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Washington State
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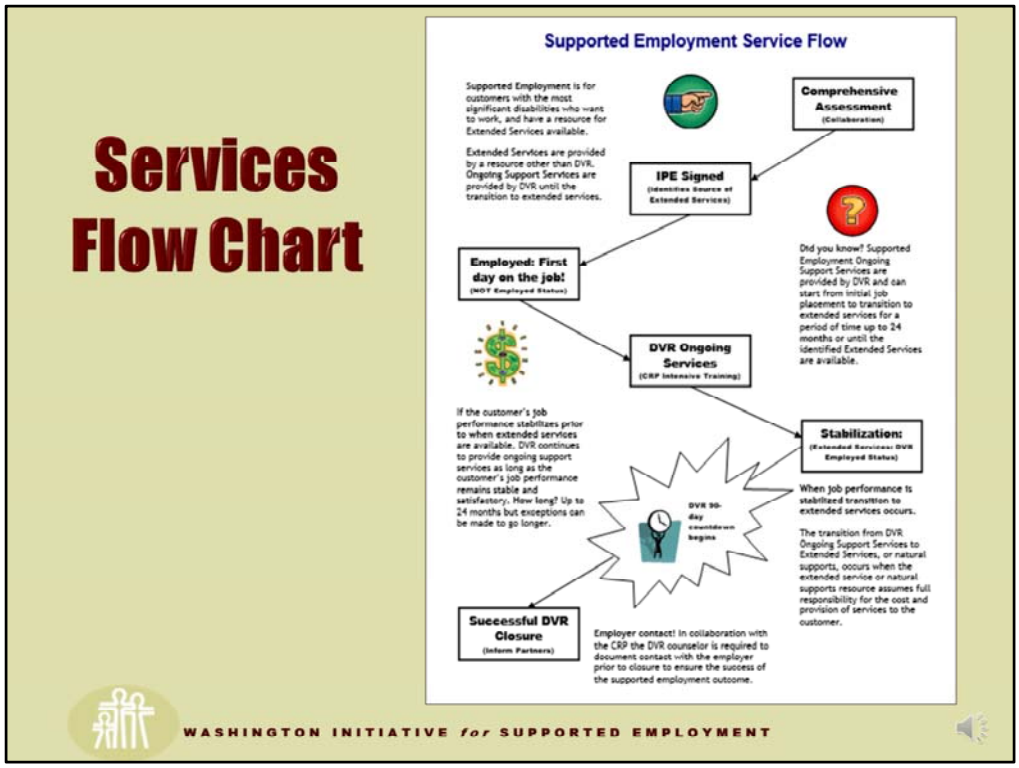
DVR Divsion of Vocational
Rehabilitation

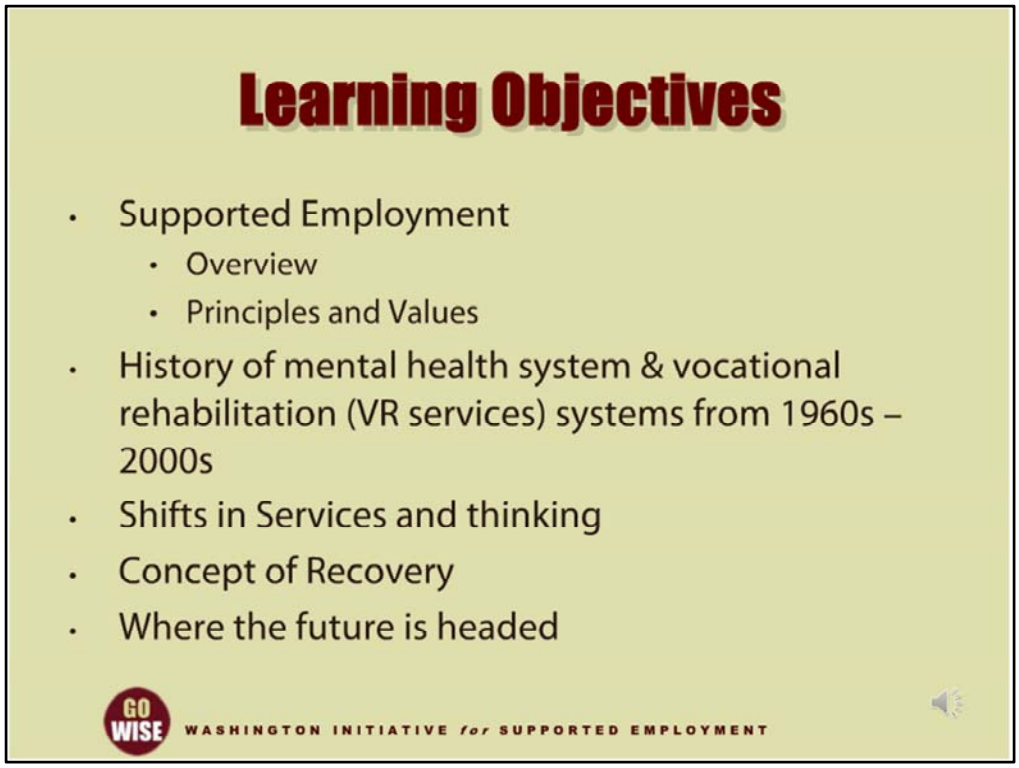
Fundamentals of Supported Employment in Vocational Rehabilitation

A Historical Overview of Supported Employment for Individuals with Behavioral Health Disabilities



Before we begin the content of this training module let's review the supported employment model that the D.S.H.S. Division of Vocational Rehabilitation, or D.V.R., must carry out. As an employment consultant serving these customers, it is important that you understand the steps of supported employment that D.V.R. must follow and your role in the process. Let's review each step briefly.

