An increasing number of mental-health service organizations in Ohio are breaking with tradition by helping people with mental illness find competitive jobs in their communities with the Supported Employment (SE) model, an evidence-based practice (EBP) which provides rapid job-search and placement services. These organizations are abandoning old methods that require consumers to delay their job search by enrolling in pre-employment training or sheltered workshops. The employment rate among consumers in Ohio has been as low as 14 percent, even though employment is consistently identified as their top unmet need in surveys.
EMERGENCE OF SE
Research on Supported Employment has been accumulating over the last 15 years. In July 2003, it was named as an EBP of choice in Achieving the Promise: Transforming Mental Health Care in America, the Final Report of the President’s New Freedom Commission on Mental Health. In that same year, the Substance Abuse and Mental Health Services Administration—an agency of the U.S. Department of Health and Human Services—funded a national SE implementation initiative. ODMH was awarded one of the grants and asked the Ohio SAMI CCOE to provide technical assistance for SE to four community-based organizations that were implementing the evidence-based Integrated Dual Disorder Treatment (IDDT) model. The SAMI CCOE provides technical assistant for IDDT. It is also a program of the Center for EBPs at Case. The SAMI CCOE created the SE CCOE in July 2005. At the same time, ODMH and ORSC received a grant from the Johnson & Johnson-Dartmouth Community Mental Health Program and asked the SE CCOE to provide technical assistance to three additional organizations.

News about the effectiveness of SE has spread through peer networks of executives at county boards and administrators at service organizations. They have been aggressively pursuing grants and other forms of financial support to hire Supported-Employment specialists and assemble SE teams (see story on page 12).

According to Lenore A. Kola, Ph.D., co-director of the Center for EBPs and associate professor of social work at the Mandel School of Applied Social Sciences,
the growing demand for technical assistance for EBP implementation demonstrates that system transformation is occurring. “I would like people in this state and other states around the country to take note of what is happening in Ohio,” Dr. Kola says. “The implementation of evidence-based practices is a quiet revolution that is helping to improve the quality of life for citizens who experience symptoms of mental illness. Service organizations in Ohio are demonstrating that if you use the research to make smart decisions about financing, administering, and delivering services, you are going to get good results.”

FOR ALL CONSUMERS
According to Robert J. Ronis, M.D., co-director of the Center for EBPs and professor and interim chair of the Department of Psychiatry at the Case School of Medicine, the SE model has been designed for all consumers with severe and persistent mental illness, including those with co-occurring disorders. He adds that SE integrates employment services with mental health services. Therefore, consumers can access help before symptoms and other challenges might jeopardize their employment.

ORGANIZATIONAL CHANGE
Patrick E. Boyle, MSSA, LISW, LICDC, director of implementation services at the Ohio SE CCOE, explains that the model emphasizes the importance of consumer preferences and strengths and, therefore, is client-centered and recovery focused. Thus, service organizations are implementing it with all interested clients.

“The model is creating a culture-of-work focus in Ohio organizations,” Boyle says. “There is both genuine excitement and caution being voiced. Some people are more cautious than others. But as consumers find jobs that they want and providers learn how to make SE work within their organizations, more service providers are finding the confidence to make the move to SE. There is a lot of hope being generated.”

CCOE SERVICES
Sarah Swanson, MRC, LSW, CRC, director of consultation and training, explains that the SE CCOE takes a practical big-picture approach to providing technical assistance to Ohio organizations. Training and consultation services focus upon the following: systems change that addresses funding strategies and intersystem collaboration; organizational change that addresses policies, funding, and staffing; and clinical change that helps service providers interact with clients and employers in the community in such a way that enhances employment outcomes. The CCOE also provides research and evaluation services, which are directed by Barbara L. Wieder, Ph.D.

The CCOE recently hired two new employees to respond to a growing number of requests for technical assistance: they are Melissa McCarthy, MS, CRC, CPRP, consultant and trainer (see page 15) and Nicole Clevenger, BFA, peer consultant (see page 8).

Paul M. Kubek, MA, is director of communications at the Ohio SE CCOE.

Service organizations and county boards that would like to obtain technical-assistance services from the Ohio SE CCOE are encouraged to contact Patrick E. Boyle, MSSA, LISW, LICDC, director of implementation services, or Sarah Swanson, MRC, LSW, CRC, director of consultation and training at 330-468-8663.

