



Connections

STATE PARTNERSHIP SYSTEMS CHANGE INITIATIVE

Virginia Commonwealth University

Rehabilitation Research and Training Center on Workplace Supports

IMPLEMENTING EVIDENCE-BASED VOCATIONAL PRACTICES FOR SERVING PEOPLE WITH PSYCHIATRIC DISABILITIES

CURRENT RESEARCH THEORIES INCLUDE:

Most people with psychiatric disabilities want to be employed;

Assisting individuals to work or return to work may reduce the number of people on the SSI/SSDI rolls and saves taxpayer money;

Improvement in a person's employment status results in higher levels of self-esteem and overall life satisfaction;

Supporting people to work increases their contribution to our country's tax base; and

Successful employment can reduce the use of costly mental health services

Evidence-based practices are interventions for which there is consistent scientific evidence showing that they improve customer outcomes. In November 1998, a consensus panel, sponsored by the Robert Wood Johnson Foundation, identified six areas of mental health intervention in which research evidence strongly supports the effectiveness of one or more approaches. These areas of evidence-based practices (EBPs) are:

1. medications;
2. teaching illness self-management;
3. case management based on principles of assertive community treatment;
4. family psycho-education;
5. supported employment; and
6. substance abuse treatment integrated with mental health treatment.

A national demonstration project, the Evidence-Based Practices Project is working to develop standardized guidelines, training materials in the form of toolkits, and to demonstrate that the toolkits can be used to facilitate implementation of evidence-based practices. The overall intent of the Project is to improve the outcomes for individuals in mental health service settings. This project is collaboratively sponsored by the Robert Wood Johnson Foundation, the Center for Mental Health Services (CMHS) of the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Alliance for the Mentally Ill (NAMI), and several mental health research centers, state mental health authorities, and local mental health programs in New Hampshire, Maryland, Ohio, North Carolina and Texas.

One of the areas of evidence-based practices that has recently been receiving more emphasis has been attention to the capacity of people with serious mental illness to (successfully) work. For example:

- The New Hampshire-Dartmouth Psychiatric Research Center has developed an evidence-based approach to supported employment called Individual Placement and Support (IPS) program.
- The Employment Intervention Demonstration Program (EIDP) includes eight demonstration sites as well as a Coordinating Center, located at the Mental Health Services Research Program (MHSRP) in the Department of Psychiatry at University of Illinois at Chicago. Its purpose has been to assess program characteristics and capture common factors that may influence vocational outcomes.
- The State Partnership/Systems Change Initiative (SPI) which represents a unique collaboration among the Social Security Administration (SSA), Rehabilitation Services Administration (RSA), the Department of Labor (DOL), and SAMHSA, all working in conjunction with the Presidential Task Force on the Employment of Adults with Disabilities. Several of the SPI State Projects have a specific focus on employment services for people with psychiatric disabilities.

These projects, as well as other efforts around the nation, have a common goal of supporting individuals to enter the workforce, especially those with psychiatric disabilities.

SPI IS ON THE WEB!
FOR MORE INFORMATION
AND RESOURCES VISIT:

www.spiconnect.org

IMPLEMENTING SUPPORTED EMPLOYMENT AS AN EVIDENCE-BASED PRACTICE

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Supported employment was originally developed for individuals with developmental disabilities who were screened out of receiving services for not being "work ready." The philosophical basis of supported employment is:

- Competitive jobs in the community
- Pays at least minimum wage
- Work setting includes people who do not have disabilities
- Service agency provides ongoing support
- Intended for people with the most severe disabilities

EVIDENCE-BASED PRINCIPLES

The majority of people with severe mental illness want to gain employment. Recent research shows that supported employment is a more effective approach for persons with severe mental illness than traditional methods of vocational rehabilitation. However, less than 5% of the people with severe mental illness have participated in supported employment.

Employment outcomes are higher for people who participate in programs that incorporate evidence-based principles than for people in programs that follow different principles. Evidence-based supported employment includes the following six principles.

