

San Diego Behavioral Health



Five-Year Strategic Employment Plan | 2014 – 2019

County of San Diego Health and Human Services Agency
Adult/Older Adult Behavioral Health Services

July 2014





County of San Diego

NICK MACCHIONE, FACHE
DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH SERVICES DIVISION
3255 CAMINO DEL RIO SOUTH, MAILSTOP P-531
SAN DIEGO, CALIFORNIA 92108-3806
(619) 563-2700 • FAX (619) 563-2705

ALFREDO AGUIRRE, LCSW
DEPUTY DIRECTOR

July 4, 2014

Dear Behavioral Health Service Providers and Community Members:

SAN DIEGO COUNTY FIVE YEAR STRATEGIC EMPLOYMENT PLAN

In 2013, the County of San Diego, Health and Human Services Agency, Behavioral Health Services (BHS) Division, initiated the Supported Employment Initiative for the Adult and Older Adult System of Care and contracted for technical consulting services to move the initiative forward. In the fall, the contract for consulting services was awarded to the San Diego Workforce Partnership and Corporation for Supportive Housing (CSH), who in partnership with the County and numerous stakeholders put in motion the plans to create a Strategic Employment Plan (The Plan). The overarching goal of The Plan is to increase employment opportunities for those with the lived experience of serious mental illness who may also have a co-occurring disorder of substance use and are consumers of our system of care. Research indicates that employment is one of the primary tools for promoting recovery for those experiencing mental illness. To initiate the process, stakeholders representing behavioral health and employment services, workforce experts, County BHS staff, housing providers, community leaders and other interested parties came together to envision and create a plan where in five years' time we will have collectively increased rates of employment for those with the lived experience of mental illness. Multiple consumer focus groups, surveys and face-to-face meetings were conducted to gather data for The Plan. These efforts to increase employment services align and connect with *Live Well San Diego*, the County's 10-year initiative to build a healthy, safe and thriving community.

This document is a starting point. The ongoing conversations that lead us to The Plan are the critical piece in understanding the needs, developing shared goals, and implementing meaningful strategies for those we *all* serve. The Plan is the culmination of this initial effort. We look forward to the next phases of this initiative and working in partnership with all of you to improve the mental health and employment opportunities in our community.

Sincerely,

ALFREDO AGUIRRE, LCSW
Director, Behavioral Health Division

PIEDAD GARCIA, Ed.D., LCSW
Assistant Deputy Director
Adult/Older Adult Behavioral Health Services Division

Acknowledgements



Behavioral Health Services

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San Diego Workforce Partnership

The San Diego Workforce Partnership (**SDWP**) is the premier organization providing workforce development for the San Diego Region. SDWP is designated by the City and County of San Diego to receive state and federal funds to fund job training programs that enable eligible adults to develop the skills and knowledge to meet the needs of regional employers. The network of career centers and community partners assists eligible jobseekers interested in subsidized job training. Utilizing the core values of stewardship, collaboration and excellence, the SDWP empowers job seekers to meet the current and future workforce needs of employers in San Diego County. Cindy Perry was the San Diego Workforce Partnership lead on this project. SDWP can be found at www.workforce.org



CSH

CSH transforms how communities use housing solutions to improve the lives of the most vulnerable people. We offer capital, expertise, information and innovation that allow our partners to use supportive housing to achieve stability, strength and success for the people in most need. CSH blends over 20 years of experience and dedication with a practical and entrepreneurial spirit, making us the source for housing solutions. Headquartered in New York City, CSH is an industry leader with national influence and deep connections in a growing number of local communities, with staff in more than 20 locations around the country. CSH staff Simonne Ruff and Tom Stubberud spearheaded this process. Visit www.csh.org to learn how CSH has and can make a difference where you live.

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Executive Summary

Employment, for those with the lived experience of mental illness, can be a crucial component of their individual recovery. For many who are living with mental illness, work brings with it the universal feelings of hope, self-determination, self-respect, social connections, responsibility and personal empowerment - all critical tools on the path to recovery. It is essential that providers in the behavioral health community work toward maximizing employment opportunities for people with the lived experience of mental illness.

This five year behavioral health Strategic Employment Plan (*The Plan*) was developed through an extensive stakeholder process that included input from clients, service providers, employment specialists, and mental health organizations focused on evidence-based models and innovative techniques that support complete and full recovery from mental illness. Throughout the plan, the focus remains on the importance of an array of supported employment opportunities as a key component to mental health recovery.