Resources
SE Fidelity Scale
www.ohiosamiccoe.case.edu/library/emailresource.cfm?resourceid=110

www.ohiosamiccoe.case.edu/library/emailresource.cfm?resourceid=116

www.ohiosamiccoe.case.edu/library/emailresource.cfm?resourceid=15

A New Day: Transforming Mental Health Care in Ohio
www.anewdayohio.org/

Mental health organizations respond to consumer demand for effective employment services

As of March 2006, the Ohio Supported Employment (SE) CCOE is providing consultation, training, and other forms of technical assistance to 10 community-based mental health organizations and their county boards of mental health. Policy makers and administrators who wish to learn more about the evidence-based SE model or to initiate implementation should contact the CCOE at 330-468-8663.

1 Lake and Geauga Counties
NEIGHBORING
5930 Heisley Rd.
Mentor, Ohio 44060
440-354-9924
www.neighboring.org

2 Summit County
Community Support Services, Inc.
150 Cross Street
Akron, Ohio 44311
330-996-9141
www.cssbh.org

3 Portage County
Coleman Professional Services
5982 Rhodes Rd
Kent, Ohio 44240
330-673-1347
www.colemanprof.com

4 Columbiana County
Columbiana County Counseling Center
40722 State Route 154
Lisbon, Ohio 44432-8500
330-424-9573
www.colmhc.org

5 Lorain County
Nord Center, The
6140 S. Broadway
Lorain, Ohio 44052
440-240-4350
www.nordcenter.org

6 Ashland County
Appleseed Community Mental Health Center
1126 Cottage St.
Ashland, Ohio 44805-1764
419-281-3716

7 Richland County
Center for Individual and Family Services, The
741 Scholl Rd
Mansfield, Ohio 44907
419-756-1717
www.richlandthecenter.com

8 Licking and Knox Counties
Moundbuilders Guidance Center of Licking County
65 Messimer Drive
Newark, Ohio 43055
740-522-8477

9 Franklin County
Southeast, Inc.
16 West Long St.
Columbus, Ohio 43215
614-225-0990
southeastinc.com.gripserver.com

10 Adams, Lawrence, and Scioto Counties
Shawnee Mental Health Center, Inc.
901 Washington St
Portsmouth, Ohio 45662-3944
740-354-7702
www.shawneemhc.org
INTERNAL WORLD OF WORK

Mental health providers support clients during rapid job-search, employment experiences

—by Ellen Brown

You might say that Ginger Yanchar is a convert of sorts. Before helping implement the evidence-based Supported Employment (SE) model at NEIGHBORING—a mental health provider in Lake and Geauga Counties—she sometimes worried that the world of work would aggravate the symptoms of people with mental illness. So she and her team of service providers took a slow, more cautious approach to helping consumers find competitive jobs in the community.

Yet today, more than a year into the implementation process, she believes more than ever in the healing power of employment. As supervisor of employment and case management services, she has seen the positive impact of the SE approach, witnessing the reduction of symptoms in many clients, including those diagnosed with major depression, schizophrenia, and bipolar disorder, as well as those with co-occurring mental and substance use disorders.

Take Carl* for example, a person with schizoaffective disorder and marijuana dependency who has demonstrated a talent for going after and getting jobs but who has also had difficulty keeping one for more than a few weeks. Carl's difficulties originated from self-defeating thoughts—of not feeling confident in himself and his abilities. In addition, he sometimes insisted that he deserved a raise after a short time on the job: when his request for the raise was denied, he would quit. However, shortly after Carl started to work with an SE specialist, his pattern changed. He was hired by a local company and recently celebrated his six-month anniversary. His employer values his dedication. He is committed to excellence and wants to be valued as an employee.

Yanchar attributes Carl's success to a safe and supportive relationship—a therapeutic alliance—between him and his employment specialist, who is also a mental health provider. Carl now has someone to talk to...
about his desires and frustrations. So instead of quitting, he has a conversation with his specialist, and, together, they develop a strategy for addressing his concerns. Sometimes Carl decides to talk to his employer himself; sometimes he asks his specialist to talk on his behalf. In Carl’s story, Yanchar explains, there is evidence of three SE principles: consumer preferences are important, integration of employment services with mental health services and continuous support.

“This is probably the longest this person has ever kept a job,” she says. “The employment specialist has been doing a lot of work with him about looking at his attitude differently. He’s been behaving differently on the job, and his employer has been very supportive.”

OUTCOMES

People with SMI served by NEIGHBORING

- # of people with severe mental illness (SMI): 642
- % of case management clients employed part time or full time: 30%
- # of people with SMI eligible for SE: 385
- # of people with SMI served by SE: 110
- # of clients of SE employed part-time or full-time in community: 46
- # of clients of SE in active job search: 38
- Job-placement success: 42 percent
- Job-retention rate: 84 percent

(Source: SE outcomes data have been obtained by NEIGHBORING monthly through January ’06.)

