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Work and Mental Health in New York

A Statewide Educational Advisory Board Report on
Employment, Education and Training

December 2002

**The New York Work Exchange
is an innovative program
funded by the New York State
Office of Mental Health.**

**Our aim is to help mental
health providers break down
the barriers between people
with mental illness and the job
market, and to facilitate
consumers' access to the
dignity of paid, productive
employment.**

New York Work Exchange

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statewide educational advisory board
SWEAB



Preface and Acknowledgments

The Statewide Educational Advisory Board (SWEAB) Report resulted from a request by the New York State Office of Mental Health (OMH) to the New York Work Exchange (NYWE), a program funded by the New York State Office of Mental Health through the Coalition of Voluntary Mental Health Agencies (CVMHA).

Alysia Pascaris, Director of the New York Work Exchange convened an expert panel, the SWEAB, to assist in the project. The Board members are listed in Appendix 1. We sincerely thank them for all their ideas, suggestions, participation, and responsiveness. Having such a high level of expertise in the development of a report of this magnitude gives us great confidence in its thoroughness and importance.

The views and recommendations expressed in this report are those of the expert panel, the Statewide Educational Advisory Board, and do not necessarily reflect the views of the Coalition of Voluntary Mental Health Agencies.

The New York Work Exchange contracted with Jessica Wolf, Ph.D., Principal of the consulting practice Decision Solutions, to facilitate the SWEAB meetings and to draft all documents and the final report. Jessica's expertise, diligence and organizational skills were instrumental in carrying out every facet of this endeavor.

Executive Director Phillip Saperia and Boris Yagudayev of the Coalition, and Alan Menikoff, Deborah Short, Shaleigh Tice, and Jose Cabeza of the Work Exchange provided invaluable assistance and support.

David Silverman and Patrick Block set up the SWEAB web page, helped with the design of the online survey, and handled all online challenges promptly and efficiently.



Executive Summary

In fall 2001 the New York State Office of Mental Health (OMH) Division of Community Care Services engaged the New York Work Exchange (NYWE) of the Coalition of Voluntary Mental Health Agencies, Inc. (CVMHA) to develop a portfolio of employment services educational curricula for use throughout New York State.

To accomplish this task, the Director of the Work Exchange convened a Statewide Educational Advisory Board (SWEAB), with members drawn from public and private universities, think tanks, consultants, consumer organizations, and selected state, city, and federal agencies. Throughout its work the SWEAB sought to meld evidence-based practices and a recovery perspective. As the project evolved, the SWEAB identified existing curricula founded on evidence-based practice, noted areas where significant gaps need priority attention, and recognized system and organizational actions that must be taken to improve employment outcomes. This Executive Summary highlights priority findings and recommendations. The full Report describes the SWEAB process and products in detail.

The SWEAB Report is built upon the fundamental principles that citizens with psychiatric disabilities have the same rights and responsibilities for self-determination and self-sufficiency as other citizens; that recovery from mental illness is possible and desirable; and that people with a psychiatric disability can be assisted in achieving their career-oriented employment goals through organizations that provide recovery-oriented evidence-based employment services. The report notes that it is incumbent upon leaders, policy-makers, funders, and service providers to inform people with psychiatric disabilities about evidence-based employment practices and, together with them, to encourage and support hope and belief in recovery. The SWEAB concurs with the disability rights advocacy expression, “nothing about us without us.” The SWEAB Report articulates a vision that all interested persons with psychiatric disabilities attain and keep chosen career-oriented employment, leaving and changing jobs according to their career goals.

The SWEAB recognizes the leadership, authority, and oversight roles of the New York State Office of Mental Health and county governments in promoting evidence-based employment practices and facilitating requisite staff training. Many recommendations speak directly to these governmental bodies. Others call upon the cooperation of “external” constituencies including academic institutions, unions, employers and trade associations.

As its highest priority, the SWEAB unanimously recommends that the State immediately reallocate funds currently used for sheltered workshops in order to increase available evidence-based career-oriented employment services for individuals with psychiatric disabilities. The SWEAB also recommends that OMH supported employment follow-along funds be more flexible and available to assist any employed individual with a psychiatric disability in sustaining employment.

OMH and county funding and contracts should systematically promote accountability by setting specific employment outcomes and requiring evidence that previously determined employment outcomes have been met. Incentives and sanctions are recommended to assure compliance with required outcomes. Rigorous evaluation of employment services should include both subjective



and objective evidence at individual and systems levels in order to assure that all relevant perspectives have been considered. Individual considerations include the impact of achievement of and ongoing employment on well-being and health, and the perceived relationship between recovery and employment. At the systems level, measures of consensus are suggested to identify the extent of systems change toward a recovery-focused employment mission.

To advance career-oriented employment, staff members need education and training in evidence-based practices and recovery using training modalities that are quickly transferable to practice. Among the most pressing staff training needs identified by the SWEAB are: fundamentals of career-oriented employment services; communications training for all stakeholders; diversity awareness training; and training in legal skills, finances, and entitlements. Individualized staff education and training action plans can help in workforce enhancement, retention, and career development. Providers should work in partnership with individuals with psychiatric disabilities, assuring that their viewpoints are utilized in developing, offering, and modifying education and training and programming. Employers, human resources staff and managers need training as well regarding recruitment, hiring, and retention of persons with a psychiatric disability. The SWEAB also noted that supervisors are often neglected as targeted recipients of training; they need training in effective communication, planning, management, coaching and mentoring. The SWEAB developed a comprehensive set of Employment Services Practitioner Competencies that can be used to identify staff standards and training needs. To ensure that academic preparation is consistent with progressive practice, the report additionally recommends that academic curricula and related certification and licensing examinations in healthcare-related fields include content on recovery, employment and rehabilitation, while affording students access to “real world” experiences of persons with psychiatric disabilities.

Program design and structure influence the quality and effectiveness of career-oriented employment services. Employment services programs should operate with an awareness of prevailing labor market conditions, economic opportunity and career growth. They should adhere to effective practices, including the integration of clinical and employment services, articulation of optimism and belief in recovery, and promotion of peer networking and support. Program operations should be flexible in concert with participants' requests. Employment services programs should partner with other providers involved in meeting program participants' basic and broader needs. To assist providers and programs in ongoing assessment and improvement of organizational culture, structure, and functioning, management consultation should be readily available to mental health organizations through funding earmarked for this purpose. A compendium of Organizational Change Factors developed by the SWEAB can help assess organizational status and readiness for change.

The SWEAB report presents a thorough compilation of existing and needed education and training curricula as well as systemic and organizational prerequisites to increase the availability and effectiveness of evidence-based employment services and improved employment outcomes. The SWEAB recommends the adoption and dissemination by OMH, providers, and consumer groups of a recovery-focused employment mission statement to guide the activities described in this Executive Summary. Some recommendations in the SWEAB report can be implemented rapidly, while others require further planning and additional interventions. We invite all stakeholders to review the full report and appendices and to work together towards implementation.



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Definitions

In order to clarify the meaning of terms used in this report, three definitions are listed below.

EVIDENCE-BASED PRACTICE: practices or models of supported employment that have been evaluated by well-designed, rigorous research studies such as the Employment Intervention Demonstration Program (EIDP), a federally-funded, randomized clinical trial of supported employment, studies published in peer-reviewed academic journals, and found to be effective in establishing competitive employment for mental health consumers.

CAREER-ORIENTED EMPLOYMENT SERVICES: services that will result in competitive employment and ongoing career development. Competitive employment is defined by the Department of Labor and U.S. Department of Education to mean 1) employment at a minimum wage or above; and 2) employment in socially integrated settings. The individual obtaining the employment services defines the meaning of career goals, and employment is not limited in time or by agency practices.

CONSUMER, PERSON WITH A PSYCHIATRIC DISABILITY, PEOPLE WITH PSYCHIATRIC DISABILITIES: individuals with a psychiatric diagnosis and/or a history of serious mental illness. We note that preferences vary regarding these terms. Consistent with “person first” language, we have primarily used “person with a psychiatric disability” and “people with psychiatric disabilities” in the report, although in some of the appendices the term “consumer” is used mainly for efficiency of language.



Introduction

During the past several years, the New York State Office of Mental Health (OMH) has participated in a national focus on evidence-based practices models for services for people with serious mental illnesses, and has also recognized the importance of work as an element in promoting as well as reflecting recovery from mental illness. The 2001-2005 Statewide Comprehensive Plan for Mental Health Services noted, “OMH’s employment-related resources are being reviewed to ensure that they are focused on helping individuals to find and keep meaningful jobs in their own communities.” The Plan states that OMH is emphasizing outcomes with funded rehabilitation programs with the goal of improving employment and retention rates of people with serious mental illness. OMH aims “to increase the employment rate of people with psychiatric disabilities by making employment a top priority of the mental health system.”

