Help People Find a Job That’s Right for Them

No matter who you are working with, there are careers or professions in which they can be highly successful. Basic considerations for the job search include personality, education, interests, skills, preferences and abilities. Yet finding a job that is “good enough” is simply not well, good enough. Ideally, the job will also allow the individual to exploit most, if not all of his or her personal strengths and draw the person forward.

Preferences and priorities associated with employment are as important as deciding the types) of jobs the person wishes to explore. Daily or weekly work schedule, salary and benefits that they want or need, the work environment, commute to work, types of coworkers and level of responsibility are key ingredients. The combination of factors associated with these areas matter. The closer the match to all or several of the preference and priority conditions improves the likelihood of getting and keeping a job.

The next step is to be creative in the exploration and discovery of job opportunities that will support the integration of the job seeker’s strengths and interests. A comprehensive list of skill sets associated with a targeted occupational goal arena is very important. Include skills from previous employment experiences and also remember the skills associated with the successful navigation of day-to-day life. For
example, balancing a check book, planning meal preparation, coordinating child care schedules and activities, home repair, etc. all COUNT!

202 High-Paying Jobs You Can Land Without a College Degree (2006) by Jason Rich is a resource that busts past the traditional belief that people with spotty or limited employment experience are lucky enough to get entry-level positions that are sort of in line with what the person wants to be doing by offering 202 different creative ideas. Canada: Entrepreneur Media, Inc. Accessible via www.amazon.com

No One is Unemployable creative solutions for overcoming barriers to employment (1997) by Debra Angel and Elisabeth Harney, (also available through amazon), is all about creating an employable and authentic image. The authors introduce a ten-step process to overcoming barriers as well as job searching from the employer’s perspective. It is loaded with tons of tips from resume writing, interviewing, dealing with legal issues and more! These are solid stand-alone resources yet will be even more effective when used in combination with other tools that have been provided to facilities through the CDI, such as the Framework for Planning; developing Employment Proposals; One-Page Profiles; and the like. Please let us know if you would like technical support in using any of these tools!

The Role of Central Office and Cornell University in CDI Administration

- Establish a roadmap for resource allocation based on facility annual work plans
- Provide access to consultation, training and technical assistance relative to system design and delivery of exemplary recovery-based, person-centered practices with an emphasis on employment
- Facilitate “communities of practice” among CDI constituency

Under the theme of Work: It’s Everybody’s Business: “Imagine a World that Works for Everyone, and everyone that wants to, works” CDI representatives were introduced to a template designed by the Grove Consultants International called the Graphic Game Plan to articulate 2009-2010 fiscal year targets for supporting people toward community-based integrated employment.

In the next months, CDI constituents have been challenged to align the work of their individual Game Plans to the efforts of the Citizen-Centered Leadership community of practice and to convey learning at each of the quarterly CDI regional sessions.

Year 3 2009-2010 Initial Game Plan Targets, Primary Objectives and the strategy/strategies that are being tried that are intended to support the target while reinforcing the CDI purpose statements.

Reporting CDI progress and Contribution to the Learning Community

Each quarter facilities are asked to represent
their efforts in supporting people toward community employment at the regional CDI meeting. Over time, the reporting process has been streamlined to promote opportunities to share on-going progress and learning regarding achieving the annual CDI goal(s). We are using a “live learning” format that follows a sequence of: what have you tried (since the last meeting); what have you learned (about what was tried); and given what was tried/learned, what needs to be tried/learned next? What is the next step?

Facility representatives come prepared to review:

1) What’s new? What different approach or strategy was used since the last meeting (that supports movement toward meeting your stated outcomes)?

2) What was the intention or objective for using this strategy or approach?

3) Which of our core purposes were addressed by using the approach/strategy?
   a. Improve organizational capacity to facilitate valued community-based roles
   b. Discover and forge new and non-traditional pathways between people and their communities of choice
   c. Increase targeted employment options

4) What there a specific tool used? ___ Yes ___ No
   Are you willing to share the tool and its use with the group for replication purposes?