PERSISTENT JOB-DELAY, POOR OUTCOMES

Providing employment services is nothing new to NEIGHBORING. It provided traditional vocational rehabilitation for more than 12 years. But the old method focused heavily on pre-employment activities that tried to help clients overcome personal barriers before they began looking for work. In retrospect, Yanchar explains, the old method created unnecessary delays that quieted the eagerness and hope that encouraged clients to take assertive steps in their recovery journeys.

“We lost the window of opportunity,” she says. “When clients came to us, they were saying that they really wanted to work, and we said, ‘Okay, but you have these barriers we need to work through.’ So sometimes it was six months to a year later when we said, ‘Now we think you’re ready for work.’ But by that time, they weren’t motivated anymore.”

The job-delay approach led to a placement rate of 16 percent—typical for a traditional vocational program but not impressive.

RAPID JOB-SEARCH, RAPID SUCCESS

In an effort to improve outcomes, NEIGHBORING’s administrative leadership and vocational team began to search for an evidence-based employment model. The organization already had experience implementing other evidence-based practices (EBPs), namely the Integrated Dual Disorder Treatment (IDDT) model and various criminal-justice services. They were pleased with the results of these EBPs and discovered from research literature that the SE model could lead to an employment rate of 58 percent. The team was eager to try it.

There are 15 core components of SE as defined by the fidelity scale (see Resources on page 7). Two in particular grabbed Yanchar’s attention. Zero exclusion policy would require her organization to refer every client who expressed the desire to work to an employment specialist, no matter what his or her diagnosis or severity of symptoms. Rapid job search would require her team members to take immediate action—to help clients review their work histories, desires, and goals and to help them start looking for a job within three weeks of the referral.

Outcomes

In January 2005, NEIGHBORING began to implement the evidence-based practice with technical assistance from the Ohio SE CCOE. By July, its job-placement rate skyrocketed to 42 percent. There are currently 110 clients enrolled, and the service team has successfully placed a wide range of clients—nurses, teachers, social workers, and entry-level employees, among others—in positions they desire. The staff has also recruited approximately 50 employers.

BUY-IN AND TRAINING

What led to the success of NEIGHBORING’s new SE program? An important first step, Yanchar explains, was to win “buy-in” from the entire organization as well as from other community stakeholders (see sidebar on page 7). This commitment gave service team members the green light they needed to put their passion for the new model to work. With consultation and training from the SE CCOE, they aggressively applied principles of the model and job-development techniques.

Job development

Yanchar advises other SE teams in other organizations not to underestimate the importance of job-development skills. Job development is the process of initiating a meaningful interaction between a potential employer and a potential employee. This is an individualized process that begins with the employment specialist collaborating with each consumer to help him or her identify employment preferences and needs. The specialist also looks for employers who have jobs that the consumer wants and asks if they are willing to interview and potentially hire the client (see Job Development story on page 10).
Therapeutic alliance
Yanchar also advises other SE teams not to underestimate the importance of mental-health-practice skills, either. In retrospect, she believes her team members have succeeded, in part, because they are mental health providers who have been trained to deliver effective job-development services, rather than job developers (with a marketing or sales background) who needed to learn the complexities of mental health care. Her team already knew how to form a successful recovery relationship—a therapeutic alliance—with clients. Team members understood social work values, ethics, and laws. They understood how to use personal boundaries and reflective listening. They understood how to notice changes in affect and other symptoms and how to help clients understand the impact of their feelings and thoughts upon their decisions and behaviors. In other words, her team possessed the unique ability to provide mental health interventions to clients who experience symptoms during their job search and during their day-to-day work after they are hired.

“I cannot stress enough how important this is,” Yanchar says. “This level of support may make the difference between a client losing or keeping a position.”

CELEBRATE SUCCESSES
Yanchar is not prone to self-promotion. In fact, she prefers to downplay her influence upon implementation of the model and to credit her team members instead. However, she does believe that her positive attitude provides motivation when it is needed. Some of the motivation occurs at weekly team meetings, where staff gathers to discuss the progress of all clients. Here, Yanchar gives each team member the opportunity to celebrate successes publicly, regardless of the size of the achievement. The “celebration” is not always about a client landing a job. It may be about a client who finally picked up a job application or showed up for an interview. Or it may be about one team member acknowledging a positive attribute of another team member. In addition, Yanchar also meets privately with each staff member on a regular basis to discuss his or her experiences and ideas for improvement.