Eligibility Is Based On Consumer Choice.

All consumers are encouraged to consider employment and are offered supported employment. The consumer decides whether or not to participate in supported employment. Eligibility is not based on "work readiness", abstinence from alcohol or drug use, low level of symptoms, lack of criminal history, or other criteria that screen people out of receiving employment services. For some people, the desire to work motivates them to manage symptoms of mental illness and substance abuse.

Supported Employment Is Integrated With Mental Health Treatment. An effective way

to enhance the integration of supported employment and mental health treatment is to have the employment specialist attend and participate in team meetings and share office space with case managers. Employment specialists meet regularly with the mental health treatment team to provide seamless and coordinated services. The team usually includes the psychiatrist, the case manager, the employment specialist, and other people who relate to the consumer.

Team members usually come with different training and experiences, so their perspective on problems can be different. For example, clinicians are trained to reduce stress and to help consumers achieve stability in their lives. When someone experiences increased symptoms, the case manager or psychiatrist may be inclined to encourage the person to stop working. The employment specialist, on the other hand, may be inclined to help the consumer identify ways to maintain work and cope with the symptoms.

Good communication between all practitioners is critical. For example, if a person is having difficulty with symptoms of paranoia at work, the employment specialist relays this information to the rest of the team. In turn, if the psychiatrist adjusts medications, she informs the team.

Team members must convey the same message to consumers as part of integrated services. As a member of the treatment team, the employment specialist educates the team about how work is often an anchor for people when they are experiencing symptoms.

Competitive Employment Is The Goal.

Employment specialists help consumers obtain a competitive job that pays at least minimum wage and preferably at the prevailing wage. Most people choose part-time work. Jobs that are 5-10 hours a week are not uncommon. Many consumers choose to work

EVIDENCE-BASED PRINCIPLES

- V Eligibility is based on consumer choice;
- V Supported employment is integrated with treatment;
- V Competitive employment is the goal;
- V Rapid job search is used;
- Job finding is individualized; and
- V Follow-along supports are continuous.

part-time because of fears around losing benefits. Others have not worked before, or have not worked in a long time, still others have had negative experiences when working in the past and choose to resume working on a part-time basis. Oftentimes, people increase the number of hours they work over a period of time. In order to decide how many hours to work, a consumer needs accurate information about how their benefits will be affected by working.

Rapid Job Search Is Used. Stepwise approaches that are designed to prepare people for work such as sheltered employment, work crews, and volunteer jobs, are not used in supported employment. Instead, the employment specialist:

- gathers information about the consumer including job preferences, previous work experiences and education, current adjustment, and other job-related factors such as transportation, family support, etc.
- talks to the consumer, practitioners, and with permission from the consumer, to family members and other supporters, and previous employers.
- assists the consumer in developing an employment plan based on his work goals. The employment plan and vocational assessment are revised based on the consumer's experiences.

The employment specialist and/or consumer begin contacting employers about jobs within one month of referral to supported employment. Some consumers want to apply for jobs right away. Others visit job sites and job shadow workers as a way of learning more about the kind of job that they want to seek.

Job Finding Is Individualized. People are assisted in finding jobs that are based on their preferences, strengths, and unique challenges rather than on a pool of jobs that are available.

Consumers decide whether they are willing to disclose to an employer that they have a mental illness and whether they want the employment specialist to have direct contact with employers on their behalf. About half the people with a severe mental illness entering supported employment choose not to self disclose with their

employer. Many consumers change their minds over time as they come to value the role of the employment specialist in advocating for them with employers. Employment specialists conduct job searches by networking. They use all of their contacts to find job opportunities that are individualized for the consumer. They talk to people the consumer knows, family members, team members, board members, friends, friends of friends, former employers, church members, local businesses, etc. Employment specialists join the local Chamber of Commerce and service organizations such as Rotary as a way of increasing contacts with employers.

