

Transforming Lives

Washington State Department of  
**Social and Health Services**



DSHS —  
DIVISION OF  
BEHAVIORAL  
HEALTH  
AND  
RECOVERY

GUIDE TO SUPPORT AN INDIVIDUAL'S  
EMPLOYMENT GOALS





This document is designed as guidance on providing elements of employment supports under the Washington State Rehabilitation Option of Medicaid 1915 (b) Waiver for people with serious mental illness. It is intended to assist workers in providing assistance and identifying billable activities related to supporting individuals in their pursuit of employment goals.

The strategic plan for the Washington State Division of Behavioral Health and Recovery sets a goal to ‘increase the number of consumers showing positive outcomes in the areas of: employment, independent living, social connectedness, and substance use.’ (DSHS Health and Recovery Services Administration Strategic Plan 2009-2013, June 13, 2008) Employment provides individuals meaningful daily activities so they feel productive, useful and successful. It allows them to earn money so they are not further disabled by poverty. It is also a place where they can develop relationships. Community Mental Health Agencies are encouraged to have a continuing focus on employment as a real and normal goal in the rehabilitations process.

According to the Center for Medicare and Medicaid Services Information Bulletin dated September 16, 2011, work is a fundamental part of adult life for people with and without disabilities. It provides a sense of purpose, shaping who we are and how we fit into our community. Meaningful work has also been associated with positive physical and mental health benefits and is a part of building a healthy lifestyle as a contributing member of society. Because it is so essential to people’s economic self-sufficiency, as well as self-esteem and well-being, people with disabilities and older adults with chronic conditions who want to work should be provided the opportunity and support to work competitively within the general workforce in their pursuit of health, wealth and happiness. All individuals, regardless of disability and age, can work – and work optimally with opportunity, training, and support that build on each person’s strengths and interests. Individually tailored and preference based job development, training, and support should recognize each person’s employability and potential contributions to the labor market. [Medicaid Bulletin 9.16.11](#)

Medicaid is a program designed to fund medical services. Demonstrating the “medical necessity” of services is an administrative requirement attached to the development and documentation of an individual plan. The treatment plan should clearly demonstrate the legitimate clinical need, the justification for services provided, and indicate an appropriate response to that need. The clearest and most effective approach in documenting medical necessity is through the creation of a clinically relevant individual plan. Effective development and documentation of these holistic individual plans is both an acquired skill as well as a clinical art.

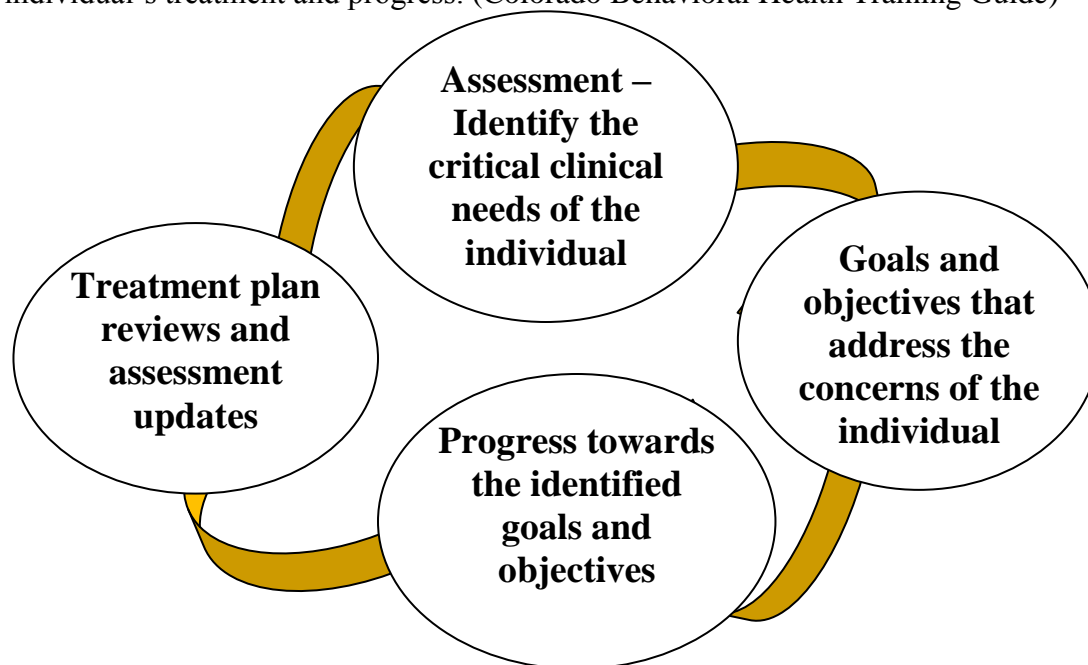
The treatment plan:

- Helps to integrate information about the person, the family and members of the individual's support system(s) as related to clinical needs.
- Facilitates prioritization of needs, interests, and recovery/rehabilitative goals.
- Provides a strategy for managing the complex needs of the individual and describes interventions which are defined by measurable outcomes.
- Is an ongoing process connecting clinical assessments with targeted service delivery.

Progress notes should clearly state activities and interventions that are directly related to the goals and interventions described in the treatment plan.

### **The Golden Thread**

The Golden Thread is a term that references the tying together of all the concepts described previously. Each piece of documentation must flow logically from one to another such that someone reviewing the record can see the logic and understand the story you are telling about the individual's treatment and progress. (Colorado Behavioral Health Training Guide)



### **Medicaid Will Not Pay For:**

In general, Medicaid will not pay for:

1. Job skill training & coaching for specific job skills and job tasks (For example you are not able to 'bill' for teaching the job functions, i.e., how to work the computer, fryer, phone system, drill press, etc.)
2. Tuition for training programs
3. Supplies and equipment for work (boots, computers, uniforms, etc.)
4. Speeches to Rotary and other community groups seeking employer engagement often referred to as Job Development and marketing.
5. "Cold calls" to employers for generic job leads





### **Excerpt of the Washington State Plan under Title XIX of the Social Security Act:**

**Individual Treatment Services:** A set of treatment services designed to help a Medicaid enrolled individual attain goals as prescribed in their individual treatment plan. These services shall be congruent with the age, strengths, and cultural framework of the individual and shall be conducted with the individual, his or her family, or others at the individuals' behest who play a direct role in assisting the individual to establish and/or maintain stability in his/her daily life. These services may include, developing the individual's self-care/life skills; monitoring the individual's functioning; counseling and psychotherapy. Services shall be offered at the location preferred by the Medicaid enrolled individual. This service is provided by or under the supervision of a mental health professional.

**Peer Support:** Services provided by peer counselors to Medicaid enrolled individuals under the consultation, facilitation or supervision of a mental health professional who understands rehabilitation and recovery. This service provides scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills. Consumers actively participate in decision-making and the operation of the programmatic supports.

Self-help support groups, telephone support lines, drop-in centers, and sharing the peer counselor's own life experiences related to mental illness will build alliances that enhance the consumer's ability to function in the community. These services may occur at locations where consumers are known to gather (e.g., churches, parks, community centers, etc.) Drop-in centers are required to maintain a log documenting identification of the consumer including Medicaid eligibility. Services provided by peer counselors to the consumer are noted in the consumers' Individualized Service Plan which delineates specific goals that are flexible tailored to the consumer and attempt to utilize community and natural supports. Monthly progress notes document consumer progress relative to goals identified in the Individualized Service Plan, and indicates where treatment goals have not yet been achieved. Peer Counselors are responsible for the implementation of peer support services. Peer counselors may serve on High Intensity Treatment Teams. Peer support is available daily no more than four hours per day. The ratio for this service is no more than 1:20.