D.V.R. supported employment services are provided to customers with the most significant disabilities who want to get and keep a permanent job. These customers require intensive support to obtain employment, as well as long term support to achieve and maintain successful job performance. Federal rules for supported employment require D.V.R. to provide the upfront vocational rehabilitation, or V.R. services known as on-going services, that a customer requires to get and learn a job. After that, a separate source will provide the extended support or long term supports the customer needs to keep their job once D.V.R. services end. All D.V.R. supported employment customers go through the same application and eligibility determination process. Once an individual is determined eligible for D.V.R. their V.R. counselor works with them to conduct a comprehensive assessment of their vocational rehabilitation needs, including whether the customer will require supported employment to get and keep a job of their choice. The comprehensive assessment often includes a community based assessment that is provided by a community rehabilitation program, or C.R.P., such as the one you work for. After the comprehensive assessment has been completed, the D.V.R. customer is assisted by their V.R. Counselor to develop an individualized plan for employment, or I.P.E. The I.P.E. identifies the customer's employment goal along with the steps and the D.V.R. services they will require to achieve their goal. The I.P.E. must also identify the customer's need for supported employment and what their source of long term support or extended services will be. If the source of extended services is unknown when the I.P.E. begins, there must be a strong expectation that a source will be identified within 24 months. D.V.R. services identified in the I.P.E. begin once the plan is signed by the D.V.R. customer and their V.R. counselor. Typically, the first step of an I.P.E. is for D.V.R. to authorize job placement services to assist the supported employment customer in becoming employed. Once the customer is employed then D.V.R. authorizes intensive training services to assist the customer in learning how to perform their job satisfactorily. However, once a customer reaches a stable level of satisfactory job performance, they must begin receiving their extended services from a source outside of D.V.R.. If a supported employment customer achieves stable job performance sooner than their extended services will be available, D.V.R. will continue providing ongoing support for up to 24 months. Once extended services have begun, D.V.R. keeps the case open during the first ninety days that these services are provided to make sure they meet the customer's needs. If the customer is doing well on their job at the end of this ninety days and their extended services continue without interruption, then the customer's D.V.R. case is closed.



The purpose of this training module is to give you, as a new employment consultant, a background in the history of mental health services in Washington and nationally, including the key role employment plays in the broader effort to address the civil rights and inclusion of persons with mental illness. To do this we will briefly cover key elements of supported employment, as well as the principles and values behind vocational rehabilitation services, or VR services. Then we will explore the history of the mental health system and VR services from the 1960s up to the 2000s. And we will conclude by introducing you to the shifts in thinking about the services, the concept of recovery and the models that are gaining momentum for people who receive VR services and experience mental illness. The goal of this training is to show you that you are part of something significant in terms of the evolution of civil rights and inclusion of persons with mental illness. Your work plays a part in the challenge of moving employment "for all" forward into the future, and building on the hard work and dedication of other rehabilitation professionals that precede you.

Let's start with a basic understanding of what supported employment is today. The Department of Social and Health Services, or DSHS, Division of Vocational Rehabilitation, or DVR, implements a definition of supported employment from the Federal Rehabilitation Act. DVR defines supported employment as competitive work, in an integrated work setting, or employment in an integrated work setting in which a customer is working and earning a competitive wage, with extended or long term support services. Supported employment is for customers with the most significant disabilities, who traditionally have not been competitively employed because of the significance of their disability, or their employment has been intermittent because of the significance of their disability, and they require extended services to keep a job.

Other Important Characteristics

- Customer defines occupational goal
- Goal is matched with employment opportunity
- Customer is employed
- Support is provided
- Collaborative efforts to develop Individualized Plan for Employment (IPE)
- Success depends on formal partnership between DVR (time-limited services) and extended services resource
- Cooperation and collaboration are necessary

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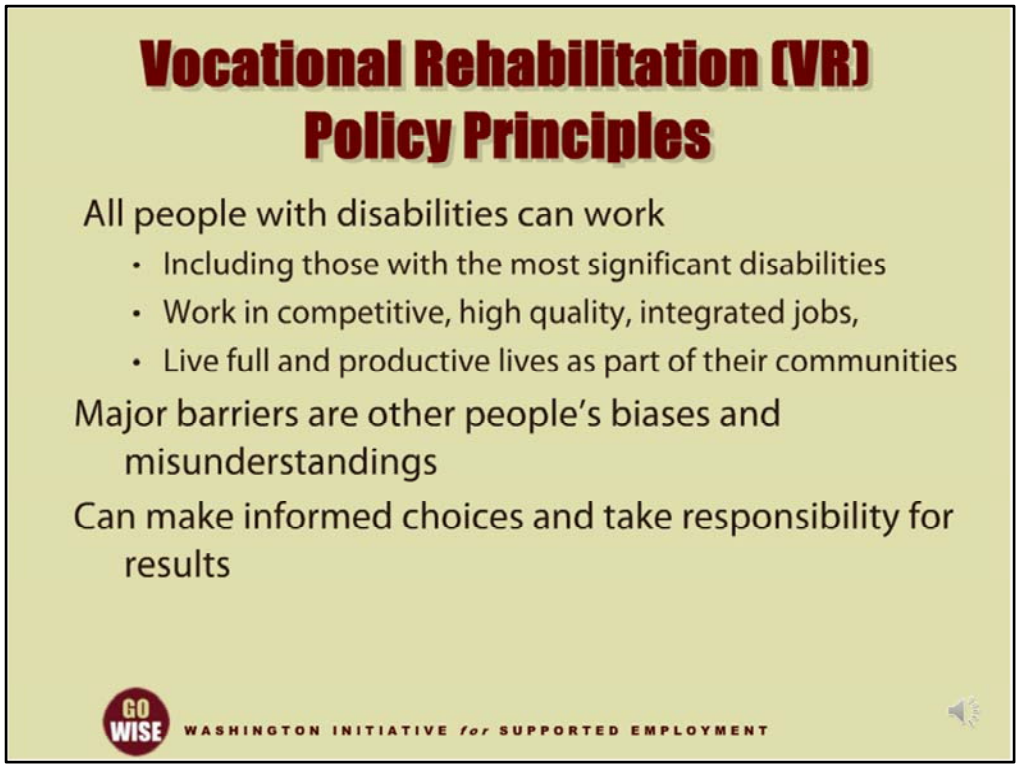
Other important elements of current-day supported employment include the process of how a supported employment customer finds and maintains employment. First, the customer is supported to define their occupational goal. Then the customer's occupational goal is matched with job opportunities in their community, and the customer becomes employed. Finally the customer receives training and support to be successful in employment. In addition, everyone involved in the services for a supported employment customer will work collaboratively with the customer to develop an Individualized Plan for Employment, or IPE. Successful supported employment depends upon formal partnership between DVR, which provides time-limited services to assist the customer in getting and learning a job of their choice, and an extended services resource, or long term support provider, to help maintain employment. For example, the extended services could be provided through a public mental health agency. And finally, cooperation and collaboration are necessary at all agency levels to ensure the provision of supported employment services and extended services to customers with the most significant disabilities.