While program-specific education and training efforts exist in some settings, no statewide, comprehensive, coordinated evidence-based strategy to enhance consumer employment opportunities has yet been formulated. Recognizing the need for a coordinated approach, the Office of Mental Health asked the New York Work Exchange (NYWE), in collaboration with the Cornell University Program on Employment and Disability (PED), to develop a portfolio of educational curricula in the arena of employment services.

The NYWE, a project of the Coalition of Voluntary Mental Health Agencies, Inc. (CVMHA), is funded by OMH to offer training and provide technical assistance to employment providers in the greater New York area. The Cornell University Program on Employment and Disability is especially recognized for its research on disability employment policy and for contributions to continuing education programs and technical support and assistance.

To undertake the task of identifying and planning for implementation of employment services educational curricula, the NYWE convened a Statewide Educational Advisory Board (SWEAB). Members were drawn from public and private universities, think tanks, knowledgeable consultants, consumer organizations, and selected state, city, and federal agencies (see Appendix 1).

The initiative was intended to help transform all levels of the delivery system (agency, program, and personnel) throughout New York State by emphasizing and supporting the use of evidence-based practices. An implicit assumption is that by enhancing staff skills and competencies, consumer employment outcomes in existing programs can be improved. As the project evolved, participants emphasized that to reach more consumers beyond those now receiving employment services, system capacity must also be increased.

The charge to the SWEAB was to:

1. inventory and identify specific evidence-based practices curricula recommended for the New York State system to improve staff and organizational attitudes, competencies and practice to assist individuals with mental illnesses in attaining their vocational aspirations and pursuing career development directions of their choice;
2. articulate a range of delivery vehicles and the anticipated target participants for each, including but not limited to credit-bearing educational programs, free-standing education and training endeavors, and technical assistance initiatives;
3. define and describe evaluative criteria and measures to assess change in staff and organizational knowledge, skills and competencies as they relate to increased employment rates of consumers;
4. design and present an implementation plan with specific phases and recommended timelines by November 2002.

SWEAB Work and Products

To meet its charge, the SWEAB met five times between January and October 2002, conducted six member telephone conference calls, hosted a focus group with human resource and staff development personnel and two focus groups with participants in supported employment programs and peer specialist and employment staff, and developed a number of documents, described below. The SWEAB facilitator also communicated individually with most SWEAB members by telephone and/or email. SWEAB members contributed to an extensive literature search undertaken to inform and support document development. Appendix 8 contains a listing of sources most directly relevant to the project.

The **EMPLOYMENT SERVICES PRACTITIONER COMPETENCIES** (Appendix 2) were developed to identify the content that evidence-based practices curricula in employment services should address. This document resulted from an extensive literature search as well as direct communication with researchers and experts in supported employment and employment services. While the competencies have not been field tested, feedback has suggested that they represent a comprehensive description of the knowledge, skills, and attitudes needed by effective employment services practitioners.

A complementary document, **SYSTEMIC AND ORGANIZATIONAL FACTORS** (Appendix 3) describes characteristics of organizations capable of promoting change to support and promote increased consumer career-oriented employment.

Concurrently, the SWEAB considered a number of issues related to staff training. Members noted that staff training is more effective in reinforcing change than in making change occur. They viewed technical assistance as a means to help stimulate and support desired change. Members emphasized that required program outcomes included in funding and contractual requirements are fundamental and necessary for change to occur.

To promote effective staff training, SWEAB members and human resource focus group participants recommended on-site, experiential, team-based training with regular follow-up. Consumer focus group participants emphasized the importance of inclusion of people with psychiatric disabilities in all staff training programs.



The SWEAB developed two survey instruments to obtain information on available relevant curricula. The **EMPLOYMENT SERVICES PRACTITIONER (ESP) SURVEY** was designed to identify evidence-based curricula targeted to employment services practitioners (Appendix 6), and the **TECHNICAL ASSISTANCE SURVEY FOR ORGANIZATIONAL CHANGE** (Appendix 7) sought information on technical assistance providers that help provider agencies in promoting organizational change. Both surveys were designed to be completed on-line during June-August 2002. Some survey information was provided directly and some was derived from provider websites. The Employment Services Practitioner survey contained entries from 33 organizations (Appendix 4), and the Technical Assistance Survey included information from 21 consulting entities (Appendix 5). Universities and training institutes were the majority of respondents in the ESP survey and were about 25% of Technical Assistance Survey respondents. Independent consultants, consumer organizations, and technical assistance centers accounted for about 60%, and other organizations for the remainder.

Survey findings suggest that at present, considerable curricular content exists in the areas of employment competencies (assessment and planning, job and career development skills, skill development and intervention skills, workplace and employer related skills), with fewer offerings in entitlements and financial counseling skills. Three offerings were listed in legal and three in human resource skills. There were relatively fewer offerings in interpersonal skills, and fewer providers offering interpersonal and relationship building skills. Advocacy skills were relatively well represented, except for the area of education and information skills, for which only two offerings were listed. Cultural competency skills had fewer presentations and a small number of providers, suggesting that more topics and more providers may be needed for cultural competency skills. While the ESP survey included questions regarding whether and how training is evaluated, we do not have specific information regarding effectiveness of the training or the fidelity of training content to evidence-based practices knowledge.

The Technical Assistance Survey demonstrates that numerous technical assistance providers are available to assist New York State service provider organizations in initiating and following through on change initiatives. About 60% are located in the New York and New England areas, with the remainder in other locations. The quality and effectiveness of these technical assistance providers are not proven through the information collected, although some providers included customer references in their survey responses.

While the SWEAB project did not assess the quality or effectiveness of available curricula and technical assistance, the issue of evaluation is addressed in the recommendations section. It is important to note that examination of the effectiveness of training constitutes a process, rather than an outcome evaluation. Increased staff expertise may or may not directly lead to increased employment. While the most important desired substantive outcome is increased career-oriented employment, we believe that high quality evidence-based education and training are essential components in this endeavor.



Vision Statement

This vision statement represents the ideal state towards which we aspire. The vision statement and the principles related to it drive the recommendations that follow.

1. All interested persons with psychiatric disabilities attain and keep chosen career-oriented employment, including employment in the mental health field, leaving and changing jobs according to their career goals.
2. Employment services practitioners are well trained in evidence-based practices approaches, and staff retention rates are reasonable.
3. High quality education and training tailored to staff needs are available, and information about training opportunities is readily accessible.
4. Provider organizations utilize evidence-based employment practices.
5. OMH funding for employment services reaches a critical level that assures availability of services for those who need and desire them, and training funding is adequate to assure that all staff who can benefit from training have access to it.
6. Employers and unions work in concert with people with psychiatric disabilities, providers, OMH and other relevant governmental and community organizations to offer and support participants' employment in the careers of their choice.



Principles

SWEAB members agreed that principles provide a foundation from which to derive recommendations regarding how consumers, practitioners, providers, and the State can promote improved consumer employment outcomes.

Discussion also focused on how to help people to want to work, how to undo prior socialization discouraging work, and how to change the collective vision so that work and career-oriented employment are considered a part of community living.

THE FOLLOWING PRINCIPLES UNDERGIRD THE RECOMMENDATIONS THAT FOLLOW

1. People with a psychiatric disability are citizens with the same rights and responsibilities for self-determination and self-sufficiency as other citizens, including opportunities for education and career-oriented employment.
 - ▶ Recovery from a mental illness is enhanced by employment.
 - ▶ Career-oriented employment is key to self-help, empowerment and recovery.
 - ▶ Employment is an essential element in community integration.
 - ▶ People have the right and responsibility to choose and change employment consistent with their self-defined interests, values and skills – aided by significant personal connections in their lives as well as by professional staff.
 - ▶ Employment is a way for people to become healthier, more fulfilled and economically self-sufficient.
2. Recovery from mental illness is possible and desirable.
3. People with a psychiatric disability can be assisted in achieving their career-oriented employment goals through organizations that provide evidence-based employment services.
 - ▶ Organizations that provide evidence-based employment services have an overall organizational culture with a commitment to and expectation of career-oriented employment for their program participants with a psychiatric disability.
 - ▶ Staff have a set of competencies that support their ability to provide evidence-based practice career-oriented employment services for their program participants.
 - ▶ Organizations offer career development skills training and supported education as part of long term employment services.
 - ▶ Organizations take affirmative steps to heighten participation of individuals with psychiatric disabilities in defining employment services by involving them in: governance of their organization, service delivery, program planning and evaluation, needs assessment and satisfaction studies, staff education and training, and access to employment services resources for self-help and peer support.