The Plan focuses on the evidence based practice of Supported Employment, and highlights other promising models that are effective in increasing employment for those with the lived experience of serious mental illness. *The Plan* identifies several key goals that will become the foundation of the work and implementation plan over the next five years. These are to:

1. Increase opportunities for employment, income, length of employment and job retention for people with the lived experience of mental illness as an outcome.
2. Increase awareness of mental illness and address related stigma within the workplace and community.
3. Increase and develop relationships with employers, businesses, and the entrepreneurial sector
4. Identify and increase funding opportunities for employment, business, social enterprise-related initiatives and programs for people with lived experience of mental illness
5. Streamline navigation systems for people with serious mental illness regarding employment and supportive services and
6. Improve data collection, analysis and reporting capacity of service providers regarding increased employment for people with lived experience of mental illness

The Plan incorporates multiple strategies toward achievement of these goals. The Stakeholder group that helped inform this plan will transition into the *Work Well Committee* which will guide the long term implementation of *The Plan*, focus on data collection and evaluation, and

will summarize progress based on the goals for *The Plan* in an annual report. Finally, San Diego Behavioral Health Services Administration will review and evaluate the Strategic Employment Plan and the annual accomplishments at the end of each fiscal year.

"To find joy in work is to discover the fountain of youth."

~ Pearl S. Buck

Chapter 1: Purpose of the San Diego Strategic Employment Plan

Individuals with disabilities, particularly those with the lived experience of serious mental illness, frequently face a number of barriers while seeking secure employment in the competitive marketplace. Accessing employment and training opportunities, especially those that lead one into higher skilled/higher wage jobs often prove to be challenging. In many cases, those with disabilities experience disjointed starts and stops on the path to employment and struggle to maintain a stable career pathway. This Strategic Employment Plan is focused on increasing the success of people with lived experience of mental illness in achieving employment, as well as other earned income options such as social enterprise. Stable employment can be transformational for adults with serious mental illness, providing much needed income as well as an important resource for recovery. However, challenges exist at many levels for those seeking work, especially competitive employment. These include individual challenges, such as the difficult decision to choose whether or not to self-identify as an individual with a disability. There are program level challenges such as the need for flexibly designed services and workplace strategies that fit the life circumstances of the individual. There are also system challenges, such as the need for increased alignment between treatment, employment, and service providers. *The Plan* maps out clear goals that recognize these dynamics, and identifies core strategies to maximize employment and earned income for people with lived experience of mental illness.

The Planning Process

In order to better understand key opportunities and challenges associated with expanding employment options for people with serious mental illness, a broad and inclusive stakeholder process was initiated. From January through June 2014, a total of 12 stakeholder and focus group meetings were convened with subject matter experts, including consumers of behavioral health services, to gain an understanding of the barriers and potential solutions to increasing competitive employment faced by adults with lived experience. The stakeholder and focus group meeting topics included identifying the needs of the population, conducting inventory and gap analyses of employment services, identifying best practices in employment strategies, drafting the goals and strategies of this plan, and gaining perspective directly from the business community. *The Plan* reveals what has been learned from these meetings which informed the

goals and strategies identified to increase employment opportunities. While emphasis is placed on the Supported Employment model, *The Plan* also incorporates other proven and promising employment and social enterprise models and practices designed to place individuals with behavioral issues on stable career pathways.

San Diego County Behavioral Health Population

In order to create and implement a strategic employment plan for individuals living with mental illness, it is important to begin with a shared understanding of the focus population for The Plan. San Diego County Behavioral Health Services (BHS) users are generally low-income individuals who have been diagnosed with a psychiatric disorder/mental illness and/or substance use disorder. For calendar year 2012 and 2013 there were a total of 41,124 unique clients who accessed County BHS through the various programs that the County contracts to provide for these individuals. Following are demographics for this population, including age, educational attainment, diagnoses and employment status.

Age

Age <18-24		6,317	15%
Age 25 – 59		29,998	73%
Age 60+		4,809	12%

Educational Level

High School Diploma/GED		10,397	37%
Some College/Vocational Training		3,598	13%
Associates Degree		3,037	11%
Bachelor’s Degree		1,937	7%
Master’s Degree		424	1%
Doctoral Degree		92	0%
High School Not Completed		8,817	31%
Unknown/Not Reported		12,822	

Mental Health Diagnosis

Major depression Disorders		10,012	30%
Schizophrenia and Schizoaffective		9,392	28%
Bipolar Disorders		4,997	15%
Other Depression		3,444	10%
Anxiety Disorders		2,285	7%
Other Psychotic Disorders		1,843	5%
Substance Abuse Disorders		1,739	5%
Other /Unknown		7,292	

Source: County of San Diego Health and Human Services Agency,
<http://www.sdcounty.ca.gov/hhsa/probrams/documents/BHSDatabookFY1213.pdf>

In order to increase employment for individuals with serious mental illness, it is helpful in this planning process to understand the employment status of individuals served within the BHS system. As shown below, in FY 2012-2013 a total of 23% of those served through County BHS program (7,835 individuals) were either actively working (9%) or seeking work (14%), presenting an opportunity to increase these numbers over the coming years. *The Plan* outlines key strategies to continue to support individuals who are currently working, while also focusing on providing supports and services to people not in the labor force or who are actively seeking jobs, in order provide them with the opportunity to get them back to work in San Diego.