5) What was learned from the experience?

6) (Given what was learned) what are the next steps?

**April-June 2010 Shared Strategy and Learning:**

**Capital District** – Target: Reduce/close inpatient sheltered workshop, affirmative business and paid training programs. **Primary Objectives:** Transition in-patient rehabilitation to outpatient services. Increase job development, work readiness activities in the community

CDPC was not represented at the May quarterly regional meeting to provide an update.

**Mohawk Valley** – Target: 15% outpatient consumers ages 18 – 65 will be involved in competitive integrated employment. **Primary Objectives:** Transform services from sheltered work to community placements and membership. Increase interest of the outpatient consumer to work by providing relevant information and opportunities leading to competitive employment. Identify and build upon the consumer’s present work interests, skills and aptitude to improve employment options and outcomes based on an individualized person-centered vocational plan.
Tried: The Corner brochure was completed and has been distributed to our three clinics, SOCRs, TLC, ICM and residential providers. Also new was to develop Rehab & Recovery specific objectives and methods for each individual served, including shells which the PSC/voc staff could work off of. The different approach was to add to our menu of services all aspects of living, learning, working and socializing. Examples: contracted with a teacher through RCIL for pre GED and adult education as well as with a music therapist; fitness classes at the Corner and in the community, community opportunities, creative arts, leisure activities; all in addition to our vocational classes.

Learned: Repeat “advertisement” (brochures, flyers) and vocational staff presence at clinic meetings is necessary. Need to provide the PSCs with information to include in the ISP. Consumer input is vital.

Next steps: a) have the objectives and methods integrated in the ISP for the individuals we are working with. Ask the PSC who is including voc rehab on the ISP for ideas on how to get others to do the same. Check the date of ISP’s and email the PSC the objective/method in advance. b) begin using Denise Bissonnette’s “Cultivating True Livelihood” program. Begin with taking one section to try in classes. c) continue to market our services and invite clients to utilize them; continually seek their input/suggestions.

(Hutchings) Cedar Works—Target: Engage with All HPC outpatients who are interested in working. Find employment for all who want it. Primary Objectives: Work more closely with temp-to-hire agencies. Identify entrepreneurial opportunities in the community. Quick response to job postings. Create job hunting group.

Tried: We continue our multi-faceted approach, a constellation of strategies to further our and CDI’s mission to increase vocational opportunities for persons with mental health issues.

We continued our ACT team model addressing the vocational service caseload. We began a pilot project between Washington St. Clinic and Cedar Works/Sunrise for the purpose of not only developing relationships between the staff, but to help educate the clinic staff to understand the importance of work in people’s lives and to develop a shared vocabulary regarding types of placements, etc.

We continue our relationships with our community partners and have reached out to the Center for Community Alternatives, inviting them to do a presentation on their services to individuals with legal histories. The presentation was attended by both clinic and rehabilitation staff.

We have continued to enrich our staff through participation in ongoing Benefits Training opportunities.
Work: It’s Everybody’s Business!

We continue to partner with Human Technologies Corp., for the purposes of obtaining both permanent and seasonal positions at the NY State Fair.

Our vocational program continues to offer weekly visits to the local one stop, CNY Works and we offer a job finding group on Mondays which helps people find job opportunities in their neighborhoods.

Learned: It takes time and investment in the individual to find work but we have doubled the number of people who are employed since the last quarter.

Next step: Continue with our approach. Modify and enrich as necessary. Implement changes deemed necessary. Assess the effectiveness and make further adjustments.

Rochester – Target: Increase number of people actively receiving supported employment services as defined by best practice. Primary Objectives: Increase staff confidence and competence in providing supported employment services. Increase community involvement to include mental health system and employer relationships.