Follow-Along Supports Are Continuous And Ongoing. People are assisted in maintaining employment through individualized supports provided by team members, co-workers, family members, and/or other supporters the consumer identifies. The type and amount of support varies for each individual. For example, psychiatrists may adjust medication, case managers may provide social skills training for addressing interpersonal difficulties on the job, employment specialists may meet with a person several times a week outside of the job to review her work performance. Supports are ongoing.

INDIVIDUAL PLACEMENT AND SUPPORT (IPS)

Individual Placement and Support (IPS) is an evidence-based approach to supported employment that follows these principles. Guidelines for implementing IPS are described in a training manual called *A Working Life*. A fidelity measure called "The Individual Placement and Support Fidelity Scale" includes the 15-item critical components for implementing IPS. Programs use the scale as a guide for implementing the IPS practice. The scale has good reliability and validity and has shown to differentiate between supported employment programs and other vocational practices. Paul Gorman, who is the director of The West Institute, is available to discuss training needs around supported employment and the other evidence-based practices.

PROMOTING THE DEVELOPMENT OF EFFECTIVE SERVICES

State directors of mental health services and vocational rehabilitation need to address the financial and organizational barriers.

Agency directors need to ensure that the leadership and financial supports are in place.

Supervisors need to ensure that employment specialists and team members have the skills and tools to provide supported employment.

Consumers, family members and supporters need to know how to recognize evidence-based practices such as supported employment and advocate for their implementation.

IPS PARTICIPANT COMMENTS

"I feel so much better about myself now that I have a job"

"Holding down my job is not always easy but it has helped my self esteem."

"Now that I am working again I can buy my daughter presents."

INTEGRATING BENEFITS COUNSELING INTO THE VERMONT COMMUNITY MENTAL HEALTH SERVICE SYSTEM

JAMES SMITH, VERMONT SPI PROJECT

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Soon after the Vermont's SPI Project was established, a benefits counselor had a conversation with a community mental health case manager. The benefits counselor told her about the benefits counseling available through the SPI project. The case manager indicated that they had a handle on this information and really did not need the project's help. She went on to say that she made sure to tell all of the consumers on SSI that they needed to keep at least one dollar in cash benefits to maintain their eligibility for Medicaid. The benefits counselor shared with her that consumers could indeed earn more (up to \$23,399 in Vermont) and maintain their eligibility for Medicaid through the 1619(b) provision even though they may no longer receive cash benefits. This story illustrates the challenge the Vermont benefits counselors have faced providing services for Community Mental Health (CMH) consumers.

Over the past two years the Vermont SPI project has worked hard to build bridges with each of the local CMHs to ensure consumers have access to benefits counseling services. Despite some initial resistance and turf issues Vermont SPI has been very successful integrating benefits counseling into the services provided by the community mental health system through the use of the following outreach strategies:

CO-LOCATION OF THE BENEFITS COUNSELORS IN THE COMMUNITY MENTAL HEALTH CENTERS. AS VR staff, the benefits counselor's home offices are generally in VR field offices. However, the benefits counselors have worked hard to negotiate fixed days of the week when they set up shop at the local CMH center. Their routine presence at the centers has helped to build relationships with both staff and consumers. The lines have become so blurred that many people think the benefits counselors are CMH staff.

PROVISION OF GENERAL TRAINING AND INFORMATION SESSIONS FOR CMH STAFF AND CONSUMERS. CMH staff have been overwhelmed by the number of changes to the existing SSA benefits programs and new SSA and related programs coming on line e.g. Medicaid for the Working Disabled (the VT buy-in), expedited reinstatement, the Ticket to Work and so on. The benefits counselors have provided numerous trainings and information sessions for CMH staff and consumers.

PARTICIPATION IN CMH STAFF MEETINGS AND TREATMENT TEAM MEETINGS. Benefits counselors have attended CMH staff meetings or sat in on treatment teams. The routine consideration of benefits issues has helped raise the awareness level and knowledge of CMH staff from the case managers to the psychiatrists. Some CMHs have begun to identify their own specialist staff, thereby increasing the capacity of the whole system.

