



BENEFITS PLANNING

Relationships supporting recovery



A LITTLE KNOW-HOW HELPS A LOT

Case managers, employment specialists, and other service providers do not need to be full-time benefits counselors or experts in benefits planning to help people who have been diagnosed with disabilities (including severe mental illness) make informed decisions about their financial futures and prevent crises. Benefits planning begins with the following:

- Developing trusting relationships with consumers (therapeutic alliances)
- Knowing some basic information about benefits programs (e.g., eligibility requirements, income limits, work incentives)
- Having the ability to refer people to full-time benefits counselors for more detailed information
- Understanding how earned income from a paycheck and work incentives may complement benefits over time to promote long-term financial stability and consumer choice

It's a Relationship Job, Not Just a Numbers Job

People are likely to feel more comfortable talking about such personal matters as finances with service providers who they know and trust. Also, they are more likely to believe information from credible sources, namely, people who truly understand them—their circumstances, fears, hopes, and dreams. In this way, service providers who work regularly with consumers may complement the work of full-time benefits counselors and promote consumer health and well-being.

WHICH BENEFITS?

Common benefits programs utilized by adults with disabilities include the following:

- Cash benefits from the Social Security Administration (SSI, SSDI)
- Work incentives
- Medicaid
- Medicare
- Housing subsidies

EARN MONEY & MAINTAIN BENEFITS

Many people diagnosed with disabilities who rely upon benefits programs to meet their basic needs and to acquire skills to achieve their personal goals often feel protective of these lifelines, and rightfully so. A decision based upon myths or misinformation can have devastating financial consequences.

Many individuals feel they will be taking a risk if they go to work, mainly the risk of losing medical coverage and other benefits. They fear that income earned from the job will make them ineligible. What many folks don't realize is that with a little planning, they can earn a regular paycheck and still retain benefits or choose to reduce and gradually leave benefits programs over time.

CONSULTING & TRAINING SERVICES

For the following service areas:

- Mental health
- Substance abuse
- Supported employment
- Vocational rehabilitation
- Residential
- Housing
- Chronic medical conditions
- Visual and hearing impairments
- Cognitive impairments
- Mental retardation

BUILD YOUR CAPACITY

- Program/organizational consultation
- Introductory and advanced training
- Onsite consulting (coaching) following the training
- Consulting for supervisors and team leaders

LEARN MORE



BENEFITS PLANNING

Relationships supporting recovery

Benefits planning is one of the core components of the evidence-based Supported Employment (SE) model. It is also a core component of vocational-rehabilitation services.

ADVANTAGES

Change your service approach and the culture of your organization with basic and advanced benefits-planning abilities and achieve the following:

Decrease

- Consumer and family fears about loss of benefits
- Unemployment and underemployment
- Vulnerability to poverty
- Dependence upon SSI & SSDI
- Staff frustration with benefits issues

Increase

- Consumer ability to make informed choices about employment
- Family support for consumer employment
- Positive employment & treatment outcomes
- Job retention
- Purchasing power, savings & quality-of-life
- Happiness and health
- Staff skills and satisfaction

OUR EXPERIENCE

Consultants and trainers at the Center for EBPs have many years of experience providing and supervising benefits-planning services as well as consulting and training about benefits-planning issues. They have worked in a variety of direct-practice settings, including vocational rehabilitation, mental-health services, and services for people with other disabilities (e.g., visual, hearing, or cognitive impairments; mental retardation; chronic medical illnesses).

Benefits Networks

Our consultants and trainers participate in a number of professional peer-networks for benefits planners to remain current with policies, practices, and advocacies nationally and in the State of Ohio. Their participation in these networks enables them to bring the most recent information and practice innovations to you and your organization.

OUR CONSULTING & TRAINING PROCESS

The Center for EBPs has developed its Benefits Planning consulting and training with the following principles:

The value of work

- People diagnosed with disabilities (including severe mental illness) want to work, are capable of working, but often do not have access to services that address their specific needs.
- Work is a part of the treatment process: it does not occur *after* treatment.
- Work is a positive influence in people's lives and contributes to health and wellness.

The value of Benefits Planning

- It's an ongoing process, not just a one-time interview.
- It's a relationship job, not just a numbers job that focuses on formulas and calculations.
- It must be consumer-focused and address the needs of each individual.
- It helps people make informed decisions about their personal circumstances and their futures.

The value of consulting and training

- Training for training's sake is not likely to promote long-term change in service-provider behavior or consumer outcomes.
- Supervisors are the key to sustaining any new practice because they promote and support experiential learning among staff members (training must be followed by observation and feedback, coaching, and ongoing supervision).
- Supervisors need ongoing professional development opportunities.
- Successful training occurs within an organizational context that supports supervisors and direct-service providers during the process of mastering and sustaining the new practice.
- Sustaining effective practice requires organizational planning, evaluation, and commitment to ongoing quality supervision.

Methods

The Center for EBPs emphasizes the importance of experiential learning. Therefore, consulting and training occur through a variety of methods and settings, including the following: role play; team meetings; supervision sessions; and in-vivo/ community-based practice.

The Center for Evidence-Based Practices (EBPs) at Case Western Reserve University is a partnership between the **Mandel School of Applied Social Sciences at Case** and the **Department of Psychiatry at the Case School of Medicine**. The partnership collaborates with and is supported by the following:

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

CO-DIRECTORS

- Lenore A. Kola, PhD, Associate Professor of Social Work, Mandel School of Applied Social Sciences
- Robert J. Ronis, MD, MPH, Douglas Danford Bond Professor and Chairman, Department of Psychiatry, Case School of Medicine



RESOURCES

- Steve Shober (2008). *Benefits Planning Tool Kit*. Cleveland, OH: Center for Evidence-Based Practices at Case Western Reserve University.
- Steve Shober (2009). *The Spirit of Benefits Planning (Audio CD)*. Cleveland, OH: Center for Evidence-Based Practices at Case Western Reserve University.
- Consult our web site for the following:
 - "Quick Links" to the most popular benefits programs
 - eConsults with take-home tips
 - Training events and online registration

v.2009-03-16



MANDEL SCHOOL OF APPLIED SOCIAL SCIENCES & DEPT. OF PSYCHIATRY, SCHOOL OF MEDICINE

10900 Euclid Avenue
Cleveland, Ohio 44106-7164

CONTACT US

Patrick E. Boyle, MSSA, LISW, LICDC,
director of implementation services
Center for Evidence-Based Practices
c/o Northcoast Behavioral Healthcare
1708 Southpoint Drive, 2 Left
Cleveland, Ohio 44109
216-398-3933 (phone)

*For more information
about consulting and training,
call us or visit us online:*

www.centerforebp.case.edu/bp