Tried: RPC opened the doors to its new outpatient clinic. The planning for this began months ago and Mark Richards, a rehab counselor, was designated as the vocational person for the clinic. Using the IPS supported employment fidelity scale, the following measures were taken to ensure that there was integration of rehabilitation within mental health treatment.

- Having the voc office in the same area as clinic staff
- Attendance at daily treatment team meetings
- Involvement with all clinic communications
- Assimilating to the culture of the clinic
- Immediacy – Mark is available for introductions and to schedule appointments
- Change in assessment forms. The voc piece is one part of the seven part initial assessment
- Change in progress notes to recording every meeting instead of 1x monthly note.
- True operation of zero exclusion
- Utilization of one chart- we are part of the story

Learned: This type of true integration with the clinical team allows for a whole team of people to address work (editor note: making Work Everybody’s Business!!)! In community-based clinics, this team approach is often lacking and team meetings center around resolving problems. We learned that having a framework (Dartmouth IPS fidelity scale) is
helpful. Actual implementation of a best practice works... we are affirmed that this really is a BEST PRACTICE. We also learned that staff need to have a sense of ownership in their work and be afforded the opportunity to be creative.

Next step: We serve many area local clinics in which we have sporadic contact with the therapist. One such clinic is our number one referral source and we are looking at the possibilities of integrating more with their clinical team. The next step would be to engage in conversation with this clinic around what this integration would look like.

Greater Binghamton – Target: Increase the number of people involved in competitive supported employment. Primary Objectives: Staff development regarding job developing, job coaching and individualizing services. Provide vocational-related information and learning exchanges with people via groups and through individualized planning. Continue to utilize the Framework for Planning as a resource for identifying and mobilizing employment activities leading to paid, integrated employment.

Tried: Brought the workshop discussion back to GBHC.

Mark is stationed at the outpatient clinic. Clinicians are starting to increase utilization of services. Vocation influence in the clinic is increasing. More people are attending Mark’s vocational groups.

Learned: self-initiation with people has a positive impact

Next steps: Address family care barrier to employment

Elmira – Target: Increase competitive employment by 10%. Primary Objectives: Provide supports to those in transition/create a plan for transition for all consumers to obtain competitive employment. Educate clients in benefits and how work affects benefits.

Tried: We work directly with the EPC clinic and have been able to provide services in coordination with our clinical staff. We attend all morning reports and weekly treatment planning sessions. We lead vocational groups which include rehab services one evening per week. We co-lead groups with clinicians and provide individual recovery and goal setting.

We are beginning a new group for 18-25 year old consumers who need more hands on skills training, to include self care, community safety, social skills, communication and relationships, and work readiness training. This will take place in a community setting.

The Career Center is being used for group training, as well as individual career activities, such as developing resumes, online job applications, desktop publishing (business cards & brochures) and career exploration.

We have been providing voc services to several people who have CPL status.
We are working with them on the inpatient unit, through the Active Treatment program. They receive individual and group vocational skills training through classroom activities, community trips and transitional groups.

Learned: We have had an influx of consumers with a criminal history and have been able to identify the specific needs of this population as they re-enter the community and begin to re-enter the workforce. We help them identify their strengths & skills as well as identify training needed to become competitively employed.

Next steps: We will develop a tool for identifying and tracking skills that are useful to individuals who hold CPL status. We will use the tool to provide communication between the treatment team, the vocational staff and the referring vocational service provider.

St. Lawrence – Target: Every individual who expresses a desire to work will be given the opportunity to obtain and keep a competitive job. People will have information and supports they need to make informed decisions about work. People will be viewed in terms of abilities, strengths and interests. Service workers will be skilled and knowledgeable mentors. Primary Objectives: Expand the Career Development Initiative team. Develop a peer employment support group. Quality Improvement intervention regarding vocational planning Have inpatient staff join CDI team and attend CDI regional meetings. Increase training opportunities for staff, consumers and community service providers. Update vocational assessments and vocational data forms for individuals participating in the facility’s work programs.