“Some still wonder if work will be too stressful for their clients or worry that their clients won’t be able to handle it,” Gill says. He admits he would like to help transform these doubts into belief. He anticipates that the stories of personal transformation among clients and staff members at NEIGHBORING will inspire other providers and stakeholders to overcome their own internal barriers to change, so together they can build a service system that is more responsive to community needs.

*Carl is a fictitious name. Actual client names were not referred to in any way for the preparation and production of this story: NEIGHBORING has kept the identity of all clients confidential.

Ellen Brown, MA, is a consulting writer based in Cleveland Heights, Ohio. Paul M. Kubek, MA, of the Ohio SE CCOE also contributed to this story. The Ohio SE CCOE has been providing technical assistance to NEIGHBORING since January 2005.

Resources
Consult our free online SE Library and Links database:
www.ohioseccoe.case.edu
SE Fidelity Scale
www.ohiosamiccoe.case.edu/library/emailresource.cfm?resourceid=110
There have been several moments in my life that have halted me completely, changed the very fabric of my being and redefined how I looked at the world: the death of my grandmother, the birth of my children, and being diagnosed with bipolar disorder.

I was diagnosed when I was in college. I studied fine arts and hoped to teach at the college level and to work in my own studio or to pursue a career in art therapy when I graduated. But when I finished my bachelor’s degree, I decided to put my career plans on hold and start a family. I thought that this would allow me to invest my time in my children and give me some time off from work—as protection from manic episodes. I was quickly disillusioned with this fantasy. In reality, the stress of raising two children was compounded by the extreme scarcity of both sleep and money. It was too much for me to handle, and I was hospitalized twice in two years.

ISOLATION AND ANXIETY
In between hospital stays, I became increasingly isolated. I found myself at home all of the time with two small children, and I felt separate from the rest of the world. I experienced a great deal of anxiety, which triggered symptoms of obsessive compulsive disorder (OCD), and I began to clean-up feverishly after my children and to contain them all day long. I eventually realized that my decision to stay home did not really free up my time for me to be with my children. I decided to find a part-time job, so I could get a break from housework and earn some money. I was successful at this for a short time, but after three failed jobs as a waitress, I was so discouraged and embarrassed that I stopped working for over a year. Then, I decided to try again. I contacted a vocational program in town, but all they offered me were cleaning jobs. This did not interest me. I needed to find a job that felt right. I eventually found one through the newspaper as a consumer advocate for people with developmental disabilities. It was very rewarding personally but not financially, and I worked successfully in this position for almost a year. Although I left the job of my own free will, I still felt like a failure, so again I stopped working.

NEGATIVE SELF-PERCEPTIONS
While I struggled to find work, I was seeing a mental health therapist at a service organization called NEIGHBORING in Lake County. Repeatedly, the topic of work would come up in our discussions. We explored together how a job might remedy my dissatisfaction with my financial worries, parenting concerns, lack of self-esteem, and relationship issues—by providing confidence, money, and independence. Yet, I was deeply bothered by not working, and I was defensive about my fears: I had serious doubts about my capability to work after my last four jobs, and I started to see myself as damaged goods. I viewed my bipolar disorder as though it were a sleeping monster within me, and I certainly did not want to do anything to wake it.

SUPPORT: A WORKING ALLIANCE
Still, I desperately needed to get out of the house, so I began meeting with an employment specialist at NEIGHBORING’s Supported Employment (SE) program. I began to consider again the possibility of a job, although I was not completely convinced it was a realistic goal. My employment specialist, Marianne, had far more confidence in me than I had in myself. She spoke so matter-of-fact about my return to work that it shook me out of my old thinking pattern. For instance, when I put myself down for how inconsistent I had been with employment, Marianne praised me for working, even if I only worked for a short period of time. When I viewed my past work experiences as a humiliating waste of time, she saw them as valuable learning opportunities. When I looked at myself as a failure, she looked at me as a fledgling. When I saw a job as a possible catalyst for increasing my symptoms, Marianne suggested that it could be a kind of prevention.

I knew that having a job would be difficult, but I decided it was just as difficult not to have one. Marianne gently encouraged me...
to take the next step and have faith that, together, we could work out whatever issues came up along the way. She always treated me with such dignity and respect that I trusted her. She made herself available to me. We discussed career plans and the possibility of my returning to school. As Marianne and I examined what worked and did not work at my past jobs, I became more specific in my job search. I began to look for a job that would enable me to teach, to write, and to help people. It was exciting to feel in control of my future.