Employment Status

Competitive Job		3,131	9%
Seeking Work		4,694	14%
Not in Labor Force		11,315	34%
Not Seeking work		6,799	21%
Resident/Inmate of Institution		2,899	9%
Other		4,165	13%
Unknown		8,121	

Source: County of San Diego Health and Human Services Agency, <http://www.sdocunty.ca.gov/hhsa/probrams/documents/BHSDatabookFY1213.pdf>

Focus Areas

In order to identify and refine the ideas, visions and goals for *The Plan*, stakeholders were guided through a process to determine the areas for inclusion. These goals and visions provide the overall context, guidance and focus needed to bring *The Plan* to fruition.

Stakeholder Visioning

Map Resources & Services; Consider Benefits & Housing; Identify Strategies for Severities of Mental Illness; Identify Gaps & Opportunities for Integration & Collaboration; Leverage Strategic Partnerships; Engage in Business Outreach; Address Stigma; Streamline Navigation; Promote Training, Education & Best Practices; Incorporate Recovery & Employment Language; Investigate Social Enterprise, Consumer, & Self-Employment Models; Plan for Transitional Aged Youth; Use on the Job Training & Work Subsidies; Embed Resources to Integrate Treatment & Employment; & Identify Incentives for Employers to Hire Those with Lived Experience.

Chapter 2: Employment Planning in San Diego

Business and Industry Analysis

Planning for employment options begins with an individual's desire to work as well as access to the supports and tools designed to assist in the process of seeking, securing and maintaining employment. It is equally helpful to understand key areas, sectors of growth, and sectors with strong hiring needs in San Diego. Based on information gathered from the San Diego Regional Economic Development Corporation (**SDREDC**), San Diego Association of Governments (**SANDAG**), and San Diego Workforce Partnership (**SDWP**), SDWP analyzed a number of sectors important to San Diego's economic and workforce development. The sectors and occupational clusters have been identified by the three organizations to be high-growth, in-demand, projecting skills shortages, and/or vital to the regional economy. According to the SDREDC, industry sectors that are vital to the regional economy include:

- CleanTech
- Information and Communication Technology
- Conventions and Tourism
- Defense
- Health Care
- Life Sciences
- Maritime
- Research Institutes

SANDAG's December 2012 report, *Traded Industry Clusters in the San Diego Region*, identifies the following expected growth in employment and economic impact: Advanced Precision Manufacturing, Biotechnology and Pharmaceuticals, Biomedical Devices and Products, Entertainment and Hospitality, Information Communication Technology, Aerospace, Navigation and Maritime Technologies, Specialty Foods and Microbreweries, and Action Sports Manufacturing. SDWP's research indicated Telecommunication and Information Technology, Maritime, Green Construction, and Sports Innovation to be important to the region. After consolidating all three definitions of important sectors, SDWP created the following list of key sectors in San Diego for priority consideration (which would be used to determine the final list), and divided them into three definitions--Largest Growth, Rapidly Growing, and Emerging¹:

Largest Growth

- Entertainment and Hospitality
- Green Jobs
- Health Care

¹ "Sector Definitions (2011-2018) - EMSI.xls" for data and breakdown of job openings and wages for industries included in each sector.

Rapidly Growing

- Life Sciences
- Information Communication Technology (ICT)
- Aerospace, Navigation and Maritime Technologies

Emerging

- Advanced Precision Manufacturing
- Sports Innovation and Manufacturing
- Specialty Foods and Microbreweries

In Demand and Growth Sectors

Largest Growth

Sectors with the largest growth are expected to add the most jobs in San Diego. As the economy continues to recover, these industries are projected to gain momentum, adding significant employment opportunities in the County. For example, Green Jobs and Health Care sectors are projected to add 20,281 and 18,432 jobs respectively, by 2018²—greater than the other two categories.

To further illustrate, analysis of the Green Jobs occupational cluster indicates that mature industries such as construction have been transformed by technology and innovation, providing new employment opportunities in the region. For instance, in streetlight retrofitting, the San Diego Street Light Working Group, in collaboration with 13 municipalities, has retrofitted 55,000 streetlights with newer LED technology, generating more than \$25 million in local job creation for electrical contractors, suppliers, and lighting manufacturers³, while saving taxpayers and cities up to \$3 million.

The Green Jobs occupational cluster also has significant jobs, earnings, and sales multipliers of 3.99, 2.18, and 1.75, respectively⁴. The jobs multiplier measures the total number of jobs added to the region as a result of adding one job to a certain sector⁵. In this case, every one job added to Green Jobs adds 2.99 direct, indirect, and induced jobs in San Diego. Similar calculations can

² Analyst. Economic Modeling Specialists, International (EMSI). Data taken from California Labor Market Information Department. Source: QCEW Employees, Non-QCEW Employees & Self-Employed – EMSI 2013.1 Class of Worker. February 2013.

³ *The San Diego Regional Quality of Life Dashboard*. Equinox Center. February 2013.