PROVISION OF GOOD, ACCURATE BENEFITS COUNSELING. Ultimately the credibility of the benefits counselors has depended on the quality of the service. Consumer and staff word of mouth has been the best advertisement. Some CMH staff and managers remain resistant to an outside group providing benefits counseling to "their" consumers. Some agency administrators are fearful of consumers losing Medicaid eligibility and therefore no longer being billable. However, person by person, Vermont SPI expects to continue to build bridges and overcome these barriers.

The Vermont SPI Project is located in the State Division of Vocational Rehabilitation (VR) and provides benefits counseling statewide for SSA beneficiaries. The targeted populations to receive these services are VR consumers and consumers of the adult CMH system. The Project also contracts with the team from the New Hampshire Dartmouth Psychiatric Research Center

to provide training and technical assistance to the CMH system on evidence based approaches to employment services.

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EMPLOYMENT: A CONSUMER'S PERSPECTIVE

BY JOHN S. CASWELL

As an individual recovering from a 17-year history of drug and alcohol abuse and an illness labeled "chronic paranoid schizophrenia," I'd like to share with you just a bit of knowledge gained from the experience. It is my hope this knowledge will prove helpful to others who find themselves faced with similar challenges.

"It is my personal experience that employment greatly improves one's overall quality of life."

John S. Caswell

The reasons why individuals learning to live with mental illness want to work are much the same as those of persons without mental illness. Working helps alleviate feelings of isolation and guilt. If you've ever had to stay home from work for an extended period of time due to illness, a broken

leg or whatever, you know what it feels like to be stuck there. Just imagine staying at home day after day after day because you are unemployed and have no job to go to. Imagine how guilty you would feel, if every time you have to go to a doctor's appointment or the grocery store you have a friend or parent drive, knowing you don't even have five dollars you can spare to put gas in their tank. The isolation and guilt I speak of are true realities for those learning to live with mental illness.

Working improves one's sense of self-worth or self-esteem by promoting a feeling of accomplishment and contribution to society. It also instills a feeling of acceptance by a family who may have given up on and or even rejected their loved one early in the course of the illness when things were at their worst. Working also promotes a feeling of acceptance by coworkers and the general public who see the individual day after day as he or she works and then patronizes local businesses and pays for services and merchandize with money he or she has earned as opposed to paying with a food stamp card or voucher. All of this promotes a feeling of pride and dignity that we as humans hold so sacred.

Based on my experience in supported employment, I recommend that employment specialists incorporate the following items into their practice. I do hope that these thoughts and recommendations prove helpful.

- V Take an active role in the job search by talking to employers directly;
- V Communicate with the VR counselor about services;
 - Help consumers access other assistance (work incentives, PASS plan);
- V Provide emotional support;
 - v Listen to the consumer's plan (rather than your plan); and
- V Help identify the steps in the consumer's plan and help him get there.

RECOMMENDATIONS FOR CUSTOMERS OF SERVICES

BY Ed Turner

It's your life, you are the decision maker on where, when, and how much to work;
 Respect service provider's expertise while asking necessary questions;
 Listen carefully to options;
 Provide all requested information and make sure information you provide is factual;
 Give the employment specialist permission to speak with appropriate case managers; and
 Accept responsibility for employment decisions that are made.

ONLINE RESOURCES

Employment Intervention Demonstration Project (EIPD)

www.psych.uic.edu/eipd/

Substance Abuse and Mental Health Services Administration (SAMHSA)

<http://www.samhsa.gov/>

The Center for Psychiatric Rehabilitation

www.bu.edu/sarpsych/

New Hampshire- Dartmouth Psychiatric Research Center

[www.dartmouth.edu/](http://www.dartmouth.edu/~psychrc/)

~psychrc/

The National Alliance for the Mentally Ill (NAMI)

<http://www.nami.org/>

The Robert Wood Johnson Foundation

<http://www.rwjf.org/>

Matrix Research Institute

www.matrixresearch.org

VCU - RRTC on Work- place Supports

www.worksupport.com

A LOCAL PROGRAM'S EFFORTS TO CREATE EMPLOYMENT SERVICES

JOE MARONE, INSTITUTE FOR COMMUNITY INCLUSION

WHAT DOES CLEARVIEW'S EXPERIENCE TEACH US ?