Now let's look closer at the principles and values behind current-day supported employment services. The Federal Rehabilitation Services Administration has developed policy principles to guide the vocational rehabilitation services that are provided to its customers. Amongst them are some that speak particularly well to supported employment services for individuals with mental illness. For example, one principle is that all people with disabilities can work, including those customers who experience significant disabilities. This principle goes on to state that those with significant disabilities do have the ability to work in competitive, high quality, integrated jobs, and live full and productive lives as part of their communities. Another policy principle states that some major barriers to employment are actually the result of other peoples' biases and misunderstandings about people with disabilities. And one final example of a principle that guides services particularly well for those with significant disabilities is that people with disabilities can make informed choices and take responsibility for the results. These are examples of the principles that direct and give meaning to vocational rehabilitation services.

Washington State
Division of Vocational Rehabilitation (DVR)
Supported Employment Values

- Right to work and to earn competitive wages
- Person-centered vocational planning empowers workers to choose jobs from variety of integrated work settings in the community
- One person, one job, options need to be available to the customer
- Creativity is necessary
- Limitations are the major barriers to successful employment, not the functional limitations of the worker
- Traditional measures of work readiness are not predictors of the ability to work

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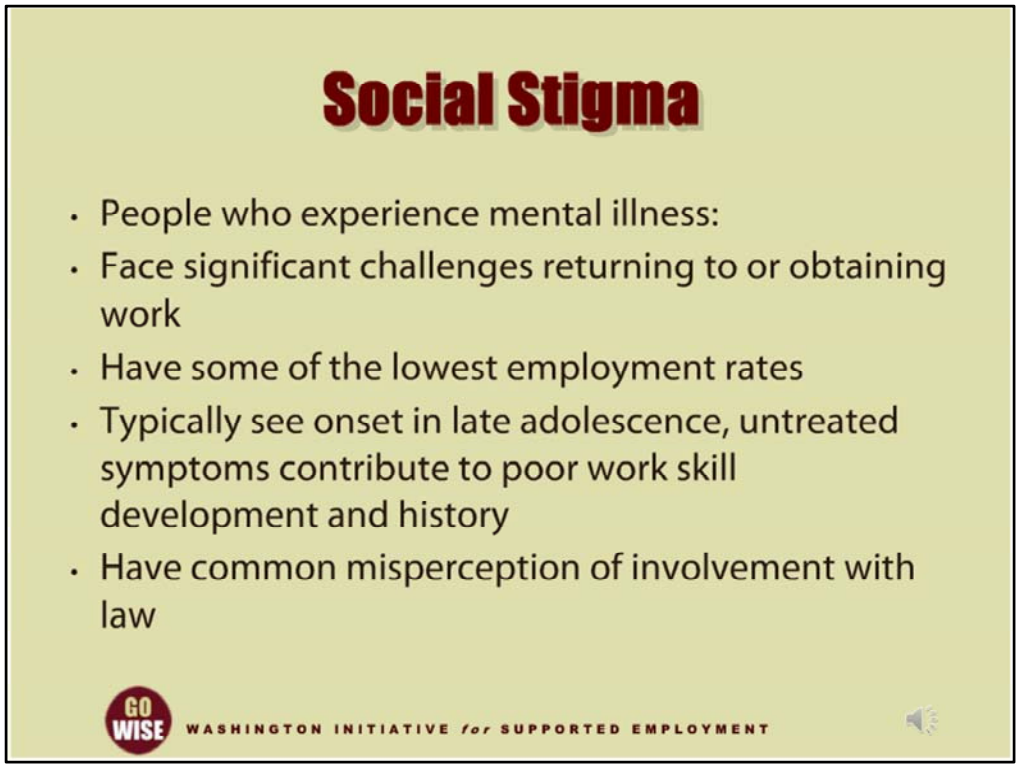
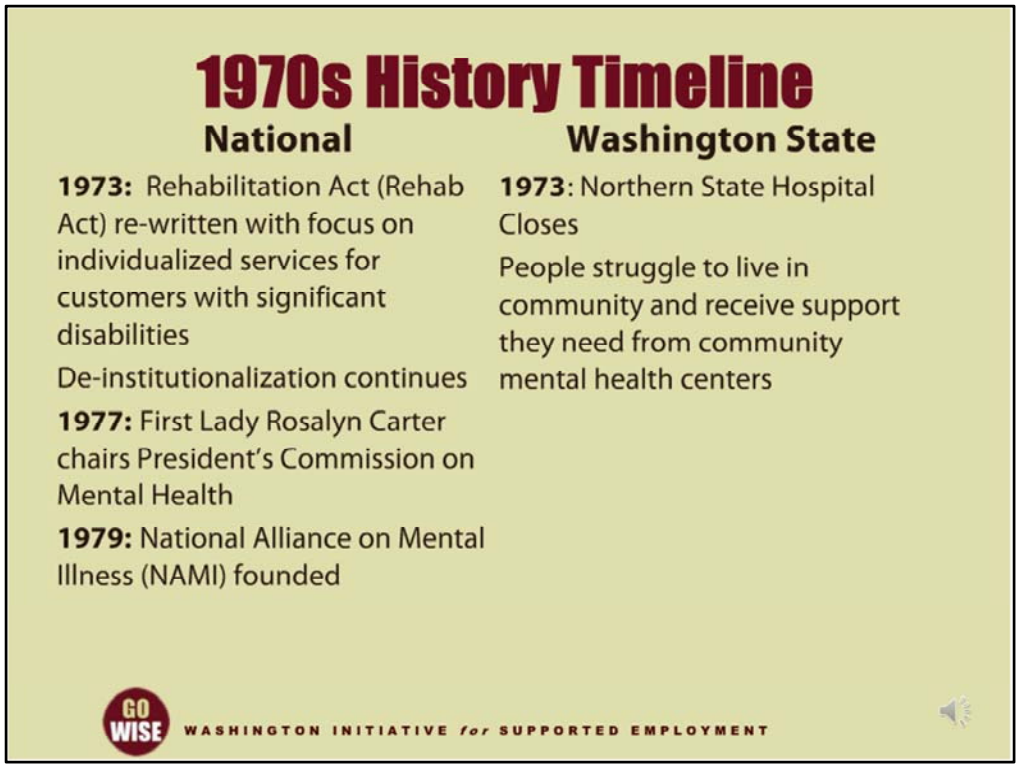
Let's look locally at values that were developed around supported employment in Washington State at the Division of Vocational Rehabilitation, or DVR. First, Washington DVR points out that customers with the most significant disabilities have the right to work and to earn competitive wages. DVR also promotes person-centered vocational planning with the understanding that it empowers workers to choose jobs from a wide variety of integrated work settings in the communities in which they wish to work. DVR leads supported employment efforts by preferring the model of one person, one job, though they agree that options need to be available to meet the specific needs of the customer. DVR states that creativity is necessary to develop job opportunities with supported employment workers. Washington State DVR perceives limitations such as technology, communities and resources as major barriers to successful employment, rather than viewing those barriers as functional limitations of the worker. And finally, DVR holds the value that traditional measures of work readiness, such as I.Q., verbal ability, or standardized assessments, are not reliable predictors of an individual's ability to work. These six values of supported employment lay the ground work to serve individuals with mental illness, and they are vital to the work you will perform as an employment consultant.