⁴ Analyst. EMSI. Data from the Bureau of Economic Analysis (BEA). March 2013

⁵ The total jobs added to the region as a result of a single job added. This number includes the yield and the initial job addition. In other words, a jobs multiplier of 1.82 is made up of the initial job added (1.0) and the further yield (0.82). Source: EMSI's model, incorporating data from the Bureau of Economic Analysis (BEA). March 2013.

be made with earnings⁶ and sales⁷ multipliers in direct, indirect, and induced output. Every \$1 earned in Green Jobs yields \$1.18, and every \$1 of new sales in the region generates \$0.75 in total sales for the region.

Rapidly Growing

Rapidly growing sectors are driven by technology and innovation that require new skill sets for workers. These sectors have a significant economic impact and multiplier effect on the overall economy. For instance, within just the ICT sector, one job added to the telecommunications and information technology (T&IT) industries yields three additional jobs in the region.

Furthermore, these industries generate approximately 179,020 jobs and \$48.11 billion annually in direct and indirect economic output⁸. Similarly, the Life Sciences sector is characterized with a jobs multiplier of 5.19⁹. This suggests that with each job added to Life Sciences, 4.19 jobs result as the direct, indirect, and induced employment output.

These are also sectors most likely to hire to match their rapidly growing pace. Over the next twelve months, 48% of T&IT employers expect to hire, adding about 5,000 new jobs to San Diego County¹⁰. At the same time, employers in these rapidly growing industries indicate that they have difficulty hiring qualified applicants. These sectors require new skill sets from the workforce that currently do not fully meet employers' expectations. More specifically, about two out of five (44%) T&IT employers indicate difficulty finding qualified applicants for entry-level jobs, and about 3 out of 5 (58%) T&IT employers indicate difficulty finding qualified applicants for non-entry level jobs. According to the employers surveyed by the SDWP, the development of the workforce rests on the following skills: a commitment to higher learning, digital literacy, the ability to understand and communicate effectively about technology and its role in the industry, and initiative and flexibility¹¹. The need for qualified applicants to understand employers' expectations drives the SDWP to fund job training programs that develop the skills necessary in these growing sectors. The employer need for information will also be used in continued dialogue as SDWP identifies workforce challenges and innovative solutions into the future.

⁶ The total earnings created in a region as a result of a single dollar of new earnings. This number includes the yield and the initial dollar addition. In other words, an earnings multiplier of 1.82 is made up of the initial dollar added (1.0) and the further yield (0.82). Source: EMSI's model, incorporating data from the Bureau of Economic Analysis (BEA). March 2013.

⁷ The total sales created in the region as a result of a single dollar of new sales. This number includes the yield and the initial dollar addition. In other words, a sales multiplier of 1.82 is made up of the initial dollar added (1.0) and the further yield (0.82). Source: EMSI's model, incorporating data from the Bureau of Economic Analysis (BEA). March 2013.

⁸ Telecommunications and Information Technology Report: The Economic Impact of Qualcomm, Driving San Diego's Technology Growth. San Diego Workforce Partnership. January 2013.

⁹ EMSI. Analyst. Data from the Bureau of Economic Analysis (BEA). March 2013

¹⁰ San Diego Workforce Partnership. *Telecommunications and Information Technology Report: The Economic Impact of Qualcomm, Driving San Diego's Technology Growth*. January 2013.

¹¹ Ibid.

Emerging

In terms of economic and employment impact, emerging sectors do not have as much of a critical mass as the previous two categories, but they are new and expected to grow in the region. One example of the robustness and growth expectations of these sectors is craft brewing in the Specialty Foods and Microbreweries sector, which grew 11% by volume and 12% by dollars during the same period that overall beer sales in the United States declined 1.0% by volume¹².

Because they are new and emerging, these sectors are still being defined. SANDAG defines Advanced Precision Manufacturing as a newly established sector that supports the metalworking and machine manufacturing operations of technology clusters such as Information and Communications Technology. This sector received \$23.5 million in federal government procurement contracts in 2010, double the amount from 2008¹³.

After identifying the above list, SDWP analyzed labor market data for each of the sectors using the Economic Modeling Specialists International Analyst program. The information was provided to SDWP's Business Services sub-committee for review so that members could identify the top priority sectors. After extensive analysis and discussion, the subcommittee identified six (6) top priority sectors (two from each of the three definitions) for focus within the next five-year time frame:

1. Largest Growth
 - Green Jobs
 - Health Care
2. Rapidly Growing
 - Life Sciences
 - Information and Communication Technology (ICT)
3. Emerging
 - Specialty Foods and Microbreweries
 - Advanced Precision Manufacturing

¹² San Diego Association of Governments (SANDAG). *Traded Industry Clusters in the San Diego Region*. December 2012.

¹³ Ibid.

San Diego County Behavioral Health Employment Initiatives

As a subset of employment planning efforts on the macro level, the County of San Diego Behavioral Health Services division recognizes the need to advance and transform the behavioral health system of care by further developing, focusing and integrating supported employment within many of the BHS programs and initiatives. This shift in focus and philosophy was in part precipitated by the passage of the Mental Health Services Act ten years ago.