Tried: A rehabilitation staff member has been assigned to each outpatient clinic to be available to provide consultation and education to any client interested in work. Our presence (aka John) in the outpatient clinics was increased to weekly, which has enhanced therapist understanding of vocational services and the role they can play.

Use of the six stages of change

Use of strengths-based skill identification

Learned: SLPC’s administration, clinic supervisors, clinicians and Career Opportunities staff view this as a move in the right direction.

Learned: People respond positively to the strengths-based assessment tool/discussion. Inpatients are beginning to talk about employment.

Next step: “catch ‘em being good!”

Buffalo – Target: Increase the number of mental health recipients involved in competitive work. Primary Objectives: Realign vocational department resources towards supported employment/competitive employment. Develop liaison/supported employment relationships with
BPC outpatient & residential services.

Tried: Capitalize on the progress that has been made – integrated employment increased to 15.7% and non-integrated employment dropped to 3%.

We are increasing services to inpatients by offering evening psychosocial recreation groups three evenings per week; offering specific vocational exploration/awareness groups on the Admissions Unit and at the New Beginnings Services Center; offering a vocational planning/community integration group for people recently discharged to the Strozzi SOCR.

Held a series of meetings with the BPC director of operation and executive director to emphasize the important role that work plays in recovery and in its support of the OMH strategic platform and to redirect a level of priority around the CDI and the increasing employment outcomes.

Learned: Ongoing information exchange between staff and administration is critical. It is easy to lose sight of the long-term mission when there is a need to respond to immediate issues raised by assorted survey reviewers.

There needs to be more effective integration of vocational services into the individual patient service plan. We need to look at why particular services are offered and how participants are selected for those services.

Doing meaningful service planning is especially difficult in the current environment of limited resources. The amount of sensitivity and interpersonal skills needed when introducing change, maintaining morale and providing quality services cannot be underestimated!

Next steps: Develop a plan to integrate the new rehab groups into the patient service plan and to make what we do relevant to a person’s recovery.

Pilgrim – Target: Integrated employment. Primary Objectives: Improve communication to inpatient and outpatient staff with CDI group regarding goals and best practices. Redesign Buckman Center Social Club to incorporate a vocational progression open to all – recovery-oriented and focused on wellness management. Establish transitional employment opportunities.

Tried: Transitioning people to our treatment mall. Our hope is to activate more inpatient/outpatient integration and communication.

Learned: Our learning is evolving.

Next step: Meet with outpatient staff and develop a volunteer informational packet on where to go/how to get there/what is required, etc.

South Beach – Target: Broaden the consumer base that is exposed to vocational practices and opportunities consistent
with supported employment principles. Increase corps of staff that will provide support to these individuals in their vocational pursuits. **Primary Objectives:** Modify and pilot Cultivating True Livelihood curriculum for use as person-centered vocational services tool. Provide vocationally relevant information to administration to engage interest and to solicit feedback regarding vocational service needs. Formulate an Employment Toolkit. Employment services staff will provide monthly progress presentations to clinicians.

**Tried:** Running the Cultivating True Livelihood modified training curriculum. Approximately 10 sessions have been conducted with two distinct groups.

**Learned:** Staff is supportive of the processes and the groups continue! The tools, although intended to be conducted individually with people, can also effectively be conducted at the group level.

**Next steps:** Continue the groups, with ongoing modification of the CTL curriculum. Exploration of the Charter School – para-professional job opportunities are available to people who are in recovery. Develop a job analysis of the position and a career track.

**Creedmoor – Target:** Concentrate on the job of getting people jobs. Help people maintain their jobs. **Primary Objectives:** Accountability for results. Individualized treatment focused on recovery. Extend the table. Increase support during economic down turn.

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Tried: Continue to assist people toward achieving their GED and enhancing literacy skills.