**Therapeutic Psychoeducation:** Informational and experiential services designed to aid Medicaid enrolled individuals, their family members (e.g., spouse, parents, siblings) and other individuals identified by the individual as a primary natural support, in the management of psychiatric conditions, increased knowledge of mental illnesses and understanding the importance of their individual plan of care. These services are exclusively for the benefit of the Medicaid enrolled individual and are included in the Individual Service Plan. The primary goal is to restore lost function and promote reintegration and recovery through knowledge of one's disease, the symptoms, precautions related to decompensation, understanding of the 'triggers' of crisis, crisis planning, community resources, successful interrelations, medication action and interaction, etc. Training and shared information may include brain chemistry and functioning; latest research on mental illness causes and treatments; diagnostics; medication education and



management; symptom management; behavior management; stress management; crisis management; improving daily living skills; independent living skills; problem-solving skills, etc. Services are provided at locations convenient to the consumer, by or under the supervision of a mental health professional. Classroom style teaching, family treatment and individual treatment are not billable components of this service.

### **Individual Treatment Services, Peer Support, Therapeutic Psychoeducation Modalities to support the individual's choice and goals relating to employment:**

Community psychiatric rehabilitation program activities can focus on helping a person overcome or address psychiatric symptoms that interfere with seeking, obtaining, and maintaining a job. Symptoms include both positive and negative symptoms. Positive symptoms include auditory or visual hallucinations, incoherence or marked loosening of associations, delusions, etc. Negative symptoms include apathy, lethargy (lack of motivation), ambivalence, flattening of emotions, isolation, and withdrawal. It is likely that the reason you are providing the community based psychiatric rehabilitation services is due to these symptoms. Medicaid will reimburse for supports that relate to any of these symptoms. The service being provided is focused on illness management and recovery, regardless of setting. Treatment plans should address a person's interest or desire to work or pursue a career. Documentation (action plans, progress notes, etc.) should refer to the person's diagnosis, employment goals, and why they need assistance due to psychiatric symptoms interfering with achieving employment goals.

When to use Individual Treatment Services, Peer Services, and Therapeutic Psychoeducation: Services are provided at locations convenient to the consumer, by or under the supervision of a mental health professional. This intervention should include one or more of the following:

- Symptom Management while the individual is seeking obtaining or maintaining work. Identification of negative effects of symptoms of mental illness/emotional disturbance; Development of strategies to minimize such effects; and strategizing to avoid and/or effectively respond to stressors which may impact functioning.
- Developing strategies to restore functional deficits resulting from illness.
- Identification, acquisition and utilization of resources, natural supports, and personal strengths.
- Crisis Management (e.g. WRAP plan for work)
- Development of WRAP and WRAP for Employment (Wellness Recovery Action Plan, 2012)

### **Here are a few examples of interventions related to employment supports:**

#### **Example #1**

A person you are working with says he would like to work. He reports having the desire to work, but struggles with feeling depressed, isolated, is uncomfortable in crowds, lacks motivation to get out of bed, sleeps much of the day, and is unfamiliar with employment options. This person has many strengths, including an awareness of his symptoms, good personal hygiene and grooming habits, and has worked sporadically in the past. Following a discussion with him and



the treatment team, the treatment plan is revised to include an employment goal. Since it's been a while since his last job, he has expressed interest in working on communication skills and self-presentation so the plan includes interventions such as role playing and practicing skills in a community setting. You also work with the person to establish a routine, including a sleep schedule. You assist the individual with exploring local employment options, including discussions about interest, monitoring or assisting with finding job openings in the local paper, reviewing employment assistance resources (Vocational Rehabilitation, career centers, employment services, Internet, newspaper, etc.), going with him out in the community (if needed) to look at employment options, and researching and assisting with transportation options. Discussion on the 'conditions' for employment such as the number of hours of work, morning or afternoon or evening shifts that work best for the individual that won't aggravate the symptoms of their illness. Developing support options and preparation for the stress of starting a new job. Developing a WRAP plan for employment.