Mental Health Services Act

In November 2004, California voters approved Proposition 63, the Mental Health Services Act (**MHSA**). MHSA was designed to provide funds to counties to expand services, develop innovative programs, and integrate service plans for mentally ill children, adults and older adults. MHSA is funded by an additional 1% tax of every dollar of personal income over \$1 million. MHSA contains six major components addressing critical needs and priorities to improve access to effective, comprehensive, culturally and linguistically competent, expanded community health services and supports. These are:

1. Community Program Planning,
2. Community Services and Supports,
3. Prevention and Early Intervention,
4. Workforce Education and Training,
5. Capital Facilities and Technological Needs, and
6. Innovation.

Within San Diego, three distinct components of the six MHSA funding categories lend themselves to increasing employment opportunities for individuals with lived experience of serious mental illness by integrating psychosocial rehabilitation and recovery treatment practices with supported employment. These are:

- Community Services and Supports,
- Workforce Education and Training, and
- Innovation components.

Community Services and Supports

The County of San Diego's Community Services and Supports (**CSS**) program plan and funding was originally "used to expand and enhance programs for non-served and underserved County residents who are eligible and in need of public mental health services...Services provided through MHSA support the County's adopted *Live Well San Diego* initiative by enabling participants with mental health needs and the general public to access necessary resources and thereby lead healthy and productive lives." (County HHS, BHS, MHSA CSS work plan, 3/3/14).

Workforce Education and Training

The Workforce Education and Training (**WET**) component “addresses the shortage of qualified individuals who provide services in the County’s Public Health System...All education, training and workforce development programs and activities contribute to developing and maintaining a culturally and linguistically competent workforce, including individuals with lived experience, who are capable of providing client- and family-driven services that promote wellness, recovery, and resiliency, leading to measurable, values-driven outcomes.” (County HHSA, BHS, MHSA WET work plan, 10/22/13).

Innovations

According to the March 2014 document *Mental Health Services Act Basics*, the goal of Innovation funding is to “develop and implement promising and proven practices to increase access to mental health care. Innovation programs are defined as novel, creative, and/or ingenious mental health practices and approaches...developed within communities through a process that is inclusive and representative and promotes recovery and resilience.” Through this component of MHSA funding beginning in 2014, the County BHS is embarking upon a process to gather input and draft preliminary documents with the goal of issuing a Request For Proposals for the procurement of a new, innovative, Supported Employment program called *Ramp Up 2 Work*, which will be “an employment and job training program for users of the system of care that will include: job development, job coaching, job support services, will provide job readiness, training and on-the-job paid apprenticeships, all toward the goal of paid, competitive employment.” Beginning fiscal year 2015/2016 and focusing on transitional age youth, adults, and older adults, County MHSA will invest approximately \$3.7 million over the program’s three year life span (BHS, MHSA Innovation Cycle #2 proposed programs, revised 3/27/14).

All three of these separate MHSA funding areas include objectives and goals to increase employment for individuals with the lived experience of mental illness.

*“Clients have the capacity for competitive work. We are looking for competitive work that fits their current skills and ability, not something they would need a lot of training to do. **We are looking for a fit that starts now.**”*

~ Stakeholder Meeting Participant, 4/18/14

MHSA Funding Map



Community Services & Supports

- Full Service Partnerships
- Assertive Community Treatment (Employment Specialists)
- Clubhouses (Transitional Employment)
- San Diego Employment Solutions (Supported Employment)

Workforce Education & Training

- NAMI
- Recovery Innovations (Peer Employment Training)

Innovations

- Ramp Up 2 Work

In further exploring the landscape of behavioral health programs in San Diego County, it is evident that there is currently a focus on providing employment services to individuals receiving services from county or state funded programs, which also includes services provided through an over 20 year partnership with the State Department of Rehabilitation (**DOR**). As we seek to maximize employment related outcomes for clients, we find numerous opportunities for behavioral health employment efforts to be enhanced, streamlined and better coordinated. For example, MHSA funded programs are depicted on the previous page and include Full Service Partnerships (modeled on Assertive Community Treatment (ACT) programs), Clubhouses, and the San Diego Employment Solutions program and Employment Services. *The Plan* seeks to maximize the employment related outcomes of these MHSA-funded programs as well as expand the broad range of employment initiatives in San Diego County.

The organizations with programs at the forefront of these efforts are:

- Mental Health Systems (Center Star and North Star ACT),
- Community Research Foundation (Impact, Downtown Impact, Senior Impact),
- Telecare Corporation (Gateway to Recovery ACT and Pathways ACT),
- Providence Community Services (Catalyst ACT and Oasis Clubhouse), and
- Clubhouses (Operated by multiple organizations)

Other organizations providing behavioral health Clubhouse programs in San Diego include Paradise Valley Hospital, Mental Health America, Union of Pan Asian Communities, Alvarado Parkway Institute, Neighborhood House Association, Episcopal Community Services, and Deaf Community Services. The employment services provided within each of these programs vary widely and may include the evidence-based practice of Supported Employment, clubhouse-based Transitional Employment, Social Enterprise, or independent employment as the primary ways to help individuals find employment. Each of these programs provides some level of involvement in employment initiatives for their members with lived experience of mental illness.