Before we move into the history of mental health services, let's stop to think about the impact social stigma has on the lives of individuals with mental illness. First, it's important to realize that individuals with serious mental health disorders face some of the most significant challenges in returning to work and have some of the lowest employment rates of any disability group. This is because many of them have had few successful experiences of working, their disabilities aren't always apparent, and the symptoms vary over time and situation. Many of the behavioral symptoms associated with mental illness contribute to poor work behaviors. What's more, the mental health system has not emphasized services focused on developing more successful behaviors in order for people to succeed in employment. It's also important to note that the onset of mental illness most commonly occurs in late adolescence, and is often undetected or undiagnosed for significant periods of time. This is the stage of development in which most people develop their basic work skills and untreated symptoms often contribute to poor basic work skill development and poor work history. In our society, we often hear of a person with mental illness, most often untreated, who commits crimes, but we seldom hear of the vast majority or persons with mental health disabilities who never get involved with the law. This contributes to a general misunderstanding about mental illness that leads to fear of all people who have mental illness. Helping people return to work and helping them be successful is one of the strongest ways we can dispel these fears. These are important concepts to consider as you begin working with people who experience mental illness, since these types of social stigmas will have most likely impacted their lives.

Now let's consider the historical path of mental health services. Up until the early 1960s, very little was available for people with mental illness in terms of services. People with significant psychiatric disabilities often found themselves confined to mental hospitals where they were assigned tasks, including maintaining the institutions, and working the farms where they grew their food. There were a few spots around the country that were piloting different community-based models. For example the Fountain House in New York City was a program that was run by people with psychiatric disabilities. The Fountain House assisted participants in pursuing employment. The 1960s were really the beginning of the shift for services, especially due to some significant changes and implementations at the national level. For example, in 1963 the Community Mental Health Act was established at Federal level. This Act was the start of a national push to develop local mental health centers in response to what we typically call de-institutionalization. De-institutionalization was the movement of people who lived in segregated, government-run facilities into the community. In 1965 the Medicaid program was established by the Federal government to provide health benefits to people who needed them but could not obtain them. Unfortunately this movement did not go far enough and clients in the mental health system often found themselves segregated from the community. Many became homeless. The 1960s also saw a significant change with the advent of psychotropic medications such as lithium, thorazine and Haldol. These medications dramatically changed treatment options for people with significant mental illness.