An effective program supports commonly agreed on principles: focus on employment as a goal, rapid job entry, continuous assessment, long term support, integration of employment services within, not as an adjunct to an MH system, and attention to client preferences.

Despite the lack of many concrete institutional supports (in terms of available funding or equipment in the early implementation stages), CES was allowed to operate independently. Individual staff had a lot of freedom and discretion in how they did their jobs.

^ Leadership in the program included a strong philosophical base with clear values guiding actions, and a willingness to act and take risks.

^ Attitudes and beliefs were shaped by experience. Success built the confidence and support of staff, consumers and administration.

^ To truly change the focus of an organization to community employment requires an action orientation, with substantial restructuring, and changes in procedures, staff responsibilities, reward systems, and service locations.

Joe Marrone

Clearview Employment Services (CES), a service of Columbia River Mental Health Services, Inc. (CRMHS) located in Vancouver, WA, began in the Fall of 1996 after the closure of the psychosocial clubhouse that came about due to a reprioritization within CRMHS. CRMHS had a tradition of providing various employment services, including client employment and work crews, usually falling under broader systems of community support within the mental health center. Since the change in priorities, Clearview has become a distinct entity within the CRMHS organizational structure. In the last fiscal year, Clearview has had 171 clients attend their orientation sessions and 65 people have gotten community paid employment and 35+ people (some of whom are in that group of those working) are in educational services (either GED or post - secondary). Average hours worked were 24 per week and average salary was \$166.50 weekly.

Entry is open to all participants of CRMHS. Through twice weekly open orientations, participants can either be referred by mental health center staff or decide to attend without a referral. The Clearview program describes itself as using a system that involves open and easy access, fast paced career exploration and resource groups, individual job development, and long term support, using professional and community resources.

The Clearview approach is heavily based in structures and values of person-centered planning and the traditions associated more strongly in the rehabilitation literature with what is called Supported Employment, and more recently in the psychiatric world, with the IPS model. Clearview staff engage in a planning process developed by the individual with a selection of friends, family, and other significant persons. The person's support networks are marshalled, and energized through a "Rally" early in the process. The "Rally" is a gathering expressly designed to "get everyone on board" and, more importantly, enlist concrete support from a wide array of people who are willing to actively as-

Assist the person in a variety of ways. An individual placement plan is then designed, with spin-offs for all concerned parties.

Concurrently, unless a person objects, they go through a one week (5 days a week @ 2 1/2 hours day) Career Exploration Group focused on getting people energized and motivated, helping them develop a career vision if one does not exist, administering simple interest testing, and giving information regarding benefits, housing, job search strategies, community resources, etc. It is important for Clearview to use the class as a motivator, not an entry barrier, and they have found consistent client comments like: "I was very hesitant when I was asked to attend these classes but it was the complete opposite of what I expected and I have learned a great deal about myself." or "When I walked into class I was thinking, here I go again, but by the end of the first day, I knew I was going to end up better than when I walked in."

Staff provide extensive assistance for the individual such as social supports, coordination with treatment resources or case managers, assistance in development of job adjustment skills, specific task acquisition skills, co-worker engagement, community orientation activities, skill development and off site support services. Before the participant begins working at the job, an individual support plan is developed to identify needed supports and resources, personal and professional, that are available. This approach to support is reinforced by comments from program participants like: "I would never have been able to do it all by myself. ... Becoming a productive person again has been a long hard road. ... Just three months ago I had resolved to end it all because I had felt so hopeless and alone. Now I am starting a new productive life."