Full Service Partnerships

The Full Service Partnerships (**FSPs**), one of the foundations of California's Mental Health Services Act, are designed to provide behavioral health services with a "whatever it takes" approach to improve outcomes for individuals with lived experience of serious mental illness and/or homelessness. In San Diego County, BHS supports the evidence based practice of Assertive Community Treatment, which provides intensive services to support clients living with mental illness. A key component of the FSPs is their connection to community resources that focus on recovery and individual resiliency. Within the FSP/ACT teams, Employment Specialists work with clients to identify and pursue employment goals, while linking clients with a variety of employment, volunteer and vocational resources. Employment Specialists are integral to the

FSP staff team, highlighting the critical role of employment as a tool for recovery within the treatment spectrum.

Assertive Community Treatment Programs

Assertive Community Treatment (**ACT**) is an evidence based practice, as conducted in FSP programs are an intensive, highly integrated team approach to provide comprehensive, community-based treatment, rehabilitation, and support to persons with serious and persistent mental illness. The ACT model, created in the 1960's, has been implemented throughout the United States and other countries. An ACT team consists of professionals in social work, rehabilitation, counseling, nursing and psychiatry. ACT teams provide case management, initial and ongoing assessments, psychiatric services, housing assistance, family support and education, substance abuse services, and any other supports critical to a person's ability to live successfully in the community. The ACT model serves persons with severe functional impairments who have not responded well to traditional outpatient mental health services or psychiatric rehabilitation. Many served by an ACT team have co-occurring disorders of mental illness and an alcohol or drug use disorder. Employment or vocational services are one of the primary components the ACT model.

Clubhouses

A Clubhouse is a program where people living with serious mental illness (identified as *members*) participate in their own recovery by learning, working and socializing together in a safe and welcoming environment. Clubhouse International has established standards and the model itself is recognized as an evidence-based practice and has been utilized in over 300 Clubhouses worldwide since 1989. San Diego is fortunate to have a total of 14 Clubhouses throughout the county.

This community-based model aligns with a member's treatment plan and tends to be holistic in its approach. Member's longevity with clubhouses can translate into a cost-effective solution to providing education, employment, and access to supportive services in a single caring and safe environment. Clubhouse membership is voluntary and members are encouraged to "practice working" through the many volunteer opportunities at the Clubhouse. These include housekeeping and maintenance, data input, reception duties, planning, purchasing, preparing, and serving meals, organizing rummage sales, various arts and crafts which are sold for fundraising efforts, teaching computer skills, and facilitating peer run groups on various topics of interest. Meaningful activities help members regain self-worth, confidence, and a sense of purpose, as well as develop friendships and hone skills that can be applicable to the workplace. Some clubhouses follow a "work-ordered day" which means that the Clubhouse

waits to schedule recreational activities until after the work-day to mimic true employment conditions.

One San Diego Clubhouse is certified in the Clubhouse International model which requires the Clubhouse to offer Transitional Employment (TE). A TE program is managed by Clubhouse staff, who works with local businesses to create paid employment opportunities for members wanting to work. The goal and outcome is and to place members in competitive jobs with real wages which they can list as experience on a resume to secure another job. This approach allows the member to become successful employees. Part-time TE positions involve significant support from staff, typically an Employment Specialist or Job Developer. TE positions typically last for a period of six to nine months, after which members may move into another position or move on to the Clubhouse's supported and/or independent employment programs, if those exist. For more information on Clubhouse International, go to www.iccd.org.

“I got my confidence back because I am on the job and I start to believe I can do it, because I am actually already doing it.”

~ The Meeting Place Clubhouse – Focus Group Participant

Mental Health Systems Inc. - San Diego Employment Solutions

One of two Mental Health System's employment-focused programs, *San Diego Employment Solutions (SDES)* provides opportunities to help adults with the lived experience of serious mental illness obtain competitive employment. This is accomplished through utilizing a comprehensive approach that is community-based, client and family-centered and culturally competent. This program utilizes the SAMHSA evidence-based practice of Supported Employment and incorporates the seven key principles of Supported Employment into its work. SDES provides supported services with a rehabilitation focus to adults who meet eligibility criteria, utilizing bio-psychosocial rehabilitation principles in accordance with County BHS policy in the areas of co-occurring disorders, transitional aged youth, older adults and cultural competence. SDES' employment services are coordinated with and available to Adult, Older Adult Behavioral Health Services, and other behavioral /physical health providers, HHSA Alcohol and Drug Services, family resource centers, and other organizations or groups which are serving clients with lived experience.