4. People in positions of authority and leadership in public, private and nonprofit sectors are responsible to continue working to diminish barriers to and develop incentives for career-oriented employment for people with a psychiatric disability.
 - ▶ Coordination, partnerships and collaboration across OMH, Department of Labor (DOL), Vocational and Educational Services for Individuals with Disabilities (VESID), Department of Health (DOH), Social Security Administration (SSA) and other related federal, state and local governmental and community organizations facilitate the development of policies, procedures and funding for career-oriented employment services.
 - ▶ Government contracts for career-oriented employment services that require agencies to use evidence-based practices facilitate successful employment outcomes for people with a psychiatric disability.
 - ▶ In a sound system, funding and contracting authorities (including OMH and county Departments of Mental Health) articulate and support the priority of career-oriented employment with incentives and funds for technical assistance, training and acquisition of new skills, endorse training organized on evidence-based employment practices, and promote staff education-based outcomes within contractual requirements (*i.e.* training, technical assistance and program funding are linked).
 - ▶ OMH heightens competencies of employment services staff by funding training, technical assistance and staff development initiatives in both academic and continuing education activities.
5. Employers and unions should recognize that people with a psychiatric disability require the same respect and treatment as other people who are seeking and maintaining employment and developing a career.
 - ▶ OMH and others in the public and nonprofit sectors can heighten employer understanding about the presence of people with psychiatric disabilities in the workforce through involvement and partnership with trade associations, unions, and Employee Assistance Programs (EAPs), Society of Human Resource Managers and other regional and local employer-based organizations.
 - ▶ Employment service programs heighten career-oriented employment goals through education and training in communications in employment settings for employers and unions as well as people with a psychiatric disability.
6. Assisting people with psychiatric disabilities to enter employment is integral to the overall mission of OMH and thus inherent in the responsibilities of all its staff and providers, even those not explicitly charged with employment service responsibilities.
 - ▶ OMH combats barriers to employment that individuals face such as prejudice, discrimination, and economic disincentives.
 - ▶ OMH and providers are responsible to facilitate changes in environmental factors (anything outside the person) and skills (the person) to enable the person to pursue the job of choice.
 - ▶ Creation of a well-trained, organizationally supported workforce of individuals with a psychiatric disability who are hired as employment service practitioners is an important component of successful employment services initiatives.

Recommendations

Recommendations are presented in the categories of system, staff training, program design, people with psychiatric disabilities, organizational change, and evaluation. Some recommendations can be implemented immediately by a variety of participants. Others require OMH funding and other actions at state levels. While we recognize the many components of and participants in “the system” (see Appendix 3, first page), the State Office of Mental Health is the primary actor in the public mental health system, and therefore many systemic recommendations are directed to OMH, with additional recognition of the importance of counties as contractors.



SYSTEM

NOTE: The SWEAB ranked the first four recommendations (shaded) by priority. The remaining ten recommendations were not prioritized.

1. OMH should immediately reallocate funds currently used for sheltered workshops into career-oriented employment programs in order to increase availability of employment services.
 - ▶ Consideration should be given to transitional planning.
 - ▶ A “carrot and stick” approach can include planning funds, incentives tied to increased employment, milestone payments.
 - ▶ RFPs should be considered for community rehabilitation facilities with training resources available together with phased changes.
 - ▶ “Carrots” include training, consultation, technical assistance, centers of excellence, champion models, credentials and certification.
2. OMH should offer guidance on training curricula to community agencies via such entities as the NYWE, Cornell University PED, etc.
3. OMH supported employment follow-along funds should be more flexible and available to support both both VESID-eligible and other individuals with psychiatric disabilities.
4. OMH and county funding and contracts should promote accountability and require both objective and subjective evidence of outcomes attained.
 - ▶ Agencies funded to provide employment services or assist individuals in attaining employment goals must report outcomes.
 - ▶ State and county funding and contracts should be linked to participants' employment, including employment retention.
 - ▶ Specific employment goals should be set and providers required to meet them as a condition of continued funding.
 - ▶ Agencies should be able to demonstrate that employment services practitioners meet certain competencies, especially those targeted to assessment of program participants' needs and practitioners' knowledge of job search strategies, marketing, understanding tax credits, benefits advisement, and understanding of employment rights and responsibilities regarding the Americans with Disabilities Act (ADA), disclosure and job accommodation decisions.
 - ▶ OMH should mandate that when a person with a psychiatric disability is unemployed for at least six months, career-oriented employment considerations must be discussed with the individual and, if appropriate, addressed in the treatment plan.



5. OMH should take the lead to include mental illness and psychiatric disability as part of the Governor's and State employment initiatives.
 - ▶ Public education and employer education regarding mental illness, stigma, employability of persons with psychiatric disability, and ADA should be available.
 - ▶ To heighten employer understanding about people with psychiatric disabilities in the workforce, OMH and others in the public and nonprofit sectors should promote partnerships with trade associations, unions, and Employee Assistance Programs (EAPs), Society of Human Resource Managers and other regional and local employer-based organizations.
 - ▶ OMH should include employers and unions in funding and training incentives.
6. OMH and contracting entities should utilize their contracting authority to require the increased hiring of qualified staff with psychiatric disabilities in employment services and require that funded agencies employ such qualified persons at wages equivalent to other staff.
 - ▶ Persons with a psychiatric disability should be hired and integrated into all available positions rather than being hired only into designated positions.
 - ▶ Individuals with a psychiatric disability should be hired as trainers.
 - ▶ Individuals with psychiatric disabilities hired as staff should receive the same kinds of training and attain the same vocational and employment outcomes as other staff.
7. OMH funding should include an allocation for staff training, including employment services practitioner staff (7-10% of total budget is a standard private sector proportion).
 - ▶ Training should be mandated as part of contracts.
 - ▶ Training Directors' networks should be established within trade associations such as the Coalition of Voluntary Mental Health Agencies.
8. OMH should initiate sanctions and incentives, including succession planning (e.g. planning for continuity in staff coverage despite turnover) for state facilities and community programs to promote employment initiatives.
9. OMH should fund supported education programs and should promote partnerships among supported education, employment services providers, and educational institutions.
10. OMH should provide funds for long-term support for employment and career building as well as skill development in employment decision-making for individuals with psychiatric disabilities.
11. OMH should assure that funding and access are available for basic training in supported employment.

12. Certification for Employment Services Practitioners should be explored.
 - ▶ One option would be developing the Employment Services Practitioner Competencies into a certifiable status.
 - ▶ Another option would be requiring and supporting certification for employment services practitioners from the International Association of Psychosocial Rehabilitation Services (IAPRS).
 - ▶ Other options include Commission on Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation of Services for Families and Children (COA), Commission on Rehabilitation Counseling Certification (CRCC).
13. OMH should develop an online education and training calendar, either directly and/or through contracts with other organizations such as NYWE.
14. OMH should establish outcome measures for education and training.
 - ▶ People with psychiatric disabilities should be involved in establishing desired outcome measures and variables.
 - ▶ Education and training providers should be credentialed and/or evaluated relative to evidence-based practices and training effectiveness.



STAFF TRAINING

NOTE: The three recommendations are listed in priority order, and the top priorities within them are shaded.

1. Gaps in current training curricula and programs should be identified and filled, including:
 - ▶ Communications training for employment services staff, individuals with psychiatric disabilities, and employers and unions
 - ▶ Staff training in basic skills, e.g. writing, speaking properly, dressing appropriately, attitudes towards work and program participants, staff as role models
 - ▶ Diversity awareness and training regarding recruitment, hiring, and retention of persons with a psychiatric disability offered to human resources staff, managers, employers, EAP providers, and unions
 - ▶ Individual education plans for staff
 - ▶ Training in legal skills, benefits, entitlement and financial counseling skills
- ▶ Cross-training curricula – e.g. Mental Health, Education, VESID as well as social rehabilitation and vocational rehabilitation staff
- ▶ Training for school system staff – e.g. teachers, psychologists, nurses, social workers, administrators, occupational therapists
- ▶ Specific training modules for special needs populations, e.g. forensic clients, individuals with co-occurring disorders, youth, persons with psychiatric disabilities from diverse cultural and ethnic groups
- ▶ Readiness for work curriculum (in development by Boston University Center for Psychiatric Rehabilitation – BUCPR)
- ▶ Video for classroom use on employment services evidence-based practices
- ▶ Cultural competency training, including understanding of race and class as well as issues specifically related to psychiatric disability
- ▶ Training in types and effects of medications
- ▶ Training in human resource skills
- ▶ Training in advocacy education and information skills



2. Education and training action plans should be developed to support staff enhancement and retention. These should include:
 - ▶ Training partnerships with persons with a psychiatric disability
 - ▶ A variety of training modalities, including on-site, quickly transferable to practice
 - ▶ Communication promoted between different sectors, e.g. behavioral health, Intensive Psychiatric Rehabilitation Treatment (IPRT) programs, etc.
 - ▶ Staff education in evidence-based practices and recovery
 - ▶ Dissemination of successful models, following evaluation

- ▶ Pre-service, in-service and refresher training
- ▶ Ongoing basic career-oriented employment services training
- ▶ Training activities undertaken in selected pilot sites
- ▶ Priorities for target training groups
- ▶ A variety of training models for a range of training levels – e.g. train-the-trainer, mentor/protégée, champion
- ▶ On-site training for whole teams wherever possible
- ▶ Definable, measurable outcomes for training
- ▶ Emphasis on experiential training wherever possible
- ▶ Online learning as an option

3. Career development strategies should be established and promoted. These should include:
 - ▶ Curriculum modifications in academic programs, e.g. psychiatry, psychology, social work, rehabilitation, nursing, occupational therapy to add recovery curricula as well as information on employment and rehabilitation
 - ▶ Access by students in academic programs to “real world” experiences of persons with a psychiatric disability and practitioners
 - ▶ Questions on recovery included on certification and licensing examinations
 - ▶ Support for links between academic learning and practical application
 - ▶ Training for supervisors in communicating more effectively and becoming better planners, managers, coaches and mentors

- ▶ Academic credits for training



PROGRAM DESIGN

NOTE: The top five priority recommendations are shaded. The remaining seven recommendations were not prioritized.