Seven individuals graduated from the Peer Training Academy; four of whom have become employed as peer trainers.

Learned: We need to reinvent our approach to helping people build skills that increase marketability in a depressed economy. Applied learning through internships is really effective. Getting treatment team involvement is a great support.

**Next steps:** Address pre-existing barriers to employment until the job market turns around.

**Kingsboro – Target:** Restructure Urban Oasis to focus on integrated employment in the community. Expand “Work is Everybody’s Business: paradigm across facility utilizing the ABCD’s of Mental Health Care. **Primary Objectives:** Identify and place program participants in community-based integrated employment slots in horticultural industry-related occupations. Identify and enhance outside financial supports for Urban Oasis. Redesign campus-based component as a time limited structured skill-building component. Educate staff about person-centered planning. Improve consumer access to integrated employment. Incorporate integrated employment into Treatment Planning process and recovery-based programming. Enhance and designate staffing for job development
designate staffing for job development and marketing.

Tried: developed and distributed a work opportunity survey to ascertain interest in level and type of employment

Learned: people are responding to entrepreneurial opportunities, i.e. owner of a juice-veggie store; making and selling jewelry at craft fairs.

Next steps: Continue to seek/solicit grant funding for landscaping/horticulture program. Create a newsletter for stories of success. Attend the spring craft shows and farmers markets.

Manhattan – Target: Partnership to Employment. Primary Objectives: Improve informed choice. Develop and execute vocational performance evaluations to ensure client is meeting program expectations and personal milestones. Promote and encourage personal responsibility and accountability.

Tried: There was no representative to report out for Manhattan at this regional quarterly session.

Bronx – Target: Consumers and staff participate in vocational planning and development process. Primary Objectives: Consumers use creative and non-traditional means to engage in vocational and community resources for personal development. Peer advocacy/community resources. Creative arts lab. Vocational grants. Computer literacy and English literacy.

Tried: Hosting a certificate ceremony honoring individuals who participated in rehabilitation groups.

At the clinic, Pat is providing wellness clinic groups and doing satisfaction surveys. She is able to provide information and feedback between the staff and peers to open lines of communication and to inform program enhancements and/or improvements.

Learned: People really appreciate being recognized for their efforts. We are wondering how to continue to be affirming in ways that are also meaningful to people over the long term.

People really need hands-on/active support to get motivated to try something different.

Next step: Try to “marry” affirmative activities with the demands driven by organizational and political demands. Maybe try the “important to/for” tool with people?

Hudson River – Target: Increase employability of clients in our community services by March 2010. Increase number of clients enrolled in GED and vocational training services by March 2010. Increase the number of clients in volunteer roles by March 2010. Primary Objectives: Establish a vocational resource center at Oakley St. Attend networking events. Develop a grant program to provide
financial support to job seekers. Increase awareness of GED and vocational programs available. Organize and share information. Provide necessary support, guidance and rehab services to help clients set and implement educational and vocational goals. Establish peer support network. Increase client awareness of volunteering and recovery. Assist clients acquire advocacy skills.

Tried: Since the last meeting, we discontinued paying wages to consumers who run a social drop-in center and a literacy journal/newsletter. We reached out to two community-based organizations that we maintain strong partnerships with: PEOPLe, Inc., and Taconic Resources for Independence. PEOPLe, Inc. agreed to sponsor the social drop-in center and TRI agreed to sponsor the literary newsletter.

Learned: Relationships and timing are critical. We had strong connections with PEOPLe, Inc. and TRI prior to requesting that they consider sponsoring these programs. Additionally, the timing was right for both organizations. PEOPLe, Inc. was interested in expanding their role in the social center and TRI was interested in increasing opportunities for consumers to have a voice in their publications. We supported the outpatient consumers involved in transitioning from non-integrated positions with HRPC to employment with PEOPLe, Inc. and TRI. Through collaborative planning and ongoing communication they have been involved every step of the way.