In the 1970s a lot of action happened at the national level, specifically for vocational rehabilitation services. The Rehabilitation Act, commonly referred to as the Rehab Act, Federal legislation that outlines vocational rehabilitation services, was significantly changed by congress in 1973. The changes directed VR services to focus on people with significant physical or mental disabilities. In addition, the changes put the focus on services that were individualized to the customer, rather than a one-size fits all model. De-institutionalization was also continuing to spread throughout the country, especially during the early 1970s. Here in Washington State, in 1973 Northern State Hospital closed as a result of de-institutionalization. Northern State was located in Sedro Woolley and it was one of three state-run adult hospitals at that time. The 1970s were particularly rough for some people with mental illness who moved into the community. For example, when someone left a state-run institution, the funding for their services did not always follow the person out into the community. The community mental health centers were supposed to be the new place for them to receive the services and supports they depended on, however the centers oftentimes did not have the resources to provide the service. For many people, employment services were one item in a long list of help they needed as they attempted to live in their communities. Community mental health agencies rarely saw employment services as their responsibility and often advised against returning or going to work. Day programs were more of the norm at this time, where service providers aimed to maintain and stabilize individuals who experienced mental illness by providing meaningful activities in segregated settings. At the end of the 1970s we saw additional efforts to improve the lives of individuals with mental illness. For example, in 1977, First Lady Rosalyn Carter chaired the President's Commission on Mental Health. And in 1979, the National Alliance on Mental Illness, commonly referred to as NAMI, was founded.

The 1980s saw significant changes in the disability movement, at both the national and local levels. Let's first look at what was happening across the country. The new drug, Clozaril was introduced during the 1980s. While Clozaril was a new option with less significant physical side effects, the drug did reduce white blood cells. In addition, there was a national focus to shape employment services for people with mental illness. For example, Boston University introduced the Psychosocial Rehabilitation model. These services strived to help individuals obtain their highest level of independence in the community, including employment. The first self-help or peer-support programs started up in the 1980s, and early drop-in centers began popping up in different areas around the country. We also saw an extremely important shift in 1986, when the Rehab Act was amended and VR services began to authorize supported employment services as successful outcomes. As a result, between 1987-1989, the Federal Government also required state VR agencies to make cooperative agreements with the state entities that would be providing extended services or long term supports, like our current state agency, the DSHS Division of Behavioral Health and Recovery, or DBHR. This helped state agencies like DVR and DBHR come to a formal agreement about how to work together to best serve their common customer.

Supported Employment as an Outcome

Supported employment was a major departure from traditional services, providing:

- Job placement followed by training at the worksite
- Extended services/Long term supports
- Jobs in community
- Competitive wage
- Interaction with non-disabled workers

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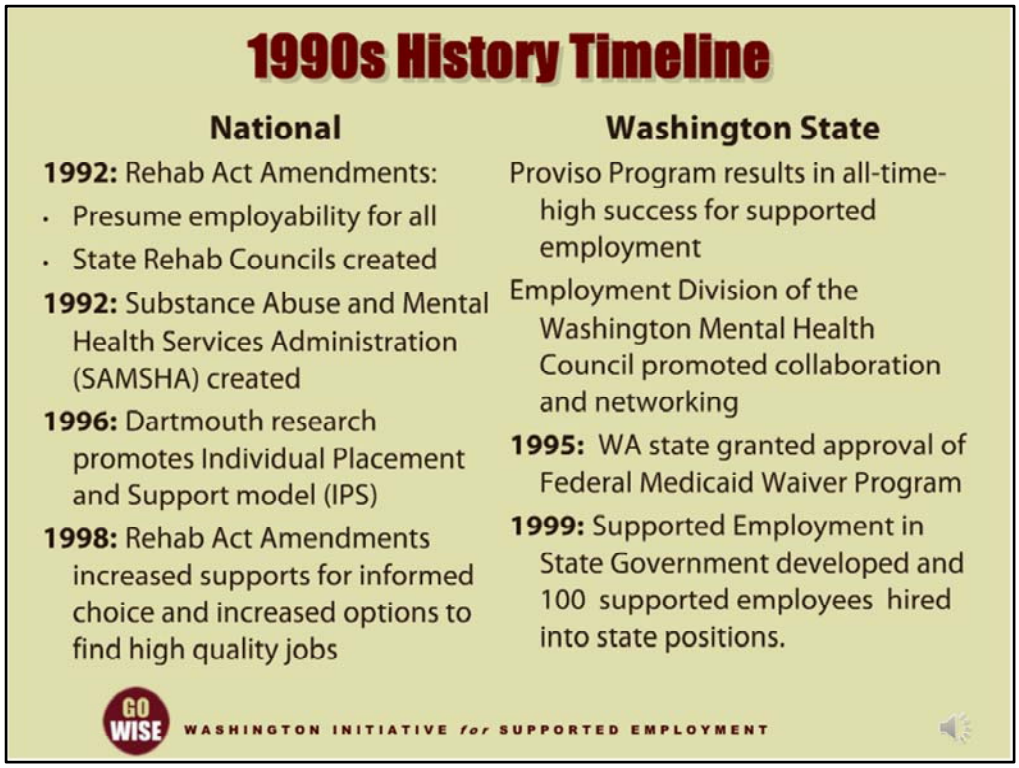
Let's stop for a moment and really understand why it was such a big deal for the Federal Government to accept supported employment as a successful outcome in the Vocational Rehabilitation program in 1986. Supported employment was a major departure from the more traditional VR programs up to this point in history. Other VR programs didn't provide some key elements offered by supported employment. For example, DVR supported employment customers receive immediate job placement, followed by training at the worksite to learn and become successful on the job. This is followed by extended services, or long-term supports that are provided by a source other than DVR. Supported employment places people with very significant disabilities in jobs in the community, where the workers earn a competitive wage and have opportunities to interact with non-disabled workers at the worksite. For the most part, supported employment was the first time that people with disabilities and without disabilities had an opportunity to work alongside each other. And for some people, this was the first time they ever interacted with each other. Ultimately, vocational rehabilitation services changed when supported employment was accepted, because people with psychiatric disabilities had the opportunity to integrate into the general workforce. There were also other amendments on the national level to reinforce supported employment. In 1986, for example, the Social Security Act was amended to make supported employment a more attractive option for people with disabilities, specifically enabling people to earn wages and still keep their Medicaid benefits. Now let's go back to the 80s and see what impacts supported employment had locally here in Washington.