1. Clinical and employment services should be integrated.
 2. Individual work and education plans should be instituted for program participants.
 3. Programs should operate with flexible scheduling with services available during evenings and weekends.
 4. Employment programs should recognize labor market conditions, economic opportunity and career growth.
 - ▶ Employers and unions should be included as partners in program design.
 5. To move forward in employment, people with psychiatric disabilities should be assured adequate housing.
-
6. Providers should acknowledge individuals with psychiatric disabilities as persons who can work and do a good job; providers should determine ways to recognize individuals with psychiatric disabilities for their accomplishments, including small forward steps as well as major life changes.
 7. Programming should be developed to help participants increase their coping repertoires and “stay the course” after attaining employment.
 - ▶ Personal and work adjustment groups co-led by staff can be helpful
 - ▶ Wellness management should be emphasized, including promoting well-being, seeking support, crisis planning, etc.
 - ▶ Agencies should develop and support peer-led employment peer support groups.
 8. Strategies should be identified to:
 - ▶ Identify those who have not yet learned dependent behavior
 - ▶ Help those who have been in the system for a prolonged time unlearn dependent behavior
 - ▶ Promote interventions that encourage independent and interdependent behavior, while minimizing dependent behavior
 - ▶ Teach people to use available resources in the service of goals that are meaningful for them



9. Transitional plans consistent with Olmstead plan requirements should be developed and implemented for children and youth currently receiving services in schools, including children and youth with emotional disorders.
10. Linkages with educational institutions such as community colleges and vocational training schools should be promoted.
11. Agencies should undertake extensive collaboration activities with vocational rehabilitation, substance abuse networks, employer and union organizations, employment trade associations, etc.
12. Job developers' networks should be established, particularly in the areas of professional and managerial jobs.

PEOPLE WITH PSYCHIATRIC DISABILITIES

NOTE: The top five priorities are shaded. The remaining six recommendations were not prioritized.

1. People with psychiatric disabilities should be informed about evidence-based employment practices and their implications for recovery, as well as program choices and information about program outcomes.
 2. Individuals with disabilities should receive education about the Americans with Disabilities Act and rights, responsibilities and employment decisions regarding disclosure and job accommodations.
 3. Opportunities for networking and support should be available to individuals with psychiatric disabilities.
 4. People with psychiatric disabilities should be encouraged to identify and pursue their personal career goals.
 - ▶ Setbacks should not be seen as failure; rather, they are opportunities for learning and growth.
 5. Employment services programs should include approaches that encourage and support optimism and belief in recovery, including recognition of the value of spirituality for some people.
-
6. People with psychiatric disabilities should be trainers in staff education and training to help staff and co-workers see them as workers on jobs rather than “a person with a disability.”
 7. More on-the-job training opportunities should be available to people with psychiatric disabilities.



8. Peer specialists should be trained in the competencies needed in their work to augment the benefits brought from their experience as individuals with psychiatric disabilities.
9. People with psychiatric disabilities should be trained in partnership skills, both in teaching others what they know and learning how to be in partnership with others.
10. People with psychiatric disabilities should be educated about mental illnesses, medications and their effects.
11. People with psychiatric disabilities, including peer specialists, should be assisted in developing career mobility opportunities.

ORGANIZATIONAL CHANGE

NOTE: These recommendations are listed in priority order.

1. OMH and providers should adopt and disseminate a recovery-focused employment mission statement.
2. OMH and providers should work to increase systems collaboration to promote organizational change.
3. Management consultation should be readily available to mental health organizations through funding earmarked for this purpose.
 - ▶ SWEAB Systemic and Organizational Factors document (Appendix 3) can be used as a possible template for organizational assessment.
 - ▶ Ongoing organizational mentoring and support should be available.
 - ▶ Trade associations can offer technical assistance and broker organizational partnering.
 - ▶ Team-building and ongoing management reinforcement are important.
4. Supervision should promote ongoing training.
 - ▶ Supervisors should receive training and support.



EVALUATION

NOTE: These recommendations are listed in priority order

1. Outcome measures for people with psychiatric disabilities, staff, education and mental health organizations should be established to refine, shape and modify training.
 - ▶ Outcomes include level of program participants', staff and organizational learning readiness, awareness of the need for change, and acquisition, application, utilization, maintenance and sustainability of program participants', staff and organizational skills for helping people with psychiatric disabilities work and move along the road to recovery.
 - ▶ Additional outcomes include measures of consensus building toward identifying the state of systems change for a recovery-focused employment mission.
 - ▶ Consumer satisfaction studies regarding employment programs should be included in outcome measures.
 - ▶ Rigorous outcome measurement methods include scientifically defensible labor force outcomes obtained using methods with established validity and reliability (such as protocols used by the U.S. Department of Labor, and protocols available on the EIDP website for tracking and summarizing employment outcomes among individuals with psychiatric disabilities) as well as subjective experiential measures such as empowerment and self-esteem.
2. A methodology for quantifying and evaluating the Employment Services Practitioner Competencies (Appendix 2) should be developed to determine how modifiable they are to specific settings and how to assure both flexibility and some standardization.
 - ▶ Standard competencies established for Employment Services Practitioners can be used to identify staff training needs.
 - ▶ Employment Services Practitioner title can be legitimized.

Next Steps

We believe this report is an important beginning in development of evidence-based employment services education and training. Following OMH review of the report, the New York Work Exchange and individual members of the Statewide Board stand ready to develop specific implementation strategies at all levels.



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Appendix 2:

EMPLOYMENT SERVICES PRACTITIONER COMPETENCIES

1. EMPLOYMENT SKILLS

1.1 Assessment skills

- ▶ Completes and updates initial and ongoing assessments of individuals' employment-related strengths and deficits
 - ▶ Demonstrates literacy skills and knowledge of report-writing
-

1.2 Planning skills

- ▶ Demonstrates understanding of and willingness to learn from individuals' history
 - ▶ Encourages the establishment of goals that address career development
 - ▶ Works in collaboration with participants to develop individualized, comprehensive employment and career plans
 - ▶ Monitors on an ongoing basis the individual's acquisition of and ability to use both technical and interpersonal skills on the job
-

1.3 Job development skills

- ▶ Assists the individual to find job opportunities that: a) meet personal preferences; b) promote financial independence; c) are career-oriented
 - ▶ Assists individuals in building skills to assist in retaining employment
 - ▶ Promotes consumer-centered job development efforts that empower consumers to find jobs on their own over time
 - ▶ Understands how to work in collaboration with employers and unions
-

1.4 Career development skills

- ▶ Understands labor market information and how it impacts on career decision making (economic conditions; positions currently in demand)
 - ▶ Understands O*NET (the Occupational Information Network), a comprehensive database of worker attributes and job characteristics; O*NET can be the foundation for facilitating career counseling, education, employment and training activities
 - ▶ Helps the working individual over time to regularly examine job satisfaction, decision making regarding potential job changes, and advancement consistent with individual needs and preferences and a career mobility perspective
 - ▶ Helps individuals respond to job loss without retreat from the labor force
-



1.5 Skill development and intervention skills

- ▶ Teaches or makes available the needed resources to ensure the acquisition of both technical and interpersonal skills needed at work
- ▶ Offers anticipatory guidance to individuals who are working to plan for and to manage difficulties and crises to permit retention of employment
- ▶ Teaches, trains, advises and/or demonstrates self-advocacy skills to assist individuals with:
 - a) understanding discrimination (cause and effects)
 - b) identifying or determining the presence of discrimination to raise questions proactively about perceived discrimination; learning how to negotiate salary, time, questions about perceived discrimination, and accommodations
 - c) learning how to negotiate salary, time, questions about perceived discrimination and accommodations
 - d) ability to develop strategies to withstand and overcome the effects of discrimination
 - e) learning how to negotiate accommodations, problem resolution and grievance procedures in employment settings