Workforce Education and Training

The second MHSa component emphasizing employment is Workforce Education and Training (**WET**). In San Diego, the WET Collaborative has as its primary goal to “increase employment within the County of San Diego’s Public Mental Health system.” The WET Collaborative and its multiple programs promote other workforce strategies, focusing on the employment of behavioral health consumers and family members within the behavioral health system. These individuals’ viewpoints and lived experiences are incorporated into the training and education programs. WET Collaborative planning in San Diego includes five elements:

- Community collaboration,
- Cultural competency,
- Client and family focus,
- Promoting wellness, recovery and resilience, and
- Integrating service experiences

The vision and mission of the WET Collaborative is to work together to build, enhance and sustain a strong, competent, consumer-focused public behavioral health workforce, based on, wellness, recovery, and sufficient enough to meet diverse community needs.

Recovery Innovations

Funded through the County of San Diego BHS, Recovery Innovations (**RI**) provides multiple opportunities through its numerous programs, including Peer Employment Training (**PET**) as one of the cornerstones to becoming a Peer Support Specialist. RI, a peer-run nonprofit, with offices in San Diego, has as its mission to create opportunities and environments that empower people to recover, to succeed in accomplishing their goals, and to reconnect to themselves, others, and meaning and purpose in life. The core values embodied in RI’s work are hope, empowerment, personal responsibility, wellness, community focus and connectedness. Since 2007, RI has provided recovery-focused services to adults with co-occurring mental health and substance use challenges and is fully committed to training and establishing a peer-based workforce, empowering them to provide peer support as an overarching goal. At their core, RI trains individuals as Peer Support Specialists, through their PET, which transforms lived experiences into healing and recovery for others. RI also provides training on the Wellness Recovery Action Plan (WRAP), and the Wellness and Empowerment in Life and Living (WELL) program, which also point people toward employment, while increasing their hope, knowledge, skills, and support. In an article published by the SAMHSA-supported CAFÉ Technical Assistance Center “*The Role of Consumers with Lived Experience in Mental Health Workforce Development*”, the authors highlight the central role of those with lived experience in the mental health workforce development. www.recoveryinnovations.org

“Persons with lived experience are pivotal members of the workforce, as they have critical roles in caring for themselves and each other, whether informally through self-help or more formally through peer support services. Consumers with lived experiences as members of the service population provide a unique perspective that enhances the overall relevance and value of the care provided”

~ CAFÉ TAC, 2011

National Association on Mental Illness

The National Association on Mental Illness (**NAMI**) San Diego is a non-profit organization providing education, support services, and advocacy to improve the quality of life of everyone affected by mental illnesses. The San Diego chapter offers multiple programs addressing all aspects of living with diagnosed mental health disorders. Programs include the NAMI San Diego Helpline, educational programs for family members and peers, support and connections groups, groups focusing on seniors, a speaker’s bureau, and the “In Our Own Voice” speaker presentation. New NAMI San Diego programs include HOPE Connection, Mental Health First Aid, and Ending the Silence. NAMI San Diego recently received funding to develop and document career pathways for positions employing peers and their family members, which can provide entrance to the public mental health system, with opportunities to advance within healthcare systems as a defined career. (www.namisaniego.org)

Mental Health Systems Inc. – Employment Services

MHS, Inc. Employment Services (**ES**), is a California Mental Health Cooperative Program, designed as a partnership between local County mental health agencies and the Department of Rehabilitation. Funded since 1995 through both DOR funding and County of San Diego realignment funding, it is a program helping those with mental illness find work. Services focus on rehabilitation, recovery and are based on the philosophy that everyone is able to work. DOR assigns vocational rehabilitation counselors and provides enhanced vocational rehabilitation services through referral of DOR clients with specialty mental health needs to ES, which helps these individuals learn how to complete employment applications, create resumes, learn job search techniques and master job interview techniques, in order to help them achieve employment. ES provides information on how benefits might be affected and provides support during the first three months of employment, both on or off the job. MHS ES staff consists of well-trained Employment Specialists and a Job Developer who are culturally and linguistically diverse. Services are available Countywide, near or within the regional behavioral health programs. Working from a strengths-based perspective, the program focuses on the abilities individuals have gained through work and life experience and helps them apply those to their

job search. Employment Specialists work in partnership with DOR to develop employment goals suitable for individuals and their situation to provide support designed to help each person achieve his or her employment goal. For service eligibility, individuals must be 18 years of age or older, have a diagnosed psychiatric disability, be a participant of a San Diego County funded mental health program and be a person served by DOR. (www.mhsinc.org)

Technical Strategic Employment Consulting Contract

In 2013 the County of San Diego's Behavioral Health Services division issued a request for proposals (RFP 5766) for Supported Employment Technical Consulting Services. The San Diego Workforce Partnership and CSH submitted the successful proposal to engage in this technical consulting work. This strategic plan is one of the initial results of this contract. The focus areas of the five year strategic employment consulting project are:

- To identify and implement countywide strategies to increase employment opportunities, resources, and services for individuals with psychiatric illness,
- To develop partnerships with the business sector to develop employment opportunities, to identify and coordinate employment resources,
- To establish an employment task force, and
- To develop an annual employment plan that will serve as a blue print for employment development within BHS over the next five years.

