and the sites will become self-sustaining.

To meet the needs of smaller rural counties, DMHSAS used the EDI award to develop a regional model for use in the rural parts of the state. DMHSAS partnered with the Western Region Recovery and Wellness Consortium (WRRWC). This consortium includes 7 primarily rural counties.

Wisconsin has accomplished the following in support of this EDI project:

- **Grassroots Empowerment Program (GEP).** In February, 2011, DMHSAS staff met with GEP to discuss the logistics of the Peer Specialist (PS) Training. DMHSAS and contracted staff met with consumers interested in the training to provide an overview of the training and the role of a peer specialist in employment. The information training occurred on April 13, 2011 and was successful with 40 consumers in attendance. GEP created an admission process that involved a consumer application and a panel review of the applicants for the qualifications of being a consumer (peer) and readiness to participate in the training. The PS training was held June 19-25. Eight consumers completed peer specialist training and took the CPS Exam in August. The training was included into the grant because the Certified Peer Specialist Exam is part of Wisconsin’s employment ladder initiative.

- **Western Region Recovery and Wellness Consortium (WRRWC)**
  - WRRWC members continue to meet on at least a monthly basis. The meetings address the PS trainings, IPS Supported Employment model (based on a rural regional model implementation), and potential roadblocks such as...
how the IPS model could work across the 7 county members, particularly when the 7 counties do not have adjoining borders.

- WRRWC reported that attendance of Division of Vocational Rehabilitation staff at the meetings solidified VR’s relationship to the consortium and the supported employment project. However, WRRWC continued to have difficulty with the targeted consumers for the grant project to be classified by VR as such to cause them to be put on a waiting list. WRRWC and DMHSAS are looking at ways to improve this situation.

- WRRWC appointed three consumer representatives (which may be consumers, family members or advocates) to provide feedback on project planning.

- To assist with the IPS Supported Employment model, DMHSAS arranged a meeting between the IPS Dartmouth Trainer and WRRWC. WRRWC gleaned additional information on the IPS model and how it might be modified for a rural project. One issue was working through the differences among counties of pre-existing contractual relationships with supported employment specialists. The decision was made to identify the current specialists and programs and how their programs adhered to the fidelity to the IPS model. Training would be giving to those sites to educate them about and increase their use of the IPS model. For those counties that did not have existing contracts with programs, a creation of a shared services model was implemented.

- In May 2011, due to cost and workload concerns, WRRWC members involved in the EDI grant decreased from seven to four counties. Those counties that withdrew from the project did not feel that they could commit the needed county resources that were anticipated beyond the grant. DMHSAS staff believe that the reduction of participating counties may actually help in the operationalizing of the model. The four remaining counties are geographically linked and share some similarities that will lend itself nicely to this project.

- The four remaining WRRWC counties released a Statement of Qualification for an IPS Trainer-Coordinator to provide technical assistance and ensure consistency of IPS services across the region. Stout Vocational Rehab Institute was selected to provide this service. In order to provide sufficient time to gauge the impact of IPS implementation, the four counties have agreed to supplement EDI funding with county money to provide services through the summer of 2012.

- WRRWC plans to hold a preliminary training for prospective employment specialists, DVR staff and county staff to help ensure a common understanding of expectations regarding each organization’s role under the IPS model. The consortium also expects to contract directly with one or more supported employment agencies to provide IPS employment specialists for MH/AODA clients who otherwise would be wait-listed by DVR. Additionally, DVR and consortium partners will provide cross training to each other in the hopes of reducing the number of MH/AODA clients who are wait-listed.

- One barrier was the lack of an existing model to copy. WRRWC is breaking new ground with a rural, shared services model. WRRWC examined the fidelity of the IPS model and attempted to build a model around that fidelity. Often models are conceived and then examined for fidelity. As impressive as this process was, it did take WRRWC more time in the beginning stages of the project, however, DMHSAS believes it was time well spent.

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## Appendix - Nebraska Supported Employment (SE) Fidelity Side-by-Side

### Staffing Criterion

<table>
<thead>
<tr>
<th>SAMHSA Evidence-Based Practices KIT</th>
<th>Dartmouth Individual Placement and Support (IPS)</th>
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</thead>
<tbody>
<tr>
<td>Draft 2003</td>
<td>Publication Date: 2/2010</td>
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<table>
<thead>
<tr>
<th>No.</th>
<th>Criterion</th>
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<th>No.</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Caseload (up to 25 consumers)</td>
<td>1</td>
<td>Caseload size (20 or fewer clients)</td>
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</tr>
<tr>
<td>2</td>
<td>Vocational services staff</td>
<td>2</td>
<td>Employment services staff</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Vocational generalists</td>
<td>3</td>
<td>Vocational generalists</td>
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</tbody>
</table>

### Organization Criterion

| 1 | Integration of rehabilitation with mental health treatment |
|-----------------------------------------------|
| Integration of rehabilitation with mental health thru team assignment [Employment Specialists (ES) are attached to one or two MH treatment teams, from which 90% of the ES’s caseload is comprised] |
| Integration of rehabilitation with mental health thru frequent team member contact [ES actively participate in weekly MH treatment team meetings (not replaced by administrative meetings) that discuss individual clients & their employment goals with shared decision-making. ES’s office is in close proximity to (or shared with) their MH treatment team members. Documentation of MH treatment & employment services are integrated in a single client chart. ES help the team think about employment for people who haven’t yet been referred to Supported Employment services.] |
| 2 | Collaboration between ES and Vocational Rehabilitation counselors (ES & VR counselors have frequent contact for the purpose of discussing shared clients & identifying potential referrals.) |
| 3 | Vocational unit (Employment specialists function as a unit rather than a group of practitioners. They have group supervision, share information, and help each other with cases). |
| 4 | Vocational unit (At least 2 full-time ES & a team leader form an employment unit) |
| 5 | Role of employment supervisor |
| 6 | Zero exclusion criteria |
| 7 | Agency focus on competitive employment |
| 8 | Executive team support for SE |

### Services Criterion

| 1 | Work incentives planning |
|-----------------------------------------------|
| Disclosure [Employment specialists provide clients with accurate information and assist with evaluating their choices to make an informed decision regarding what is revealed to the employer about having a disability.] |
| 2 | Ongoing work-based assessment |
| 3 | Ongoing, work-based vocational assessment |
| 4 | Rapid search for competitive job |
| 5 | Individualized job search |
| 6 | Job development—Frequent employer contact |
| 7 | Job development—Quality of employer contact |
| 8 | Diversity of job types |
| 9 | Diversity of employers |
| 10 | Competitive jobs |
| 11 | Individualized follow-along supports |
| 12 | Time-unlimited follow-along supports [ES has face-to-face contact w/in 1 week before starting a job, w/in 3 days after starting a job, weekly for the first month, & at least monthly for a year or more, on average, after working steadily & desired by clients. Clients are transitioned to step down job supports, from a MH worker following steady employment clients. Clients are transitioned to step down job supports from a MH worker following steady employment. ES contacts clients within 3 days of hearing about job loss.] |
| 13 | Community-based services |
| 14 | Assertive engagement and outreach by integrated treatment team |