Washington State was also working to expand supported employment for people with psychiatric disabilities. As we already discussed, the implementation of supported employment caused DVR and DBHR, then called the Mental Health Division, to work together to set up their common customers' extended services. For Washington State, those agreements were put into place between 1987 and 1989. The agreements were developed with the developmental disability and mental health programs, and then passed on to be implemented at the local county levels in the programs you work in today. In addition, in 1988 nine pilot programs were selected by the Washington State DVR and the Mental Health Division, to focus in on helping people with psychiatric disabilities obtain and maintain employment. And finally, in 1989 the Washington State Legislature turned planning, administration, and delivery of services over to our county social service programs, which we know today as Regional Support Networks, or RSNs. The goal of this restructure was to allow local control of services. This is known today as managing the pre-patient health plan, and is based on a community's needs and local resources. This is a very important part of the mental health system because the RSNs function as a sort of local insurance company for people in the community, providing pre-paid, inpatient health plans when needed, as well as overseeing the outpatient services in the community.

The 1990s saw a continued momentum to expand supported employment and mental health services both nationally and in Washington State. Nationally, in 1990, the Americans with Disabilities Act, commonly known as the ADA, was passed. This federal legislation solidified civil rights concepts for people with disabilities across the country. The ADA focused on different aspects of life including employment, public accommodation, transportation, etc. In addition, the ADA established certain requirements for employers with regard to reasonable accommodation and modifications to a workplace, as well as accessibility to public transportation and certain types of buildings. Specific to the mental health system, the ADA triggered funding for some of the employment models that were developed in the 1980s. For example, self-help and peer-support programs, as well as early drop-in centers began to receive government support.



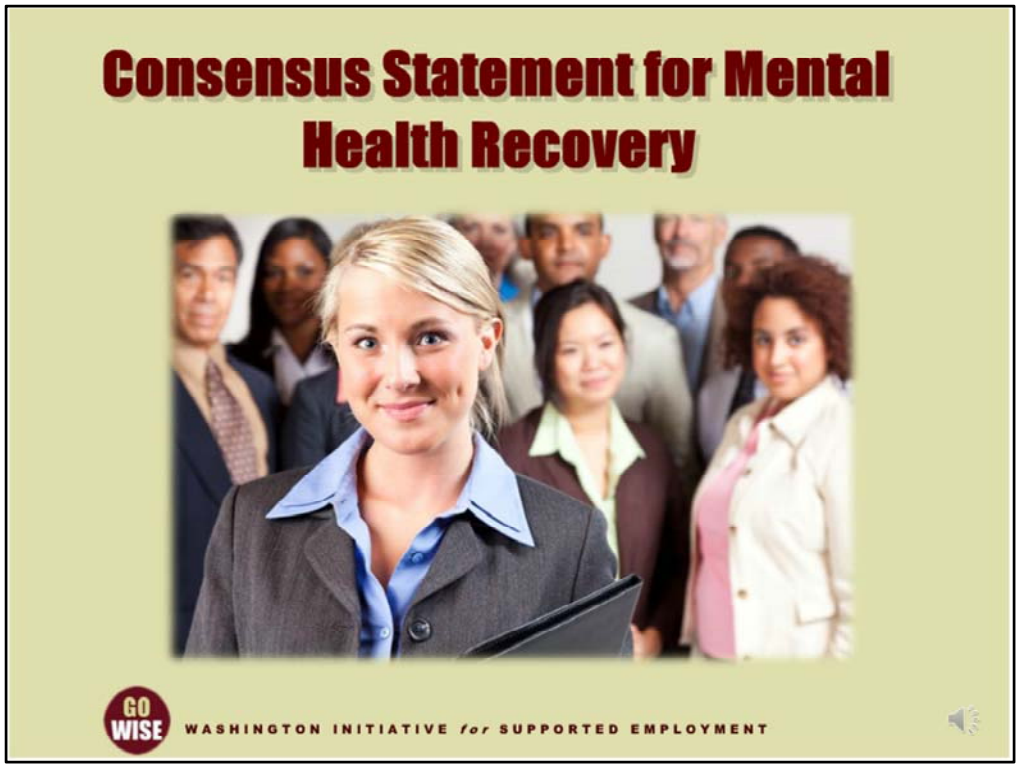
Another significant event for our country happened in 1992 with additional amendments to the Rehab Act. Substantial adjustments were made to the Act, all under the presumption of employability for every person. The amendments pointed out that regardless of the extent a person experiences disability, they can achieve employment and other rehabilitation goals, if the appropriate services and supports are made available. This change in understanding redefined the common barrier as a systemic issue rather than a result of someone's disability and it meant that someone could not be denied services due to the significance of their disability. These Rehab Act amendments also created the State Rehabilitation Councils in each state. State Rehab Councils are advisory councils made up, in part, of citizens, in order to increase the customer voice of vocational rehabilitation services in their state. The Substance Abuse and Mental Health Services Administration, or SAMSHA *(Sam-sa)* was also created in 1992. Locally in Washington in 1992, our state had difficulty locating funds to match the Federal dollars the State received to provide DVR services. Our RSNs utilized local tax dollars to meet this need, which resulted in a program called Proviso. The Proviso Program resulted in an all-time success rate for DVR supported employment outcomes between 1992 and 2000. Once this program ended, the success rate for individuals with mental illness significantly decreased. At the same time, we saw an effort on the part of mental health vocational providers to collaborate through the Employment Division of the Washington Mental Health Council. Employment consultants across our state came together multiple times to network and build on their own efforts. The relationships that formed as a result of this effort helped to sustain employment services throughout the next decade. Also around this time in 1995, Washington State began participating in the Federal Medicaid Waiver Program. This was particularly important for people with psychiatric disabilities because it enabled local control, management and flexibility of inpatient and outpatient services. Nationally, in 1996, research from Dartmouth promoted the Individual Placement and Support, or IPS model which has since gained significant support in different areas across the country. Then in 1998 another set of amendments to the Rehab Act made substantial changes, for example increasing supports to help customers make informed choice in the VR process and increasing options to help consumers find high quality jobs. And finally, in Washington State in 1999, the Washington State Legislature put into law Supported Employment in State Government, or SESG. This legislation directed state agencies to consider hiring employees using the supported employment model and included special features so that these agencies could more easily hire supported employees. For example, the supported employment positions did not count against full time allocations, or FTEs. The program was considered a success, with over 100 supported employees hired in state positions across Washington, however there were struggles to get people with mental illness hired into the positions that were developed. The program was actively promoted until the early 2000s when DVR entered a process called Order of Selection. At that point, coupled with the State's economic downturn and hiring freezes, efforts for the SESG program became limited.