1.6 Workplace and employer-related skills

- ▶ Assists in shaping, negotiating for, and putting into place effective job accommodations that make continued work more feasible
- ▶ Assists individuals in developing the supports needed to function at work at the level of independence they wish and need
- ▶ Communicates effectively with employers, using persuasion and/or negotiation techniques as appropriate
- ▶ Identifies workplace supports within the workplace (e.g. EAPs) and promotes effective use of those supports by individuals

1.7 Legal skills

- ▶ Knows and understands legal issues and laws regarding discrimination including civil rights legislation, EEO, Affirmative Action, and Americans with Disabilities Act
- ▶ Is able to assess an employer's or business' discriminatory attitudes and/or practices throughout the employment decision making process including recruitment, hiring, orientation/training, accommodation, advancement, and layoff/firing decisions
- ▶ Demonstrates ability to intervene with employers who have exhibited discriminatory practices and to provide support for employees as they attempt to change these practices
- ▶ Is able to educate employers on discrimination, the Civil Rights Act, the Americans with Disabilities Act and providing supports for employees
- ▶ Knows when to call on legal resources to persuade or negotiate/initiate formal proceedings with employers where employment discrimination has occurred
- ▶ Is able to assist in problem-solving with employers and employees to resolve discriminatory actions or statements

1.8 Entitlements and financial counseling skills

- ▶ Assists individuals in understanding the fiscal impact of employment
- ▶ Possesses knowledge of cash and medical entitlements (SSA-SSI, SSDI, Medicaid, Medicare), work incentives (IRWEs, PASS Plans), eligibility issues, appeals processes
- ▶ Assists individuals in making informed decisions regarding their benefits and earned income



2. INTERPERSONAL SKILLS

2.1 Interpersonal skills

- ▶ Inspires hope in the recovery process including supporting gradual achievement via small steps as well as helping people by heightening expectations for their eventual success
- ▶ Engages the individual in the rehabilitation and recovery process
- ▶ Engages individuals as full collaborators in service planning, delivery and evaluation
- ▶ Designs, delivers and documents highly individualized services and supports, including identifying specific needs of particular individuals (e.g. substance abuse and mental illness, forensic issues, transition plans with education and employment agencies for youth in transition)

2.2 Relationship building skills

- ▶ Evidences understanding of biological, behavioral and emotional aspects of psychiatric disability
- ▶ Behaves and speaks empathically
- ▶ Is supportive without being patronizing
- ▶ Demonstrates ability to value individuals for their potential
- ▶ Is able to let go, provide what is needed, allow individuals to learn to decide what is needed, and respect those decisions (empowerment)
- ▶ Recognizes the value and actively works to enhance the availability of role models and mentors for people with psychiatric illnesses
- ▶ Willingly serves as a role model for consumer staff
- ▶ Where relevant, includes family members and caring others in all aspects of service planning, delivery and evaluation

2.3 Human resource skills

- ▶ Actively recruits consumers as desired staff at all levels
 - ▶ Is able to assist or lead in creating program and system responses to meet individual needs
 - ▶ Understands program evaluation methods and contributes to program evaluations and organizational priority-setting
 - ▶ Is supportive to co-workers and supervisors
 - ▶ Assists in recruitment and staff retention efforts
 - ▶ Undertakes performance evaluations
 - ▶ Provides information and resources to support staff career development
 - ▶ Supports and facilitates staff training
 - ▶ Engenders a “team player” collaborative approach to staff interactions
 - ▶ Conducts activities in a professional and ethical manner
 - ▶ Is able to analyze problems and develop creative solutions
-



3. ADVOCACY SKILLS

3.1 Advocacy skills

- ▶ Is able to access advocates and advocacy organizations concerning discriminatory practices such as the EEOC, mediation services, union grievance services, human relations agency services
- ▶ Is able to assess through direct observation or analysis of written and verbal information whether or not individuals may be experiencing discrimination in employment settings
- ▶ Advocates for needed funding support for individuals
- ▶ Advocates for full citizenship and community integration

3.2 Resource development and community resource networking skills

- ▶ Demonstrates working knowledge of DOL, One-Stop Delivery System, Ticket to Work and Workforce Investment Act (WIA)
- ▶ Is knowledgeable about how to negotiate access and funding for state and local vocational rehabilitation services
- ▶ Knows about and is able to help individuals access public and other transportation options to get to and from work
- ▶ Is knowledgeable about and works in collaboration with the criminal justice system, including probation, parole and other criminal justice providers
- ▶ Is knowledgeable about and works in collaboration with educational systems and other agencies serving youth seeking employment
- ▶ Assists the individual in developing a social life that supports a career
- ▶ Researches, develops and maintains information on community and other resources relevant to individuals' needs
- ▶ Works collaboratively within and across the service system (e.g. with other professions, interagency teams, VESID, managed behavioral healthcare organizations, etc.)
- ▶ Is well versed about clinical issues related to living with mental illness
- ▶ Actively supports and participates in integration of employment and mental health services within and between agencies

3.3 Education and information skills

- ▶ Informs individuals about the operations of and assists them in using available career related programs including employment and educational services within and beyond the mental health system; e.g. clubhouses, universities, and courses, VESID-sponsored training services, One-Stop Career Centers, employment agencies, college placement offices, etc.
 - ▶ Is familiar with and refers individuals to supported education programs as a means for career development and employment
 - ▶ Is knowledgeable about learning styles, literacy, learning deficiencies and learning disabilities as they impact on employment
-



4. CULTURAL COMPETENCY SKILLS

- ▶ Understands, is committed to, and promotes individual empowerment, self-help, and recovery
 - ▶ Recognizes the importance and relevance of person-centered planning in addressing individuals' unique needs
 - ▶ Creatively and flexibly designs helping techniques that are consistent with individuals' cultural backgrounds, experiences and values
 - ▶ Understands how personal strengths, family and cultural strengths, religious/spiritual affiliation and historical perspective affect attitudes toward employment and discrimination
 - ▶ Understands the effectiveness of multiple strategies for dealing with and combating discrimination
 - ▶ Understands the impact of discrimination on functioning, attitudes towards education, and employment
 - ▶ Demonstrates understanding of how level of acculturation impacts the individual's ethnic/cultural identity, relationship with persons within and outside of the group and the dominant group, and how acculturation and these relationships affect stable employment
 - ▶ Mobilizes and promotes peer support groups and networks
-



Appendix 3:

SYSTEMIC AND ORGANIZATIONAL FACTORS: CHANGE FACTORS REQUIRED TO IMPROVE CAREER-ORIENTED EMPLOYMENT OUTCOMES FOR PERSONS WITH SERIOUS MENTAL ILLNESS

SYSTEMIC FACTORS

1. Career-oriented employment for consumers with mental illness must be a system-based outcome priority.
2. To realize this priority, a demonstrated commitment to producing and maintaining change at all levels is essential.
3. Empowerment, self-help and recovery must be defining values and should be reflected in policies and practices.
4. The system includes federal, county, and local level governmental agencies such as the Office of Mental Health (OMH), Department of Labor (DOL), Vocational and Educational Services for Individuals with Disabilities (VESID), Department of Health (DOH), Department of Education (DOE), Social Security Administration (SSA), etc.
5. Other important system participants include coalition groups (for example New York Association of Psychiatric Rehabilitation Services - NYAPRS) and trade associations (for example Coalition of Mainstream Employment Programs – CMEP, New York State Rehabilitation Association – NYSRA; Coalition of Voluntary Mental Health Associations – CVMHA), state and local unions, Employee Assistance Programs (EAPs), businesses and employers, consumers and consumer groups, academic institutions, free-standing training providers, technical assistance and management consultants. These groups advocate for employment and in some instances deliver workforce training and education.
6. Funding and contracting authorities (including OMH and county Departments of Mental Health) must articulate and support the priority of career-oriented employment with funds for training and acquisition of new skills, should endorse training organized on evidence-based employment practices, and must stipulate staff education-based outcomes within contractual requirements.
7. Funding and contracting authorities must offer funding incentives favoring desired outcomes and imposing sanctions when outcomes are not attained. These include mechanisms to tie service activities to the number of consumers attaining and retaining career-oriented employment.
8. OMH must lead and other system participants collaborate in supporting arrangements for staff to obtain training, including promoting training technologies and technical assistance that can be provided at the job site and are quickly transferable to the practice environment.
9. Funding and contracting authorities should identify mechanisms to offer training credentials and certification (e.g. certificates, academic credentials, etc.) to enhance staff career development and assure provider accountability in obtaining mandated staff training.
10. Mental health systems and providers must model good employment practices by demonstrating exemplary hiring of current or former consumers in a variety of positions, not just as case aides, peer support specialists, or consumer affairs staff.
11. Labor market conditions, economic opportunity and career growth must be taken into account in designing employment programs.