CONFIDENCE EMERGES

I pursued social work jobs and teaching jobs. No less than ten interviews later, I was hired as a full-time arts-and-crafts instructor for the City of Painesville's Summer Camp program for children. When the summer was over, my job ended, and Marianne and I discussed my long-term employment goals. I was not sure what I wanted to do, but I knew for certain that I did not want to go back to living my life with no money, stuck at home, alone, and cleaning all of the time. So, I put my effort into finding a job that matched my interests with the belief that I would know what I was looking for when I found it. After two months of searching, this is exactly what happened.

In November, I was hired as a part-time Peer Consultant for the Ohio Supported Employment CCOE where I will have the opportunity to share this story in hopes of encouraging others with mental illness to overcome their ambivalence about working. As Peer Consultant, I will meet with clients and case managers, as well as with treatment groups, to share my first-hand experiences with the challenges and rewards of working. Ultimately, I will help develop a speaker’s bureau of individuals with mental illness who wish to share their back-to-work success stories.

If I had to convey only one message through my work as a peer consultant, I would remind everyone—clients, service providers, family members, and employers—of how truly life-transforming it is to work. Working has restored my self-confidence, and it is making me a better parent, because I am calmer about my finances, and the time I have at home with my children is not spent solely on cleaning the house. Perhaps most importantly, going back to work has helped me see myself outside of the context of my illness—that is, I see myself as a whole person. Now, I feel that I have bipolar disorder, and it does not have me. I look forward to the future. I am proud of who I am. I admit that having a job is not always fun, but I wish you could see the smile on my face as I write this.

“I had serious doubts about my capability to work after my last four jobs, and I started to see myself as damaged goods . . . . However, my employment specialist spoke so matter-of-fact about my return to work that it shook me out of my old thinking pattern.”

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

Resources
Consult our online SE Library & Links database and select "Resources for Consumers":
www.ohioseccoe.case.edu
Post your questions for Ms. Clevenger on the SE Message Board. Select “Consumer (SE)” at bottom of the page:
www.ohioseccoe.case.edu

“Vessel”— by Nicole Clevenger, BFA, 1997, ceramic. “This piece was created from an intuitive process as I worked out issues of feeling stuck and needing to be released from the cocoon of my depression.”
The process of initiating a meaningful interaction between a potential employer and a potential employee—the mental health consumer—is called job development. This is a highly individualized process that begins with the Supported Employment (SE) specialist collaborating with each consumer to help him or her identify employment preferences and needs: the collaboration is based upon a review of the client's job and career interests, work history, strengths, skills, symptoms, and coping skills, among other attributes.

In addition, the employment specialist looks for employers who have jobs that the consumer would like and asks the employers if they are willing to interview and potentially hire the consumer. There are many creative methods for introducing potential employers and employees. Sometimes employment specialists contact business owners by themselves with a “cold call” (i.e., without prior introduction to the employer) via telephone or in person. Sometimes they make cold calls with a client, for instance, while the client is filling out a job application. Or they contact employers with a “warm lead” (i.e., a follow-up to a previous introduction or conversation). Yet, at times, a consumer will want to introduce herself without any assistance. It is important to note that each consumer determines how he or she wants to be represented to employers. Therefore, employment specialists must ask about consumer preferences.

Job development is not explicitly described in the SE fidelity scale. However, it is imperative for client success. Research shows that consumers who find jobs that they actually want experience a higher level of satisfaction and tend to keep their jobs longer (see Becker in Resources on page 11).

LESSONS FROM RURAL OHIO

Julie Cadwallader is an SE specialist at Shawnee Mental Health Center in Portsmouth, Ohio, which serves three counties in southern Ohio (see map above). Cadwallader works primarily in Adams County. Last year she helped 45 people find work in this rural community, which had an unemployment rate of 8.2 percent in December 2005 (see sidebar on page 11). We asked Julie to share some tips for successful job development.

EDUCATE & RECRUIT EMPLOYERS

Q: What strategies do you use to encourage employers to collaborate with your SE program?

A: I try to be friendly and use a low-pressure approach. I spend some time getting to know employers and the type of jobs they have. If someone seems unsure about working with me, I ask them to call other employers that I’ve worked with. The other employers talk about how I’ve been helpful. They’re a good reference for me.

LOW SUPPLY OF EMPLOYERS

Q: In a rural county, there are fewer employers. For instance, if someone wants to work at a hardware store and there is only one hardware store in town, how do you respond?