The turn of the century saw some significant changes for supported employment and other services for individuals with mental health disabilities, particularly in Washington State. As we just mentioned, DVR went into a process called Order of Selection in the early 2000s. This meant that DVR did not have enough resources to serve all of its customers, so many had to be placed on a waiting list when they were determined eligible for VR services. DVR was required to first serve those customers with the most significant disabilities who had been waiting the longest. DVR was in Order of Selection until 2007 and at one point had 14,000 customers on its waiting list. This significantly impacted people with behavioral health disabilities for a few reasons. First, people desiring services struggled with the application process because the time between when they applied and when they received service was sometimes long. Often times, a person's health challenges had an impact on their lives during the wait, making it difficult to respond when the VR system was ready to serve them. In addition, some mental health agencies struggled to provide supported employment services during Order Of Selection because they did not know how much business they would have from this funding source. Then in 2005 Washington State received the Mental Health Transformation Infrastructure Grant, a grant from SAMSHA to help develop innovative strategies to employment for Washingtonians with mental illness. In addition, in 2006 the Mental Health Division embarked on a System Transformation Initiative, which was directed by our Legislature. Several changes in our service system happened at this point, with a focus on recovery, including the development of Program of Assertive Community Treatment teams, or PACT teams, as well as an employment initiative to focus on helping with individuals with mental illness earn their own wages.

As mentioned earlier, DVR ended Order of Selection in 2007 which meant that individuals received VR services as soon as they were determined eligible and developed an Individualized Plan for Employment. Supported employment services were also strengthened in certain counties when Washington State sales tax laws changed in 2008, allowing for additional funds to be utilized to serve individuals with mental illness and or drug and alcohol abuse issues. For example in King County people with behavioral health disabilities were now able to access extended services through local county programs if they could not get the services through Medicaid. This increased the employment success for people who could access the additional services. And finally, in 2009 our Mental Health Division and the Division of Alcohol and Substance Abuses combined to become the Division of Behavioral Health and Recovery, commonly referred to as DBHR.

As you've seen so far, there have been a lot of changes to mental health services since the 1960s. In addition, most of the changes regarding vocational services, particularly in Washington State, have really taken place in the recent past. Since most of what we have covered so far in this training has been around laws and system reform, let's look at some subtle but extremely important shifts that are occurring in how we do our work. First, let's consider how services have historically been provided to individuals who experience co-occurring disorders. What we mean by a co-occurring disorder is that someone is experiencing a substance use issue along with a mental illness. Traditional thought tended to believe that individuals with co-occurring disorders needed to be clean and sober for a specified amount of time before they were ready to receive employment services. Current thought has shifted away from this belief as we are realizing that people with co-occurring disorders can actually utilize services, particularly employment services, to help them through the recovery process. As a result, individuals who experience co-occurring disorders are no longer required to be clean and sober in order to receive services. Another similar concept that has evolved over the years is the understanding of when someone actually becomes employed. For example, in the more traditional Stepwise model, customers were trained on how to do a task or job, sometimes in a sheltered workshop, and then placed in a job once they learned the task. This model often screened out people who were not work-ready according to the popular thinking of that time. And this model often resulted in a focus on sheltered workshop and day program activities for individuals with significant disabilities. Fast forward to current day supported employment and we have switched gears in our approach. Current day models are based on a completely different set of assumptions. For example, we've learned that people usually have better success when they learn the tasks in the environment they will be performing them. In addition, employment consultants now know that for many individuals, employment is a key to recovery, because people gain access to money, stability, other members of the community, etc. This realization helped us understand that the concept of work-readiness is not as critical as we once believed. Another difference between historical and current models of vocational rehabilitation involves the idea of extended or long term supports. Prior to the acceptance of supported employment, customers seldom had much more than a natural support once VR service ended. In the current day supported employment model, there are two phases to the vocational rehabilitation process. First, DVR provides the initial, time-limited rehabilitation services and supports. In the second phase, DVR services end and another source provides the necessary extended services. This two phase approach better serves individuals who require ongoing intervention and advocacy to help them retain long-term employment. In addition, we can see the shift from traditional to current-day employment supports when we look at the focus and crafting of services. VR services took a one-size fits all approach and offered all its customers a similar set of services, until the concept of an Individualized Plan for Employment, or IPE, came about. IPEs are used to ensure each customer has an individualized plan to address their unique skills, resources and vocational goals. And one final difference in the traditional and current day models has to do with who provides the vocational services. Historically, the mental health system has not included employment services in the menu of services available to a customer at a community mental health agency. We are seeing more and more that integrating vocational services into the mental health services tends to increase effective employment outcomes. In addition, having a dedicated employment consultant on the treatment team is proving to be a successful model and is currently considered an example of best practices. These examples of how services have changed through the decades give you an understanding of the changes the mental health system has undergone over the last several decades, as well as where we are headed in the field of behavioral health services.