Next steps: We are continuing to provide support (as needed) to the consumers who made this transition in April of 2010. Additionally, we are maintaining ties with our community partners and assisting other consumers who are interested in volunteer and employment opportunities with these organizations.

Work: It’s Everybody’s Business!

What is “Appreciative Leadership?”

Appreciative leadership practices are based on a social constructionist theory and the notion that the creation of meaning occurs through collaborative activities.

Relationships, conversations, and social interactions are the sites of meaning making and world construction. This suggests that who is included in a conversation matters.

Meaning depends on inclusion. Inclusion is an act of interpersonal validation and acknowledgment.

Inclusion is a gesture of acceptance.

By issuing the invitation, you begin the process of engaging people in co-authoring their future.

• **Rockland** – Target: Transitional Placement Program thru Volunteerism, Community Integration

**Primary objectives:** PCP, build on strengths, Utilize individual strengths to help others and give back to the community, expand social support system. Build on personal responsibilities and control over one’s life. Recovery oriented teams. Community partnerships, counteract stigma, Renew staff commitment to rehabilitation. Improve resume, services leading to real life and real jobs:

Tried: Peers are finding that the personal screening tool in the Recovery Center is user-friendly. We are taking information from this strengths-based, interest oriented tool to ultimately integrate into the treatment plan.

Completed our anti-stigma public service announcements. They can be viewed on YouTube at [http://www.youtube.com/watch?v=zPH3Qt2uSqs](http://www.youtube.com/watch?v=zPH3Qt2uSqs)

Learned: The Personal Screening Tool was easy for people to use.

The Community Resource Directory has a large number of resources listed. It has a wide variety of contacts for volunteer

Next step: Continue to work with Search for Change and the Mental Health Association to increase integrated employment. Increase community integration, community service projects and volunteerism through community outreach efforts.

Continue to develop rehab and recovery activities through the Recovery Center and develop a new recovery-oriented program in Middletown. Increase rehab and recovery groups in the Service Centers involving community integration.

Continue to pilot the Personal Screening Tool in the Recovery Center. Review comments from consumers and staff as to changes they suggest. Finalize the form and procedures and retype the format for approval. Implement use of the Personal Screening Tool to all community service sites. Monitor and evaluate outcomes.

**A Word from Central Office**

As the new budget year rolls on without a budget in place, our plans for use of the psychiatric rehab funds remain in limbo. We are limited as to what we can use these funds for until a budget is in place and our allocations are approved by the finance department based on the real allocation to OMH. However, we can utilize this time to fine tune our plans and reaffirm our direction. It is not long off when the planning will begin for the next fiscal year. In light of the fact that many programs have not been able to put into action this year’s plan due to lack of funds, we will be modifying the request for next year to allow for an extension of existing plans. More to come on this in the Fall.

Thanks to all of you who assisted in the development of the MHARS Employment Indicator. We will be “live” in late summer with this project which allows for clinicians
to enter the employment data for each of the people they serve. The importance of knowing this clinical information has been discussed for years. This is the next step in connecting the role of employment in recovery to the treating staff. For those of you who have been on this journey with us for some time, your support in implementing this necessary step is much appreciated.

We have all experienced the angst over the possible furloughs, early retirement, and changes in overtime. Please know that each of you is valued and the work that you do is so important in the lives of those we serve. Thank you for your continued dedication to recovery. This difficult period will someday pass, and you will know that your actions during this time were truly valued by those we serve.

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Emergent Learning/Themes:

The questions we ask determine the focus of our efforts. They are fateful. They determine what we choose to learn, and they help us create more of that which we consider to be good, true, and real. Appreciative leaders set the agenda for conversation, learning, and action through the questions they ask. Imagine a leader whose daily question is “How do we fill more slots?” Or another who asks “How do we increase the effectiveness and therefore the desirability of our services?” Each question contains a topic for consideration. Which would you rather have the people talking about and focusing on in your organization?