#### Example #2

The person you are working with begins hearing voices on the job, walks off the job site, and calls to tell you he does not want to work. You discuss with him that there are ways to manage increased symptoms at work, and you are willing to coordinate with his psychiatrist and/or Mental Health Professional to develop a plan that would include ways to deal with symptoms on the job site. You spend time with him planning and practicing which strategies to try when symptoms occur at work. You meet with him and his supervisor to discuss any reasonable accommodations that need to be made, discuss recent problems at work, and develop a plan. You touch base with him and his supervisor several times over the next few days to see if the plan is working.

Utilizing Certified Peer Support Services and learning from their 'lived' experience. Discuss strategies for managing stress on the job site. Developing a WRAP for employment; creating a support plan such as contacting staff and/or peer support during breaks or after work.

#### Example #3:

You get a call from a supervisor that a person you work with has been doing poorly at work. She has been getting angry at other employees, calling in sick, and is having difficulty completing the job. The supervisor has previously been very satisfied with her performance. You meet with the individual at a location convenient for her and work with her to assess the situation while the supervisor is present. In this interaction you realize that she is experiencing confusion and frustrations due to her delusions. You remind and rehearse with the person how her illness-self-management group taught her to deal with her delusions by identifying triggers and acceptable coping strategies. You also point out and model alternative strategies with her to request using accommodations (quieter work space and rearrangement of duties to have less contact with coworkers) that will minimize the effects of her symptoms. You remind her to discuss her symptoms with her psychiatrist and/or Mental Health Professional.

#### Example #4

A person that you work with starts a new job, and calls to say that people at work are staring at her and talking about her. You meet with the individual at a convenient location and she describes difficulty interacting with other employees due to her inability to manage anxiety, panic, and fear. You work with the person in identifying strategies to manage her anxiety, panic, and fear by helping her use breathing techniques to decrease her anxiety, based upon the interventions prescribed by her psychiatrist and/or Mental Health Professional.

An Employment Support Group for individuals could be created to provide mutual support and education about strategies for symptom management at the worksite.

#### Example #5

A man you are working with has a desire to be employed, and is interested in retail sales. He comes from a family of jewelers and wants to have a similar job. Unfortunately, his rapid cycling manic symptoms can be unpredictable, thus he is not always appropriate with customers (too talkative, silly jokes, does not get down to business). The individual wants to find out what type of duties and tasks are included in becoming a jeweler. In the discussion, you and he come to agreement that due to his symptoms, he is likely to be more successful working in back on jewelry than at the front counter with customers. You and the individual explore and discuss communication skills, self-presentation, and coping with stress.

#### Example #6:

An individual you are working with has been looking for work, but is very disorganized, disoriented, and lethargic due to his illness. You help the individual organize his search for work based on his preferences and goals to work at Target and Sears. You help the individual problem-solve ways to organize his thoughts while filling out job applications and provide support and strategies to help him handle stress of the job interview.

#### Example #7:

An individual works at Candle Lights. The individual reports to the worker that he is having difficulty with one of his co-workers which are increasing his stress level and symptoms. You help the individual problem-solve ways to communicate with his employer about the difficulty with the co-worker. The next week, the individual reports that he was unsuccessful in talking with his employer about the co-worker due to feeling fearful and unsure. You model communication strategies and develop a plan to address the difficulties with the co-worker

1. Interventions are directed by the goals and objectives
2. Identifying barriers to the individuals' goal to achieve or retain employment related to their mental illness
3. Identifying interventions to address the barrier
4. Individuals' response to intervention/progress toward goals and objectives

### **Developing Goals and Interventions:**

Typically, the goal being addressed for employment supports is a goal to work. The goal should include how the desire to obtain or maintain a job is related to their illness, symptoms or functional limitations. In writing the goal, it is also crucial to identify and understand how their symptoms, illness, or functional limitations impacts their ability to achieve their stated goal to work (see below, identifying barriers).