A: First, I approach the employer to find out what his or her business needs are, then I ask whether there are any positions that would be a good fit for one of my consumers. If there is a good job but it is not open at the time, I ask the employer if I can check back. Then I approach him every two weeks or so to see if a job might have become available.

Maintain contact with one key person at the business

A: When I stop back or call back, I always ask for the person with whom I had first contact. It is important to know that person’s work schedule. I try to work with just one person so there isn’t confusion with two to three people getting different bits of information. If a couple of months go by and a job does not become available, I will ask the client if he or she would like to keep pursuing this job or to look for another job.

Ask consumers about their local knowledge of small businesses

A: At first, I panicked because there are so few employers in Adams County. However, my clients sometimes know about employers tucked away on little back roads that I am not aware of. We go out together...
to talk to employers. When I meet new employers, I stay in touch so they won’t forget that I am here.

**# OF CONTACTS PER WEEK**

**Q:** How many employers do you contact during a typical week?

**A:** I contact 8 to 10 employers each week. I think that in a city I could contact more, but in the countryside I have to pace myself so I don’t annoy employers with too many contacts. In addition to contacting employers on my own, I also take consumers out to apply for jobs, so I actually spend a lot of time looking for jobs with them each week.

**RESPOND TO DISSATISFIED EMPLOYERS**

**Q:** If one of your consumers does not do well on a job, how do you handle the situation? Have you lost employers who were dissatisfied?

**A:** First, I need to have the client’s permission to talk with the employer. Then, I talk to the client and to the employer to see if there is something we can do to save the job. Sometimes a small accommodation can be helpful (e.g., a change in work schedule, a modification of job tasks). If this is not possible and the person loses the job, I go to talk to the employer in person to understand why things didn’t work out. I try to let him know that I am concerned. I have not lost an employer yet. They understand that sometimes employees just don’t work out—whether they have a mental illness or not.

**NEVER IGNORE PROBLEMS**

**A:** One of the most important tips I can give is never to ignore a problem. Always follow up if an employer or a client has a concern about the job.

**ADJUST YOUR STYLE**

**Q:** How have your strategies changed over time?

**A:** In the beginning, I felt that I had to place people in jobs just because I knew of particular job openings. Now I work with consumers to see what their abilities are. I help them think about their choices. I emphasize consumer choice versus me choosing for them. The change occurred because I wasn’t seeing a good success rate in regards to people staying on jobs. Now that consumers lead the process, the success rate is much higher.

**KNOW YOUR COMMUNITY**

**Q:** What other issues are specific to a rural county?

**A:** Clients who don’t live in town often have to drive 20 miles to get to work, so transportation is an obstacle that my clients and I are always working on. There isn’t a bus system in Adams County, but some consumers drive or have families who are willing to help. There are some service agencies that help people with transportation (e.g., assisted living centers, senior citizen programs). I have asked for their help. If a consumer is hired on the spot, it is important to have some idea about how he might get to work.

**TEACH EMPLOYERS ABOUT TAX CREDITS**

**Q:** Do you inform employers about the Work Opportunity Tax Credit, which is available to employers who hire persons with disabilities?

**A:** I have used the tax credits a lot this year. Many employers ask about it. I bring the paperwork to them to make it easy. If they have any questions, I connect them with an employment specialist at the local office of the Ohio Rehabilitation Services Commission.

**Resources**

- **SE Fidelity Scale**
  - www.ohiosamiccoe.case.edu/library/emailresource.cfm?resourceid=110
- **Work Opportunity Tax Credit (WOTC)**
  - Ohio Department of Job and Family Services
  - www.ohiosamiccoe.case.edu/library/emailresource.cfm?resourceid=22
- **Deborah R. Becker, Robert E. Drake, Amy Farabaugh, Gary R. Bond. (1996).**
  - www.ohiosamiccoe.case.edu/library/emailresource.cfm?resourceid=115
An SE champion is somebody who has an unwavering enthusiasm for and commitment to SE treatment principles, fidelity, and outcomes. He or she is the heart-and-soul of implementation—the leader whose enthusiasm will inspire others on an interpersonal level. This person is part enthusiast, part overseer, and part advocate. He or she keeps the energy, focus, and motivation alive and vibrant.
accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF). This will create opportunities for Appleseed to be reimbursed for employment services by private insurance and government programs.

“I’m grateful to have had the chance to put some money where my mouth is,” Stone says. “I have long advocated for service systems to avoid the pitfall of waiting to have new money to initiate some of these best practices. Funding is tight everywhere, so if we can reduce expenses like inpatient admissions, it allows us to be more creative with the money that we have. Research shows that the impact of employment is astounding. It helps reduce poverty and dependence upon public systems of care. It helps consumers manage their symptoms, stay in the mainstream of life, and engage fully in recovery.”