ORGANIZATIONAL FACTORS

1. Clearly stated and consistent organizational vision, mission, values and service outcomes

- ▶ Vision, mission, values and service outcomes explicitly incorporate career oriented consumer employment
- ▶ Empowerment, self-help and recovery are defining values reflected in policies and practices
- ▶ Organizational mission supports employment as a viable, desired, and attainable outcome
- ▶ Organization's mission recognizes that consumers want to work, technology is available, current employment rate is unacceptably low
- ▶ Organizational culture is consumer-centered
- ▶ Organizational culture supports and promotes cultural competence
- ▶ Boards of Directors and Governing Boards support organizational vision, mission, values and service outcomes

2. Leadership recognizes urgency of need for change

- ▶ Organizational culture conveys hope, belief in and commitment to change needed to realize career-oriented employment outcomes
- ▶ Internal identification of need – e.g. workforce crisis in recruitment and retention of qualified staff
- ▶ Recognition of need to reconfigure services and retrain staff to promote consumer recovery, empowerment and career attainment through employment
- ▶ Emphasis on specific employment and career development outcomes

3. Organizational process consistent with change

- ▶ Ensure consistency in organizational policies -reflecting vision, mission, values and service outcomes: e.g. hiring consumers at all levels in a variety of positions; an accommodating workplace; staff job descriptions that include the activities required to achieve organizational service outcomes and consumer goals; hours of operation not conflicting with working consumers' needs
 - ▶ Leadership supports and rewards staff creativity and flexibility in conceptualizing and realizing employment goals
 - ▶ Total Quality Management: set of organizational development strategies determined to: a) increase quality and productivity of staff work environment b) link improvement/training effort to data (e.g. evidence-based practices) c) ensure continuous quality improvement
-



4. Consumer and family member involvement

- ▶ Consumers and family members are involved in all stages of the change process: e.g. drafting organizational mission, determining goals and outcomes
- ▶ Plan developed and implemented delineating mechanisms for consumer involvement
- ▶ Employment services staff who are consumers are positioned to enhance peer support and advocacy

5. Organizational staff commitment on multiple levels driven by those individuals or groups who are committed to change

- ▶ Leadership investment in change process including board involvement, management, individuals in position of influence; garner support of staff
- ▶ Staff investment and involvement: formulation of staff teams of camaraderie and support to facilitate transition during change process
- ▶ Decision-making coalitions: established for consensus building with strength and persuasion to include upper level individuals and line staff
- ▶ Good employment practices modeled by demonstrating exemplary hiring of current or former consumers in various positions (not only as case aides, peer support specialists, consumer affairs staff)

6. Staff integration and cooperation

- ▶ Staff in differing roles and services committed to coordinating discrete services and working in collaboration with colleagues to attain individuals' employment goals

7. Effective communication

- ▶ Viable communication system between and among staff at all levels and consumers regarding organization vision, mission, values, change process
- ▶ Honest and open dialogue supporting the exchange of ideas and feeling about process, fears, ambivalence

8. Management skills

- ▶ Managers and decision-makers know how to implement a change plan and support human resource development goals
 - ▶ Managers keep service outcomes at forefront
 - ▶ Managers must involve and empower staff; let staff know that their commitment and values are important; give staff more control
-



-
- 9. Human resource development goals**
- ▶ Budget allocation for staff training and perpetuation of skills, knowledge, attitude acquisition
 - ▶ Consumers are actively involved in the design and delivery of training and education
 - ▶ Training identified in staff development plans (employee performance) including dedication of staff role to coordination or planning of training
 - ▶ Identification of staff competencies required to deliver quality services
 - ▶ Articulated links among staff training, staff competencies, organizational process, and organizational outcomes
 - ▶ Overview training offered to all staff on role of career-oriented employment in recovery
 - ▶ Leadership, managers, direct services staff are together in learning about change (not in separate, stratified groups)
 - ▶ Interactive staff training responsive to what is viable at a specific organization's site, and what is user-friendly
 - ▶ Leadership training offered to enhance managers' capabilities
 - ▶ Training in management and supervision offered to enhance supervisors' ability to champion employment outcomes
 - ▶ Supportive supervision prevalent throughout all supervisory levels
 - ▶ Team structure of "learning culture" to support and reinforce new skills application, job retention, change process
 - ▶ Organizational culture welcoming to consumer-provider employees
 - ▶ Support for mentoring of new consumer-provider staff by experienced practitioners
-
- 10. Quantifiable service outcomes linked to philosophical commitment (vision, mission and values) and actions (process)**
- ▶ Establish measurable goals consistent with service outcomes, e.g. number of individuals attaining desired employment outcomes
 - ▶ Determination of success in goal attainment and ongoing evaluation of areas for improvement
 - ▶ Consumers and families involved in evaluating successes and areas for improvement
-
- 11. Evaluation of change process**
- ▶ Establish a system for quantifying the change implementation strategy, e.g. utilize evidence-based curricula, training and technical assistance efforts; verify the results of educational efforts through formalized assessment tools; draw relationships among a) who is trained b) which services are delivered c) what outcomes result
 - ▶ Establish a feedback loop of evaluation results to staff, management, consumers
-



Appendix 4:

EMPLOYMENT SERVICES PRACTITIONER SURVEY: SUMMARY INFORMATION

Competency	# Topics by Competency Category	# Education and Training Providers (not unduplicated)
1. Employment Skills		
1.1-2 Assessment & Planning Skills	38	24
1.3-4 Job & Career Development Skills	47	27
1.4 Skill Development and Intervention Skills	34	23
1.5 Workplace & Employer-related Skills	38	24
1.7 Legal Skills	3	2
1.8 Entitlements & Financial Counseling Skills	17	13
Total Employment Skills	177	113
2. Interpersonal Skills		
2.1 Interpersonal Skills	23	14
2.2 Relationship Building Skills	29	14
2.3 Human Resource Skills	3	3
Total Interpersonal Skills	55	31
3. Advocacy Skills		
3.1 Advocacy Skills	26	16
3.2 Resource Development & Community Resource Networking Skills	22	15
3.3 Education and Information Skills	2	2
Total Advocacy Skills	50	33
4. Cultural Competency Skills		
	20	8



**EMPLOYMENT SERVICES PRACTITIONER SURVEY:
RESPONDENTS, SEPTEMBER 2002**

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Institute for Community Inclusion	Boston, MA
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New York Work Exchange	New York, NY
Reed Shields Associates	Oyster Bay Cove, NY
Rehabilitation Research and Training Institute (RRTI)	Albany, NY
Resource Center, Inc.	Albany, NY
Riverdale Mental Health Association	Bronx, NY
RRCEP II (Region II Rehabilitation Counseling Education Program)	Buffalo, NY
Sky Light Center	Staten Island, NY
Step by Step, Inc.	Ogdensburg, NY
Step by Step Psycho-Social Clubhouse	Fulton, NY
The Village Integrated Service Agency	Long Beach, CA
UCLA Center for Research on Treatment and Rehabilitation of Psychosis	Los Angeles, CA
UCLA Psychiatric Rehabilitation Program	Los Angeles, CA
University of Illinois at Chicago National Research and Training Center on Psychiatric Disability	Chicago, IL
University of Kansas School of Social Welfare	Lawrence, KS
University of Massachusetts	Boston, MA
University of Medicine and Dentistry of New Jersey (UMDNJ)	Scotch Plains, NJ
University of Wisconsin – Stout	Menomonie, WI
Urban Justice Center	New York, NY
VESID	Albany, NY
Virginia Commonwealth University RRTC on Workplace Supports	Richmond, VA
West Institute at New Hampshire – Dartmouth Psychiatric Research Center	Concord, NH



Appendix 5:

TECHNICAL ASSISTANCE SURVEY: RESPONDENTS, SEPTEMBER 2002

Technical Assistance Provider	Location
Advocates for Human Potential	Delmar, NY
BCPR Consulting	Marlborough, MA
Consumer Organization & Networking Technical Assistance Center (CONTAC)	Charleston, WV
Decision Solutions	Fairfield, CT
DMDA El Cajon (Depressive & Manic Depressive Association)	El Cajon, CA
Howie T. Harp Advocacy Center	New York, NY
Institute for Community Inclusion	Boston, MA
Integrated Services	Morgantown, IN
Matrix Research Institute	Philadelphia, PA
Milt Wright & Associates	Chatsworth, CA
National Mental Health Consumers' Self-Help Clearinghouse	Philadelphia, PA
New York Association of Psychiatric Rehabilitation Services (NYAPRS)	Albany, NY
New York Work Exchange (NYWE)	New York, NY
Onondaga Case Management Services, Inc.	Syracuse, NY
Reed Shields Associates	Oyster Bay Cove, NY
Resource Center, Inc.	Albany, NY
Step by Step Psycho Social Clubhouse	Fulton, NY
University of Illinois at Chicago National Research and Training Center on Psychiatric Disability	Chicago, IL
University of Kansas School of Social Welfare	Lawrence, KS
University of Wisconsin – Stout	Menomonie, WI
West Institute New Hampshire	Concord, NH