Some examples of goals:

1. To manage my symptoms of depression (low energy/difficulty with concentration/low self-esteem) so that I can obtain part-time employment working in the art or graphic design field.
2. To find a part-time job that is repetitive in nature in order to accommodate problems with my concentration and problem-solving.
3. To increase community integration by finding a part-time job in which I can work in an environment where I can manage auditory hallucinations and work as a cook.
4. To decrease anxiety (feelings of panic and fear) to enable me to maintain my job working in auto detailing.
5. To improve interpersonal interactions with my co-workers so that I can keep my part-time job.

### **Identifying Barriers Related to Mental Illness:**

The overriding philosophy of the SAMHSA Supported Employment Evidence Based Practice is the belief that every person with a serious mental illness is capable of working competitively in the community if the right kind of job and work environment can be found. Rather than trying to sculpt consumers into becoming “perfect workers” through extensive prevocational assessment and training, consumers are offered help finding and keeping jobs that capitalize on their personal strengths and motivation. Thus, the primary goal of Supported Employment is not to change consumers, but to find a natural “fit” between consumers’ strengths and experiences and jobs in the community. (SAMHSA EBP SE - Building Your Program) In the process of trying to fit the Evidence Based Practice into the Medicaid billable structure, it is necessary to identify the individual’s functional limitations in how the service addresses the legitimate clinical need. (e.g. paranoid thoughts, managing anxiety, depression, difficulty organizing thoughts, concentration, difficulty with appropriate social interactions – see below for a more detailed description of functional deficits, limitations and symptoms) Identification of functional limitation is not contrary to ‘assumption of readiness’ but a process of identifying barriers and interventions designed to address them and assist the person to be successful in the employment goal of their choosing.

In order to address functional deficits or limitations and symptoms associated with the mental illness, we must know what the different possibilities of limitations/symptoms are that we are addressing. Below is a list of functional limitations that can be a result of a mental illness. These functional limitations are ones that we may be addressing as they interfere with the individual’s progress in achieving an employment goal.



The individual is unable to:

- Complete job applications adequately.
- Apply for jobs independently.
- Interview with the employer independently.
- Maintain their job without support.

### **Cognitive**

Impaired cognition can be due to the mental illness or due to medication side effects. This includes difficulty with attention, concentration, memory, processing and responding to information, and/or organizing thoughts and actions. There can be a high level of distractibility and difficulty understanding what is said or read. Cognitive impairments can result in low energy/motivation, inability to persist at tasks, impaired ability to react or move at an average pace, and/or poor problem-solving abilities.

### **Interpersonal Skills**

This includes difficulty with appropriate social interactions, poor hygiene or grooming, disorganized or poverty of speech, inability to develop adequate supports, difficulty reacting to feedback in a way that is consistent with individuals' goals, incongruent or inappropriate affect, and/or difficulty recognizing social cues.

### **Lack of Independent Actions**

This includes lack of interest or desires, lack of knowledge of accessing community resources, difficulty organizing behavior, identifying and prioritizing tasks, lack of initiative, low motivation, and/or lack of follow-through due to depressed mood.

### **Judgment**

Difficulty ascertaining needed steps to reach goals, difficulty learning from experience, difficulty setting goals, action, or lack of action, without consideration for consequences, inaccurate assessment of events.

### **Symptoms**

- Auditory Hallucinations
- Visual Hallucinations
- Delusions
- Paranoia
- Anxiety (Panic attacks, fear, dread, agoraphobia, shortness of breath or difficulty breathing, rapid heart-beat, avoiding places due to panic, fear, etc.)
- Depression (fatigue/low energy, poor self-image, reduced concentration or indecisiveness, hopeless feelings, decreased interest or pleasure in activities)
- Mania (grandiosity or heightened self-esteem, increased motor activity, pressured speech, euphoric mood, irritability, flight of ideas or racing thoughts, risky or poor judgment, flight of ideas, easily distracted)