INVITE EMPLOYERS TO MEET-AND-GREET AT THE BOARD
Like many counties in Ohio, Ashland has been hit hard by unemployment. According to Stone, Ashland experienced one of the highest rates in the state last year. So it was difficult to predict if employers and citizens would be optimistic about SE. Stone wondered if the community would view clients of SE as a threat to job security, especially in an era of diminishing opportunities. So he decided to find out. He invited community stakeholders to a “meet-and-greet” at the local chamber of commerce, where he and his colleagues and representatives of Appleseed explained the SE model and asked about the business needs of the local community. The stakeholders included local business owners, members of the Kiwanis Club and Rotary Club, members of the chamber, and representatives of the local RSC office, among others. Stone was relieved to find them enthusiastic about SE. He explains that this initial event has paved the way for successful relationships between community stakeholders and Appleseed’s Employment Specialist Candace Bishop, MA, LSW.

“Don’t go down this road, unless you have the commitment to see it through,” he says. “Without the commitment, it will be a waste of time and money. But if you’ve got the commitment, if you’ve got that drive, you will attract all the talented people that you need to get the job done right. You don’t have to be a large metropolitan county to implement this or any other best practice. You can be a small rural county like ours. Either place, it works.”

REVIEW OUTCOMES REGULARLY
Appleseed officially began offering SE services in March 2005 and is currently serving 30 clients. Stone is pleased with the results and monitors the progress. He receives from Appleseed monthly reports of employment outcomes for all clients, especially those benefiting from SE services.

VOLUNTEER FOR FIDELITY REVIEWS, STEERING COMMITTEES
For Stone, peer networking is another way to support and promote the implementation of SE. Meeting people from other programs throughout the state is an effective method for exchanging lessons learned about outcomes and practices. Therefore, the Board’s Director of Planning and Evaluation David Ross, MED, LPCC, is a member of Appleseed’s SE Steering Committee. He also participates in fidelity reviews for SE programs throughout the state, and he is an active member of the statewide SE Steering Committee, which is sponsored by the Ohio SE CCOE.

COMMIT TO CHANGE, OR DON’T ATTEMPT IT
The SE program in Ashland has come a long way in one year because of a community-wide commitment to its principles and strong leadership at Appleseed. Stone shares this news with anyone who will listen. He also shares some advice about EBP implementation.

The Ohio SE CCOE and Ohio SAMI CCOE are providing consultation, training, and other forms of technical assistance for the implementation of SE and IDDT, respectively, to the Mental Health and Recovery Board of Ashland County and to Appleseed Community Mental Health Center.

Paul M. Kubek, MA, is director of communications and Melissa McCarthy, MS, CRC, CPRP, is supported employment consultant and trainer at the Ohio SE CCOE.

TIPS FOR COUNTY EXECS
To facilitate and support the implementation of SE services:
- Educate local community about SE
- Provide funding
- Request employment outcomes from agency
- Share employment outcomes
- Participate on steering committees
- Monitor fidelity
- Introduce employers and other stakeholders to employment specialists

The Ohio SE CCOE and Ohio SAMI CCOE
Study examines impact of supported employment upon consumers with co-occurring disorders

Four community-based mental health organizations in Ohio are participating in a three-year research project to understand how the evidence-based Supported Employment model impacts the recovery of people with co-occurring mental and substance use disorders. The study, titled The Supported Employment Research Project, is a university-community partnership that began in October 2005. It is supported by the Ohio SE CCOE and is funded by the Office of Program Development and Research at the Ohio Department of Mental Health. The principal investigator is David E. Biegel, Ph.D., professor at the Mandel School of Applied Social Sciences, Case Western Reserve University. Dr. Biegel is research consultant at the CCOE.

The four organizations were chosen as research collaborators (see sidebar) because of their commitment to providing innovative services. Each organization has been implementing two evidence-based practices, Supported Employment (SE) and Integrated Dual Disorder Treatment (IDDT). In fact, participants in the study are all consumers of integrated treatment. There are approximately 60 consumers currently participating in the study. The goal is to recruit 200 people, with 100 being assigned to an experimental group that receives both integrated treatment and Supported Employment and 100 to a control group that does not receive employment services. A comparison of the two groups will produce new knowledge about employment and integrated treatment.