While DVR provides supported employment services according to requirements of the Federal Rehabilitation Act, another model of supported employment for people with mental illness has emerged and is gaining momentum nationally: evidence based principles of supported employment. Within the mental health community, the evidence based principles of supported employment will give you an even clearer understanding of where services are headed in the future, particularly vocational services that you will provide as an employment consultant. Let's briefly go over the key elements to give you an understanding of the evidence based supported employment components of successful vocational services. First, eligibility is based on consumer choice, which means that people who want to work are eligible to receive services. Second, supported employment services are integrated into mental health treatment plans, and as we just explained, having a dedicated employment consultant on the treatment team will increase the likelihood of employment success for the DVR customer. Third, competitive employment is the goal of vocational services. Fourth, the job search starts soon after a customer expresses interest in working, as opposed to the traditional methods surrounding pre-employment activities. Fifth, systematic job services are provided, which means that a relationship with the employer is key, and that the job must be individualized to the customer's desires, skills and abilities. Sixth, extended or long term support services are provided once the customer is placed in their job, and can be provided in a variety of ways to meet the customer's and employer's needs. Seventh, the customer's preferences are central to the process, and your customer will be more successful if they obtain a job they want. And finally, benefits planning is paramount to an individual's ability to make informed choices and successfully maintain employment.



As we see the mental health system shift toward the concept of recovery, we see the focus turn to concepts of long term stability, a higher quality of life and the opportunity for people to reach their full potential. The Consensus Statement defines mental health recovery as, "…a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her potential."

Before we end this training, let's briefly cover the concepts that are gaining momentum in the mental health system, including how they relate to supported employment. This will give you an understanding of how the concepts overlap and complement each other and how you as an employment consultant can promote and include them in the vocational services you provide. First, we turn to the concept of self-direction. Self-direction means that your customer determines their own path of recovery with their autonomy, independence, and control of resources. Second, individualized and person-centered means there are multiple pathways to recovery based on an individual's unique strengths as well as his or her needs, preferences, experiences, and cultural background. Third, empowerment means customers have the authority to participate in all decisions that will affect their lives, and they must have access to information, as well as be supported in this process. Fourth, holistic means that recovery encompasses an individual's whole life, mind, body, spirit, and community including, among other aspects, their employment. Recovery is non-linear, meaning it's not a step-by step process, rather it's based on continual growth, occasional setbacks, and learning from experience. Next, respect means eliminating discrimination and stigma to achieve recovery. This includes the important steps of self-acceptance and regaining belief in oneself. Sixth, responsibility is the idea that customers have a personal responsibility for their own self-care and journeys of recovery. Customers can identify coping strategies and healing processes to promote their own wellness. And finally, hope is the catalyst of the recovery process and provides the essential and motivating message of a positive future. Peers, families, friends, providers, and others can help foster hope, and this includes you as an employment consultant.

It is important to note that Washington State DVR coordinates services and collaborates on supported employment with other federally funded VR programs in our state. Included in those agencies are the Washington State Department of Services for the Blind, or DSB, and Tribal Vocational Rehabilitation Programs, or AIVRP. School transition programs are also key partners when serving young adults with disabilities as they exit the school system. To learn more about transition services for young adults in the education system, please watch *Education to Employment,* a separate module within this training series. To learn more about DSB or AIVRP, please go to the links provided at the end of this training in the resources section.

Summary of Key Points

- Mental health and VR services have changed significantly since the 1960's
- Employment is becoming central to mental health services
- You have the opportunity and responsibility to increase opportunities for your customers
- Consider our history
- Learn and practice new models
- Your work is extremely important to this movement!

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Let's briefly review what we've learned in this training. The mental health and vocational rehabilitation service systems have changed immensely since the 1960s. What's more, vocational rehabilitation services are shifting as we speak. More specifically, employment is becoming a central element to new models of service delivery and the concept of recovery. As an employment consultant in this system, you have the opportunity and responsibility to increase opportunities for your customers as they obtain supported employment. You can do this by considering our history, and by learning and practicing the models that are gaining momentum in the field. As we have already stated, your everyday work plays an extremely important part in the civil rights and the inclusion of people with mental illness into society.

DVR Language

Employment Consultant: also known as an employment specialist, job coach, job developer, etc.

Community Rehabilitation Program (CRP): also known as employment agency, employment provider, vendor, etc.

Customer: also known as client, consumer, person with a disability, supported employee, etc.

Extended Services: also knows as long term supports, follow along services, etc.

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Resources

- Division of Vocational Rehabilitation (DVR): http://www.dshs.wa.gov/dvr/
- Rehabilitation Act of 1973 as Amended: http://www.access-board.gov/enforcement/rehab-act-text/intro.htm
- Education for All Handicapped Children Act: http://www.scn.org/~bk269/94-142.html
- The National Association of Mental Health: www.nimh.nih.gov
- The National Alliance on Mental Illness: www.name.org
- United States Psychiatric Rehabilitation Association: www.uspra.org
- International Center for Clubhouse Development: www.iccd.org
- The Center for Psychiatric Rehabilitation at Boston University: http://cpr.bu.edu/
- Substance Abuse and Mental Health Services Administration: http://www.samhsa.gov/
- Dartmouth University IPS Supported Employment Center: http://www.Dartmouth.edu/~ips/
- Washington State Department of Services for the Blind (DSB): http://www.dsb.wa.gov
- Tribal Vocational Rehabilitation Programs (AIVRP): http://www.dshs.wa.gov/dvr/QuickLinks/TribalPrograms.aspx
- Washington State Division of Behavioral Health and Recovery (DBHR): http://www.dshs.wa.gove/dbhr/

Content for this training was developed by representatives from the Division of Vocational Rehabilitation.

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