<b>Employment Support Intervention</b>	<b>Examples of Interventions</b>
Engagement & Outreach	<ul style="list-style-type: none"> <li>• Identifying pro and con list to identify motivators that will help with developing strategies to minimize behaviors that demonstrate low motivation for stated goal to work.</li> <li>• Identifying individual's own view of benefits of working to assist in identifying strategies to increase motivation toward individuals' stated goal to work.</li> <li>• Identifying strategies to minimize the negative effects of their illness including difficulty with motivation and disorganization in order to make progress toward stated goal to work.</li> <li>• Processing decisional uncertainty or decisional conflict around work.</li> </ul>
Vocational Profile	<ul style="list-style-type: none"> <li>• Identifying the negative effects of symptoms on motivation to work.</li> <li>• Identifying the negative effects of symptoms (e.g. erratic or irregular work history, criminal history)</li> <li>• Identifying the impact of symptoms on work choices and goals for employment.</li> <li>• Identifying strengths, needs, resources and natural community supports to address functional deficits (describe) associated with their mental illness that has impacted their ability to seek and maintain employment.</li> <li>• Developing strategies, goals and objectives to use identified resources in addressing functional limitation/deficits (describe)</li> <li>• Helping the individual identify how their benefits would be affected by a return to work.</li> <li>• Helping individual to develop, monitor and maintain a plan for how to manage financial changes in work income and benefits.</li> </ul>

<b>Employment Support Intervention</b>	<b>Examples of Interventions</b>
Job Search Activities	<ul style="list-style-type: none"> <li>• Supporting the individual in organizing his job search activities</li> <li>• Helping the individual problem-solve ways to organize his thoughts while filling out job applications</li> <li>• Supporting the individual to handle stress of job interview.</li> <li>• Assisting individual with disorganized thoughts due to illness that interferes with ability to put work history together, identify job search options, complete job applications, and interviewing for employment.</li> <li>• Assisting individual in managing anxiety that interferes with ability to identify job search options, complete job applications, interview for jobs.</li> </ul>
Follow-Along Supports With individual	<ul style="list-style-type: none"> <li>• Assisting the individual to problem-solve ways to reduce symptoms at work.</li> <li>• Developing strategies for coping with symptoms (auditory hallucinations) while on the job.</li> <li>• Developing a plan for ways to manage increased symptoms of (anxiety, hallucinations) illness at the workplace.</li> <li>• Assessing whether symptoms of the mental illness was interfering with their ability to perform their job by reviewing with the consumer what is getting in the way of functioning related to their symptoms and then developing strategies to manage or cope with those symptoms.</li> <li>• Assessing with the individual if the plan for the management of symptoms on the worksite is being effective.</li> <li>• Providing support to a individual who has a panic attack on the job. Developing strategies to manage panic attacks on the job.</li> <li>• Brief assessing of the individual on the job to identify needs and deficits. Followed by a problem solving session with consumer (and/or employer) to improve functioning (e.g. when individual with thought disorder is unable to identify that his/her functioning level is inadequate).</li> </ul>

Employment Support Intervention	Examples of Interventions
Follow-Along Supports With employer/individual	<ul style="list-style-type: none"> <li>• Assisting the <u>individual</u> to effectively communicate with their supervisor because the individual has difficulty effectively communicating as a result of their <u>symptoms</u>.</li> <li>• Advocating with the employer to look at accommodations and supports that will restore functioning due to symptoms.</li> <li>• Assisting a consumer to access accommodations on the job such as reduced work schedule to accommodate a low tolerance for stress.</li> <li>• helps the individual problem-solve ways to communicate with his employer about the individual's difficulty with his co-worker</li> <li>• Accompanying the individual to talk with his employer about difficulties with co-worker to develop a plan for addressing the difficulty.</li> <li>• Assess with the individual and the employer if the plan for the management of symptoms on the worksite is being effective.</li> <li>• Identify (with individual and/or employer) areas of cognitive, interpersonal, judgment, difficulty with task functioning that are interfering with the individual's ability to be employed.</li> <li>• Identify strategies that will minimize or improve the individual's ability to function or cope with symptoms to maintain adequate performance on the job.</li> </ul>



## Writing Progress Notes

Progress notes must include or reference the corresponding goal from the treatment plan, the intervention, location, response to the intervention, and signature of the service provider with title as indicated in the box below.