According to Dr. Biegel, this study advances the mission of the Ohio SE CCOE and the Ohio SAMI CCOE, both of which promote knowledge development and the advancement of SE and IDDT respectively (see page 15). The results will have a national impact upon knowledge and practice because employment research in other parts of the country has mainly focused on people with severe mental illness, but it has not looked closely at those who also have a co-occurring substance use disorder. People with co-occurring disorders are among the most difficult to serve, because they tend to experience multiple and severe symptoms and a variety of negative life-outcomes such as unemployment, homelessness, hospitalization, chronic illness, arrest, and incarceration, among others. This study is examining the impact of employment upon these outcomes and upon mental health symptoms.

In addition, the study is investigating how consumers are identified and referred to Supported Employment, as well as the characteristics of those who utilize services (e.g., diagnosis, stage of treatment, severity of symptoms, frequency of substance use, number of hours worked, income earned, etc.). Dr. Biegel explains that this information will help providers plan and deliver more effective services.

“There could be many practical applications from the results of this research,” Dr. Biegel says. “Here is an example. If the data says that having a job actually helps consumers reduce and eventually eliminate their substance use and helps consumers manage their symptoms, than service organizations might feel more confident to encourage clients to pursue their employment goals.”

Dr. Biegel concludes that he and his research team have been impressed by the commitment of the four collaborating agencies to this project and are excited about having an opportunity not only to provide them with practical information but also to learn from them. Applied research, he says, is a continuous quality-improvement process for the community and the university.

Melissa McCarthy, Sarah Swanson, and Paul M. Kubek of the Ohio SE CCOE contributed to this story.

Resources
Consult our online SE Library and Links database and select “research”:
www.ohioseccoe.case.edu
The Ohio Supported Employment Coordinating Center of Excellence (Ohio SE CCOE) is a technical-assistance organization that promotes knowledge development and the implementation of evidence-based practices for the treatment and recovery of people with mental disorders. The SE CCOE helps service systems, organizations, and providers implement and sustain the Supported Employment (SE) model, maintain fidelity to the model, and develop collaborations within local communities that enhance the quality of life for consumers and their families. The SE CCOE provides these services:

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

CONSULTING & TRAINING

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

ABOUT US

Employment Matters is produced by the Ohio SE CCOE. Additional copies of this publication may be obtained by contacting our office or by visiting our web site. We welcome and encourage your comments, questions, and suggestions.

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Pages 6, 7, 8, 10: Sarah Swanson. Page 12: Mental Health and Recovery Board of Ashland County

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NEW STAFF

Melissa McCarthy, MS, CRC, CRP, has joined the Ohio SE CCOE as a consultant and trainer to support service systems, organizations, and providers with implementing and sustaining the SE model. Ms. McCarthy brings to the CCOE experience in clinical practice and supervision, as well as administration and training in vocational rehabilitation. She has worked as a job developer, job coach, and skill-building instructor. She has also managed several community-consensus initiatives, facilitating collaborations among service providers, employers, and community leaders. Before joining the SE CCOE, she was director of rehabilitation and community integration services at Mental Health and Recovery Centers of Warren County in Lebanon, Ohio. Ms. McCarthy is a certified rehabilitation counselor and a certified psychiatric rehabilitation practitioner.

Nichole Clevenger, BFA, has joined the Ohio SE CCOE as a peer consultant to meet with consumers, case managers, and treatment groups to discuss the advantages of utilizing Supported Employment services to enhance recovery. Ms. Clevenger will share her own back-to-work story and will also develop a speaker’s bureau of other consumers who wish to share their success stories to inspire others to take full advantage of SE services (see story on page 8).
TRAINING EVENT

Attend workshops  Expand peer networks
Develop new skills  Enhance existing skills

CONFERENCE 2006

Supported Employment: Practical Skills for Administrators and Providers

Monday, March 27 & Tuesday, March 28
Radisson Hotel—Worthington
Columbus, Ohio

CONFERENCE WORKSHOPS INCLUDE THE FOLLOWING:
• Supported Employment Overview
• Effective Job Development Strategies
• Motivational Interviewing for Employment Specialists
• Ex-offender Employment
• Outcome Monitoring
• Efficacy of the Individual Placement and Support (IPS) model for Persons with Substance Use Disorders and Disability
• Roundtable Discussion about SE
• Ohio’s 21st Century Workforce: Challenges and Opportunities

Register online: www.ohioseccoe.case.edu

Free online database resources

Message Boards
Participate in an online peer network. Ask questions and share lessons learned from your SE implementation with service providers around the state and throughout the country. Message boards for consumers and family members are also available.

Library & Links
Get the best resources for SE implementation. www.ohioseccoe.case.edu

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