Appendix 6:

EMPLOYMENT SERVICES PRACTITIONER SURVEY OF EDUCATION AND TRAINING, JUNE 2002

Complete a survey form for each workshop, seminar, course or type of technical assistance.
[Read Introduction]

Organization _____

Your Name _____ Title _____

Address _____

Address _____

City _____ State _____ Zip _____

Phone# _____ FAX# _____

E-mail _____ Website _____

Title _____

(Name of seminar, course, workshop, or topic of technical assistance)

Topic

(Broad topic or educational objective: please limit to 30 words)

Provider category *(check one or more)*

- governmental agency
- professional organization
- training institute
- accredited college or university
- agency in-service training entity
- other, please specify: _____

Category *(check one or more)*

- academic course
- distance learning
- in-service
- mentoring program
- on-line study
- self-paced instruction
- seminar/workshop
- technical assistance



other, please specify: _____

Contact hours _____
(clock hours e.g., two 6-hour days)

Frequency _____
(e.g., every two weeks for six weeks)

Target audience (check one or more)
 direct service staff volunteers/board members
 supervisors administrators family members consumers
 other, please specify: _____

Credits (if offered)
Academic credit. Provide below the number of credits, name of awarding institution.
credits: _____ Institution _____

CEU Credits (if offered) _____
Continuing education credit. Provide below the number of CEUs & discipline recognizing this offering (e.g., CRC) or accrediting organization issuing CEUs.
CEUs: _____ Discipline: _____

Certificate (if offered)
Certificate. Provide below the name of granting organization (number of credits, if applicable.)
credits: _____ Organization: _____

Competencies Select below the competencies, up to five, most addressed.
Then select the broad category that best describes the emphasis of instruction.
For operating definitions, see the detailed list of "Employment Services Practitioner Competencies." (also in Word format)

Specific competency/competencies most addressed (select up to five):
1. _____
2. _____
3. _____
4. _____
5. _____

Broad category that most thoroughly describes the emphasis of this event's instruction:



Evaluation Do you evaluate your education and training offerings?
If yes, please describe how evaluation is done:

(Limit to 30 words)

To enhance the value of the information collected, it would be very helpful if you could also send us a summary or outline of this training or instructional program. Please send information as an E-mail attachment to apascaris@nyworkexchange.org, or mail to Deborah Short c/o New York Work Exchange, 90 Broad St., NY, NY 10004.

Do you know of additional training offerings, not on our list?

If you know one or more individuals or organizations offering training and/or technical assistance in one of these competencies that are not yet on our list, we would like the information. Please provide a name(s) and means of contact.

Contact #1

(Name, Address, Telephone or E-mail address, or website.)

Contact #2

(Name, Address, Telephone or E-mail address, or website.) Thank you for completing the survey.

Thank you for completing the survey.



Appendix 7:

SURVEY ON TECHNICAL ASSISTANCE FOR ORGANIZATIONAL CHANGE JUNE 2002

[Read Introduction]

Organization _____

Your Name _____ Title _____

Address _____

Address _____

City _____ State _____ Zip _____

Phone# _____ FAX# _____

E-mail _____ Website _____

Please describe your consulting/technical assistance organization:

(check all that apply)

- Consulting organization or business
- Governmental agency
- Professional organization
- Accredited college or university
- Training institute
- Agency in-service provider
- Other, please specify: _____

Please describe the types of organizational clients with which you typically work:

(50 words maximum)

Client categories:

(check all that apply)

- Urban Suburban Rural
- Mental health clinical providers
- Mental health non-clinical community services providers
- Mental health employment services providers
- Other employment services providers
- Health care providers
- Social services agencies
- Governmental agencies
- Other not-for-profit, please identify: _____
- Other for-profit, please identify: _____



Please describe how you provide technical assistance for organizational change:

(50 words maximum)

What is unique about your consulting services?

(50 words maximum)

How are consumers and/or family members involved in your consulting services?

(50 words maximum)

How do you evaluate the results of your consultation/technical assistance?

(50 words maximum)

Other comments:

(50 words maximum)

If you choose, list up to 3 organizations to which you have consulted:

(50 words maximum)

Please send written information about your organization either as an E-mail attachment to apascaris@nyworkexchange.org, or mail to Deborah Short c/o New York Work Exchange, 90 Broad Street, NY, NY 10004.



**If you know of other consultants who might be interested in completing this survey,
please provide contact information:**

(50 words maximum)

Contact #1

(Name, Address, Telephone or E-mail address, or website.)

Contact #2

(Name, Address, Telephone or E-mail address, or website.)

Thank you for completing the survey.



Appendix 8:

SELECTED SOURCES

The sources listed below in the categories of Employment Services Practitioner Competencies, Organizational Change, and Other Sources are not exhaustive. Rather, this listing offers a sampling of some of the most current and compelling works on competencies, organizational change, and education, training and curriculum development in the employment services area available to the SWEAB during its deliberations.

EMPLOYMENT SERVICES PRACTITIONER COMPETENCIES

Baron, R (1996). Vocational Rehabilitation, In Hughes, R. & Weinstein, D. (Ed.). Best Practices in psychosocial rehabilitation, pp. 245-263. Columbia, MD: International Association of Psychosocial Rehabilitation Services.

Bond, GR, Becker DR, Drake RE et al (2001). Implementing supported employment as an evidence-based practice. *Psychiatric Services*, 52(3), 313-320.

Butterworth, J, Gold, M, Hagner, D, Marrone, J, & Van Gelder, M (1995). Employment Specialist Training Manual. Boston, MA: Institute for Community Inclusion.

Coursey, RD et al (2000). Competencies for direct service staff members who work with adults with severe mental illnesses: Special knowledge, attitudes, skills, and bibliography. *Psychiatric Rehabilitation Services Journal*, 23(4), 378-392.

Donegan, K (2002). Staff competencies. General comments, thoughts, etc. for SWEAB. Philadelphia: Matrix Institute. Email communication.

Farkas, M (2001). Developing core curricula for community support and rehabilitation of individuals with serious psychiatric disabilities (TR-4) Research and Training Center, Boston University – DRAFT ONLY. Copyright @ Boston University.

Hoff, D, Gandolfo, C, Gold, M, & Jordan, M, (2000, April). *Demystifying Job Development*. St. Augustine, FL: TRN, Inc.

Jonikas, JS (1994). *Staff competencies for service delivery staff in psychosocial rehabilitation programs: A review of the literature*. Chicago, IL: UIC National Research and Training Center on Psychiatric Disability.

Marrone, J, Balzell, A & Gold, M (1995). Employment supports for people with mental illness. *Psychiatric Services*, 46(7), 707-711.

Marrone, J, Gandolfo, C, Gold, M, & Hoff, D (1998). JUST DOING IT: Helping people with mental illness get good jobs. *Journal of Applied Rehabilitation Counseling*, 29(1), 37-48.

Pernell-Arnold, AP & Granger, B (1999). Culturally competent employment services for people with psychiatric disabilities. Chapter 6, pp. 90-111 in L.L. Mancuso & J.D. Kotler, National Technical Assistance Center for State Mental Health Planning, National Association of State Mental Health Program Directors, *A technical assistance tool kit on employment for people with psychiatric disabilities*. Alexandria, VA: NTAC Publications.



SYSTEM AND ORGANIZATIONAL CHANGE

Carpinello, SE, Rosenberg, L, Stone, J et al (2002). Best practices: New York State's campaign to implement evidence-based practices for people with serious mental disorders. *Psychiatric Services*, 53(2), 153-155.

Corrigan, PW, Steiner L, McCracken, Blaser B et al (2001). Strategies for disseminating evidence-based practices to staff who treat people with serious mental illness. *Psychiatric Services*, 52(12), 1598-1607.

Freese FJ, Stanley, J, Kress K et al (2001). Integrating evidence-based practices and the recovery model. *Psychiatric Services*, 52(11), 1462-1468.

Goldman HH, Ganju V, Drake RE et al. Policy implications for implementing evidence-based practices (2001). *Psychiatric Services*, 52(12), 1591-1606.

Gowdy, EL "Work is the best medicine I can have": Identifying best practices in supported employment for people with psychiatric disabilities (2000). Ph.D. dissertation. Lawrence, KS: University of Kansas School of Social Welfare.

Gowdy, EL, Carlson, LS, & Rapp, CA (2001). *Practices differentiating high performing from low performing supported employment programs*. Lawrence, KS: The University of Kansas School of Social Welfare.

—(2001). *Organizational factors differentiating high performing from low performing supported employment programs*. Lawrence, KA: The University of Kansas School of Social Welfare.

Lieberman RP et al. (2002). Dissemination of skills training. *Psychiatric Services*, 53(2), 215.

Marrone, J(2002) "The questions are based...Follow up to org change subcommittee for NYWE," email communication January 20.

—(2002). Organizational factors needed to create change around employment outcomes for people with mental illness (email communication February 9).