**Goal:** (Corresponds with Goals from the Treatment Plan)

**Intervention:** Interventions are directed by the goals and objectives. Interventions include activities or support provided toward the goals and objectives.

**Location:** (In the Community at a location convenient for the individual or Office)

**Response to Intervention:** This is where you are descriptive about the results of the intervention, other barriers or description of how symptoms/functional limitations effected the intervention or progress toward the goals & objectives.

**Signature with Title:**

The following provide examples of progress notes:

### Example #1

**Goal:**

To increase community integration and productive activities by managing symptoms of depression as evidenced by low energy and motivation and organizational skills.

**Intervention:**

Went to individual's home to help assist individual in identifying a pro and con list for working to identify motivators that will help to develop strategies to minimize behaviors that demonstrate low motivation for stated goal to work.

**Location:** Community

**Response:**

The individual appeared hesitant about working and reported being very fearful about his ability to keep a job. Individual stated his past difficulties with interacting with supervisors and co-workers. The individual had difficulty describing the benefits of working and exhibited frustration and anxiety when discussing past work situations.

### Example # 2

**Goal:**

To improve individuals ability to manage symptoms (e.g. disorganized thoughts and inability to concentrate and focus) in order to obtain a part-time job.

**Intervention:**



Assisted individual with identifying job search options and creating a job search plan as she has difficulty with organizing her thoughts. Used written material and frequent redirection to compensate and remediate her difficulties with organizing her thoughts.

**Location:** Community

**Response:**

Individual had difficulty concentrating and focusing attention on task of creating job search options. Individual was able to identify important features of a workplace environment that would be conducive to her needs. These needs included a quiet environment that did not include much interaction with people due to her difficulty with paranoid thoughts and concentration. Individual was able to identify several types of work that match her interests as well as take into account her symptoms. The individual identified jobs of choice light clerical work or working in a library shelving books.

**Example #3**

**Goal:**

To manage anxiety (feelings of panic and fear) so that he can keep his job working in auto detailing.

**Intervention:**

This writer assisted the individual to manage anxiety by discussing with the individual whether the plan for management of anxiety that was identified at our last meeting was effective and identifying with the individual where symptoms are impeding functioning. The individual said that taking breaks to do guided imagery and breathing techniques were not being helpful. This worker reviewed the techniques with the individual and found that they were helpful, but did not sustain individuals functioning for an extended period of time.

**Location:** Community

**Response:**

Individual continues to have difficulty with anxiety at his place of employment as evidenced by his lack of eye contact with customers, his difficulty remembering his work tasks and his slowness to respond to customers. Set up appointment for tomorrow during the individual's day off to problem solve alternative strategies for managing his anxiety in the workplace.

**Note:**

Any contact with an employer or co-workers of the individual requires signed authorization from the individual. It is important to do a thorough job of discussing what information will and will not be disclosed during the course of the contact. The information discussed/disclosed should be explicit as possible on the release of information form.

**Special Thanks:**

- Special thanks to the University of Kansas for sharing their **and Supported Employment** document.
- Special thanks to the Missouri Department of Mental Health – Office of Mental Health Transformation for sharing **Appropriate Use of Community Support and Targeted Case Management in Workplace Environments**



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**Feedback:**

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*Colorado Training and Reference Manual for Behavioral Health Services.* (n.d.). Retrieved from <http://www.cbhc.org/news/wp-content/uploads/2011/05/FINAL-FINAL-09-02-11-Basic-Documentation-Training-Guide-5-Chapters-Appendix-formatted.pdf> (June 13, 2008). *DSHS Health and Recovery Services Administration Strategic Plan 2009-2013.*  
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