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CALIFORNIA'S COLLABORATIVE SERVICE DELIVERY EFFORTS

CAROL BOWMAN & DENNIS FARRELL, KERN COUNTY

The California SPI Project involves collaborative service delivery efforts between One-Stop Centers and Mental Health Regional Centers under the Vocational Rehabilitation system. The service delivery strategy is a team approach with representatives of SSA, State Rehabilitation, State Mental Health, and other relevant agencies. The Kern County project site has a Benefits Coordinator and a Service/Employment Coordinator. The following examples highlight some of the support efforts project staff have been involved with to date.

PATRICIA

Patricia was diagnosed with schizophrenia at the age of 22 and for the next 26 years revolved through cyclical psychiatric hospitalizations, some lasting for several weeks. She was employed for brief periods of time, however, she continued to experience hospitalizations and periods of unemployment.

In 1998 Patricia and her psychiatrist found a combination of medications that worked for her and to date she has remained free from hospitalizations. At this time she became involved with the Vocational Services unit of Kern County Mental Health. Through her connection with Vocational Services she was referred to the State Department of Rehabilitation. Patricia received some computer training through the local One Stop and employment services through Kern County Mental Health's vocational unit. With the support of this program, Patricia obtained a full time position at a company located in her community. However, this position proved to be too stressful and she discontinued her employment. The stress she experienced did not end in a hospitalization and Patricia was able to regroup and try again.

In August of 1999, Patricia became involved with the SPI project. Upon enrollment with the SPI project, the benefits coordinator conducted an analysis to investigate her benefits status. Unfortunately, due to lack of information and understanding of Social Security procedures, Patricia had not kept SSA updated on her employment activity. SSA terminated her benefit eligibility and determined that she was given a very large overpayment. The project staff assisted her with submitting a new application for benefits and a waiver request for the overpayment. Patricia was successful on both accounts.

In late 1999, Patricia once again became employed as a hostess at a local franchise chain restaurant. Although it is not the job she wants for the rest of her life, Patricia is comforted in knowing that she has been able to maintain employment for almost two years without a break. Her ultimate goal is to return to school and become a music teacher. The SPI project continues to provide follow along services, meeting with Patricia regularly and monitoring her progress.

BRAD

Brad worked as an owner/operator of his own plumbing business. At age 35, he was diagnosed with recurrent and severe depression. He was also involved in the criminal justice system and began receiving mental health forensic services from Kern County Mental Health.

Brad came to the SPI project in August 1999. At the time, his probation officer did not want him to return to his previous occupation as a plumber. Brad's drivers license had been suspended for non-payment of child support. Project staff conducted vocational assessments and identified some employment interests of Brad. Arrangements were made for Brad to do some informational interviews with employers.

After one of his informational interviews Brad was encouraged enough to apply for a position that he really wanted. The job entailed picking up bodies from homes and accident sites and delivering them to the morgue. The employer preferred someone with a drivers license; however, Brad was able to convince the employer that he could be of assistance as an aide to the driver. He assured the employer that he was working on getting his drivers license. Brad disclosed his disability and asked project staff to provide the employer with basic information about his ability to do the job.

SPI project staff contacted the Los Angeles County District Attorney petitioning them for release of Brad's license for employment purposes only. Brad's license was released without conditions and he was able to increase his pay and hours. The L.A. child support division was contacted and arrangements were made to reduce Brad's monthly child support payment amount from \$ 1000 + a month to an amount based on a percentage of his wages. Project staff have assisted Brad with keeping track of his trial work months and his extended period of eligibility (EPE).

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SPI

The State Partnership Initiative (SPI) was designed to Virginia Commonwealth University help States develop innovative and integrated, statewide programs, of services and supports for their residents with disabilities. The programs and supports will increase job opportunities and decrease dependence on public health.