Marrone, J, Hoff, D & Gold, M (1999). Organizational change for community employment. *Journal of Rehabilitation*, 65(2), 10-19.

Milne, D, Gorenski O, Westerman C, et al (2000). What does it take to transfer training? *Psychiatric Rehabilitation Skills*, 4(2), 259-281.

Noble, JH (1998). Policy reform dilemmas in promoting employment of persons with severe mental illnesses. *Psychiatric Services*, 49(6), 775-781.

Rosenheck, RA (2001). Organizational process: a missing link between research and practice. *Psychiatric Services*, 52(12), 1607-1612.



OTHER SOURCES

Barton, R, Steiner, L, & Giffort, D (2001). Competency development in a statewide initiative to implement psychiatric rehabilitation (PSR) services: Mechanisms and choices. *Psychiatric Rehabilitation Skills*, 5(2), 290-320.

Becker, DR, Bond, GR, McCarthy, D, et al (2001). Converting day treatment centers to supported employment programs in Rhode Island. *Psychiatric Services*, 52(3), 351-357.

Beer, M, Eisenstat, R & Spector, B (1990). Why change programs don't produce change. *Harvard Business Review*, 68(6), 158-166.

Blessing, C (2002). *General orientation to person-centered work*. Ithaca, NY: Cornell University Program on Employment and Disability.

Campbell, J (1998). Core competencies of service providers: Views of consumer stakeholders. Missouri Institute of Mental Health, St. Louis, MO, <http://mimh200.mimh.edu/PieDb/01683.htm>.

Casper, ES & Fishbein, S (2002). Job satisfaction and job success as moderators of the self-esteem of people with mental illnesses. *Psychiatric Rehabilitation Journal*, 26(1), 33-42.

Cook, JA et al (2002). Evidence-based best practices in multi-site vocational rehabilitation research: Strategies for evaluation from the Employment Intervention Demonstration Program. Institute at Annual Conference of International Association of Psychosocial Rehabilitation Services (IAPRS), Toronto, Canada, June 10, 2002.

Cook, JA & Razzano, LA (2000). Vocational rehabilitation for persons with schizophrenia: Recent research and implications for practice. *Schizophrenia Bulletin*, 26(1), 87-103.

Cook, JA & Burke, JK (under review, 2002). Public policy and employment of people with disabilities: Exploring new paradigms. *Journal of Behavioral Sciences and the Law*.

Dixon, L, Hoch, JS, Clark, R, et al (2002). Cost-effectiveness of two vocational rehabilitation programs for persons with severe mental illness. *Psychiatric Services*, 53(9), 1118-1124.

Drake, RE, Goldman, HH, Leff, HS et al (2001). Implementing evidence-based practices in routine mental health service settings. *Psychiatric Services*, 52(2), 179-182.

Farkas, M & Gagne, C (2002). The characteristics of recovery-oriented mental health program: Can I recognize one if I see one? Presentation at Annual Conference of International Association of Psychosocial Rehabilitation Services (IAPRS), Toronto, Canada, June 12, 2002.

Fox, V (2002). I am a mental health professional; My credential: Life experience. *Psychiatric Rehabilitation Journal*, 26(1), 99-100.

Furlong, M, McCoy, ML, Dincin, J, et al (2002). Jobs for people with the most severe psychiatric disorders: Thresholds Bridge North pilot. *Psychiatric Rehabilitation Journal*, 26(1), 13-22.

Gill, K, Birkmann, J, Carroll, L, et al (2002). Teaching psychiatric rehabilitation competencies and fostering psychiatric rehabilitation attitudes through formal academic coursework. Presentation at Annual Conference of International Association of Psychosocial Rehabilitation Services, Toronto, Canada, June 13, 2002.



- Granger, B & Gill, P (2000). Strategies for assisting people with psychiatric disabilities to assert their ADA rights and arrange job accommodations. *Psychiatric Rehabilitation Skills*, 4(1), 120-135.
- Kirsh, B (2000). Work, workers, and workplaces: A qualitative analysis of narratives of mental health consumers. *The Journal of Rehabilitation*, 66(4), 24-30.
- Kugler, R & Granger, B (2002). Disclosure & the ADA- creating a "win/win" at work. Presentation at International Association of International Association of Psychosocial Rehabilitation Services, Toronto, Canada, June 13, 2002.
- Marrone, J & Golowka, E (2000). If you think work is bad for people with mental illness, then try poverty, unemployment, and social isolation. *Psychiatric Rehabilitation Journal*, 23(2), 187-193.
- Marrone, J, Hoff, D & Gold, M (1999). Organizational change for community employment. *Journal of Rehabilitation*, 65(2), 10-19.
- Marrone, J, Selleck, V, Foley, S, Pazolt, M (2002). How mental health and welfare reform interact in the context of welfare-to-work: The need for hope, hassling, systems, and support. Manuscript in preparation.
- Mowbray, CT, Bellamy, CD, Megivern, D, & Szilvagi, S (2001). Raising our sites: Dissemination of supported education. *The Journal of Behavioral Health Services & Research*, 28(4), 484-491.
- National Council on Disability (2002). The well being of our nation: An inter-generational vision of effective mental health services and supports. Washington, DC.
- Nemec, PB (2002). Facilitating unlearning in seasoned professionals. Presentation at Annual Conference of International Association of Psychosocial Rehabilitation Services (IAPRS), Toronto, Canada, June 12, 2002.
- Perron, B (2002). Online support for caregivers of people with a mental illness. *Psychiatric Rehabilitation Journal*, 26(1), 70-77.
- Rollins, AL, Mueser, KT, Bond, GR, & Becker, DR (2002). Social relationships at work: Does the employment model make a difference? *Psychiatric Rehabilitation Journal*, 26(1), 51-61.
- Shor, R & Sykes, IJ (2002). Introducing structured dialogue with people with mental illness into the training of social work students. *Psychiatric Rehabilitation Journal*, 26(1), 63-69.
- The President's New Freedom Commission on Mental Health (2002). Interim Report to the President. Rockville, MD: Author. October 29.
- Wehman, P, Revell, WG, & Brooks, V (2002). Competitive employment: Has it become the "First Choice" yet? In Kregel, J, Dean, D.M., & Wehman, P, eds. (2002). *Achievements and challenges in employment services for people with disabilities: The longitudinal impact of workplace supports*. Richmond, VA: Virginia Commonwealth University Rehabilitation Research and Training Center on Workplace Supports.
- (2002, in press) Competitive employment: Has it become the "First Choice" yet? *Journal of Disability Policy Studies*.



Appendix 9:

GLOSSARY OF ACRONYMS

ADA:	Americans with Disabilities Act
BCPR:	BCPR Consulting
BUCPR:	Boston University Center for Psychiatric Rehabilitation
CARF:	Commission on Accreditation of Rehabilitation Facilities
CEUs:	Continuing Education Units
CMEP:	Coalition of Mainstream Employment Programs
COA:	Council on Accreditation of Services for Families and Children, Inc.
CONTAC:	Consumer Organization and Networking Technical Assistance Center
CRC:	Certified Rehabilitation Counselor
CRCC:	Commission on Rehabilitation Counselor Certification
CVMHA:	Coalition of Voluntary Mental Health Agencies, Inc.
DMDA:	Depression and Manic Depression Association
DOE:	Department of Employment
DOH:	Department of Health
DOL:	Department of Labor
EAP:	Employee Assistance Program
EEO:	Equal Employment Opportunities
EEOC:	Equal Employment Opportunity Commission
EIDP:	Employment Intervention Demonstration Program
ESP:	Employment Services Practitioner
IAPSRs:	International Association of Psychosocial Rehabilitation Services
ICI:	Institute for Community Inclusion
IPRT:	Intensive Psychiatric Rehabilitation Treatment
IRWE:	Impairment Related Work Expense
NYAPRS:	New York Association of Psychiatric Rehabilitation Services
NYSOMH:	New York State Office of Mental Health
NYSRA:	New York State Rehabilitation Association
NYWE:	New York Work Exchange
OASAS:	Office of Alcoholism and Substance Abuse Services (New York State)



OMH:	Office of Mental Health
O*NET:	Occupational Information Network
PASS:	Plan for Achieving Self Support
PED:	Program on Employment and Disability, Cornell University
RRCEP II:	Region II Rehabilitation Counseling Education Program
RRTC:	Rehabilitation Research and Training Center
RRTI:	Rehabilitation Research and Training Institute
SSA:	Social Security Administration
SSDI:	Social Security Disability Insurance
SSI:	Supplemental Security Insurance
SWEAB:	Statewide Educational Advisory Board
UCLA:	University of California at Los Angeles
UIC:	University of Illinois at Chicago
UMDNJ:	University of Medicine and Dentistry of New Jersey
VESID:	Vocational and Educational Services for Individuals with Disabilities (New York State Education Department)
WIA:	Workforce Investment Act

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