The best leaders are those who ask questions and truly listen to what others have to say. People get engaged and feel empowered when they are asked to contribute rather than being told what to do. These days of fiscal crisis provoke discomfort and uncertainty in all of us. What we decide to focus on today will determine the strength and the health of our organizations and communities tomorrow. We can choose to hunker down and wait for someone to tell us how to move forward or we can step boldly into the design of a co-created, positive, possible future.

To learn about how you can truly be “the change you wish to see” please do yourself the favor of obtaining and reading:

Appreciative Leadership by Diana Whitney, Amanda Trosten-Bloom and Kae Rader

A social transformation is taking place in organizations worldwide. Leadership practices are moving from authoritarian to collaborative, from fear-based to strengths-based, and from “talking at” to inquiry and dialogue.
Appreciative Leadership: Focus on What Works to Drive Winning Performance and Build a Thriving Organization (Foreword by Kenneth J. Gergen) is the vanguard book for this transformation, providing clear concepts and practical tools.

Drawing on years of expertise and research, we define leadership as a powerful relational process and offer five core strategies for extraordinary performance:

1. The Wisdom of Inquiry: Asking Positively Powerful Questions
2. The Art of Illumination: Bringing out the Best of People and Situations
3. The Genius of Inclusion: Engaging with People to Co-create the Future
4. The Courage of Inspiration: Awakening the Creative Spirit
5. The Path of Integrity: Making Choices for the Good of the Whole

Tell Us More!
If you would like to submit an example of innovation for potential publication in future newsletters, please send your submission to Carol Blessing cjb39@cornell.edu.

Objective for the Career Development Initiative (CDI)
This five year project promotes community-based employment opportunities to individuals engaged in the work of recovery and rehabilitation, whether as someone who is seeking recovery-oriented services and supports or as someone who is paid to provide such services and supports. Cornerstone principles upon which the CDI is based include the

* 2003 President’s New Freedom Commission “Achieving the Promise: Transforming Mental Health Care in America”
* Recovery and Rehabilitation
* Evidence-Based Practices
* Person-Centered Practices and Planning
A feature component of the CDI is the promotion of employment as a critical element in the process of recovery. The role of employment in many state-operated facilities has long been considered the responsibility of a specific department (i.e. vocational) rather than viewed as the responsibility of all disciplines. The CDI asserts that expectations and beliefs about recovery, which for at least 80% of the mental health community includes employment, must be conveyed from the very beginning of treatment processes and that services associated with individualized plans for recovery are integrated in support of the person’s vision of and hope for recovery.

To this end, the CDI serves as a resource to any state operated facility wishing to bring training and technical support to the design and delivery of a system that fosters and promotes the NYS Office of Mental Health strategic priorities to “lessen the demand for inpatient and institutional psychiatric treatment” by focusing on employment as a viable and potential avenue toward “providing community-based services that support people in the workplace, in school settings, and in independent living” (Chapter 4 – 2007-2008 Strategic Priorities http://www.omh.state.ny.us/omhweb/Statewideplan/2006/interim_report/update/).

Primary Methods for Achieving the Goal of the CDI

A. Development and implementation of an annual state-wide CDI plan that complements the NYS OMH Strategic Framework;

B. Coordination of regional CDI activities on a quarterly basis to facilitate learning communities that inform current best practice between and among facility representatives of the CDI across the state;

C. Design and direct public and professional education that promotes the achievement of person-centered recovery goals and community integration through utilizing an annual conference format that draws from emergent learning from the field to promote emerging best practices;

D. Provide recovery-oriented training and technical assistance/consultation to state-operated facilities as requested in the realms of Organizational Change; Strategic Planning, Vision and Goal Definition; Evidence-Based Practices in Employment; Person-Centered Practice/Planning and; Community Integration.
For more information about the Office of Mental Health Career Development Initiative contact:

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