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The State Partnership Systems Change Initiative

PROJECTSTATES

The Social Security Administration and the Rehabilitation Services Administration funded a combined total of seventeen demonstration states to develop innovative projects to assist adults with disabilities in their efforts to reenter the work force. Other federal agencies such as the Department of Labor and the Department of Health and Human Services have joined the Social Security Administration in Support of these projects. The State partnership Systems Change Initiative States are:

Alaska	Iowa	New York	Oregon
Arkansas	Minnesota	North Carolina	Utah
California	New Hampshire	Ohio	Vermont
Colorado	New Mexico	Oklahoma	Wisconsin
Illinois			

**"Supporting Efforts of Individuals with Disabilities to
Enter the Workforce"**

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positions as buoy maintenance helper, radio repairer helper, engineering aid, currency examiner, and photocopy operator. (Table 3)

Particularly gratifying to all concerned is the fact that the vast majority of the placements, 93%, have been successful ones. Only 7% of all retardates appointed have been separated for inability to meet performance standards or to make the necessary social adjustments. Their cumulative separation rate of 21% over a 3 year period for all causes is a very small percentage when compared to the normal turnover rate for the same job classifications filled by normal population. (Table 4) Their performance on the job has generally been very satisfactory. Fifty-four retardates have received outstanding or excellent ratings, 42 have been promoted, and on-the-job success of only 18 was still in doubt at the time of the most recent agency annual report. The agencies tell us——

About Their Successful Employees

- Miss E. L. was appointed as an Office Machine Operator, GS-1, by an agency in Washington, D.C. in March 1964, one of the first appointees under the program. One year later she was given an outstanding performance rating and was granted a cash award of \$200 for sustained superior performance under the Incentive Awards Program. The agency now reports that she is being considered for a second outstanding performance rating and sustained superior performance cash award. Making copies on a Xerox 914 Machine, she averages about 850 copies a day, freeing several GS-6 secretaries of this chore; she also distributes mail within the office, provides messenger service, and very capably answers the telephone when alone in the file room. She works tirelessly and conscientiously, has a most pleasant and cooperative disposition, has never missed a day of work, and is always on time.
- Mr. W. C. C. has made tremendous personal progress since he was hired. When first employed, he was a shy, retiring person who would hardly respond to a direct question; he is still quiet, but he knows his work thoroughly; is quick to respond to unusual work demands; is

courteous, dependable, and "one of the best employees" in his classification in the Division. He has been promoted to Clerk, GS-2, and has received a sustained superior service award. Because of the great progress he has made, this young man was one of the subjects chosen by D.C. Rehabilitation Office for its training film on employment of the mentally retarded.

- Mr. L. S. C., a GS-2 Messenger, is an excellent worker, adapts easily, has a very good attitude. He has progressed so well that he now works in the file room and is going to be promoted to a higher grade.
- Mr. A. D. M. is a Stock Handler, W-4. His performance and conduct are satisfactory in all respects; his initiative, industriousness, attendance and reliability are outstanding. In many ways, his work is superior to that of other employees.
- Miss E. M. B., a GS-1 Clerk, was the first retardate appointed in Texas. The appointment was originally made for one year beginning July 27, 1964, but because of her excellent performance the appointment has been extended without time limit. She does simple filing and office machine operations, relieving higher-paid employees of those tasks. She has performed so well that her coworkers doubt that she is mentally retarded.
- Mr. R. W. is a Mail and File Clerk, GS-1. His efficiency is fully on the level expected of a regular employee. His dependability, attitude and eagerness to please appears to be above that of the average employee. He has been very well accepted by the entire staff and is now being trained to perform additional duties.
- Mr. T. B. began as a GS-1 Messenger and has been promoted to Mail Clerk, GS-2. He is an excellent employee, extremely willing, capable, and eager to learn.
- Miss M. E. M. was appointed to stamp, manually, advices of shipment of Government securities. Her supervisors soon found that she was capable of more varied duties and she was promoted to GS-2. The promotion was not a