One of the first steps in increasing collaboration amongst the employment related initiatives across the County was to gather information and input from multiple programs and key stakeholders. The goal is to provide alignment in employment outcomes across the San Diego County Behavioral Health Services system. In addition, the Plan outlines best practices, which inform the key goals and strategies that will guide this work for years ahead.

Chapter 3: Employment Strategies and Best Practices

The majority of individuals with lived experience of mental illness want to work, with approximately two-thirds of those with mental illness expressing interest in securing a job, but many of them are not currently employed, leaving this population seriously underrepresented in today's workplace. According to the Center for Evidence-Based Practices, "58% of people receiving Supported Employment services are employed in competitive jobs in their local communities, versus only 21 percent of people in traditional vocational rehabilitation services find competitive jobs in the community." According to another article, *Employment and Unemployment of People with Serious Mental Illness (SMI)*, multiple studies over 15 years show

a consistency in the pattern of people with disabilities having high unemployment rates and, furthermore, people with SMI have the highest unemployment rate of any of any group with disabilities, despite having both the capacity and desire to work. According to the U.S. Department of Health and Human Services,

“The overall employment rate for the general population was 64.5% in 2009. Among those who were working, 80% were working full-time (Bureau of Labor Statistics, 2010). The employment rates among people with serious mental illness are much lower than the general population, estimated to be 22% at any given time, with a little more than half of these individuals (12%) working full-time. While the likelihood of having a job is approximately 1 in 1.5 for the general population, the likelihood among individuals with a serious mental illness is not much better than 1 in 5.”

Federal Financing of Supported Employment and Customized Employment for People with Mental Illnesses: Final Report, February 2011

What Work Offers, What Unemployment Takes Away

There are multiple psychosocial benefits that can be attributed to an individual’s employment status. Heather Stuart, in the 2006 article *Mental Illness and Employment Discrimination*, accurately describes both the benefits of working and the downside of not being employed,

“Work is a major determinant of mental health and a socially integrating force that is highly valued. No single social activity conveys more of a sense of self-worth and social identity than work. To be excluded from the workforce not only creates material deprivation but also erodes self-confidence, creates a sense of isolation and marginalization and is a key risk factor for mental disability. For people with a serious mental disorder, employment is an important stepping-stone to recovery. It is a normalizing factor that provides daily structure and routine, meaningful goals, improves self-esteem and self-image, increases finances, alleviates poverty, provides opportunities to make friendships and obtain social support, enriches quality of life and decreases disability. People with mental disorders who are unemployed and who lack meaningful social roles are in a position of double jeopardy; on the one hand, being stigmatized because of their mental illness (making it harder to gain competitive employment) and on the other hand, being stigmatized for their lack of occupation.”

Current Opinions in Psychiatry. 2006; 19(5):522-526

It is not an overstatement to say that employment serves as both an outcome and a core component of recovery for those with the lived experience of mental illness. Toward that end, one of the intended outcomes of the County of San Diego’s BHS division is to systematically increase employment for individuals who have these lived experiences. Employment for

individuals has seemingly been a secondary focus of the larger behavioral health system due to its multiple demands and treatment priorities. In many instances, one of the indicators for stable recovery from mental illness was an individual's ability to qualify for Social Security disability payments or other public benefits, thus potentially excluding him or her from working and from the noted benefits of employment. The initiation of this paradigm shift toward the promotion of employment first as a necessary component of recovery from mental illness is gaining momentum. The evidence based practice of Supported Employment, the most widely researched, has demonstrated its effectiveness in increasing the percentage of individuals with lived experience who are gainfully employed. As well, the evidence informed practices of Transitional Employment, Customized Employment and Social Enterprise are becoming increasingly researched, gaining traction and providing valid opportunities to increase employment for people with mental illness.

MODELS OF EMPLOYMENT FOR PEOPLE WITH LIVED EXPERIENCE OF MENTAL ILLNESS

Employment First

Employment First (**EF**) has emerged as a concept within the disability field and is predicated on "the idea that employment in integrated settings within the community should be the priority service option." As of 2013, there were a total of 26 states that have adopted some level of EF policy, which has been defined as "an official directive from a state government agency stating that employment in the community in the general workforce is the first and primary option for individuals with disabilities and/or it is the intent of the state to move in that direction." In 2009 California passed Assembly Bill 287, as an EF policy, but as of today it is still under development, with additional proposed legislation that has not passed. (State Employment Leadership Network, Employment First Resource List, July 2013)

Supported Employment/Individual Placement and Support

The Supported Employment (**SE**) model is based on research from Dartmouth University. The model's primary authors are Deborah Becker and Robert Drake with the Dartmouth Psychiatric Research Center (**PRC**). The model, originally identified as Individual Placement and Support (**IPS**) is an evidence-based practice that has, since 1996, been fully researched, and in 2010 was recognized by Substance Abuse and Mental Health Services Agency (**SAMHSA**) as an evidence-based practice. One key highlight of SE is that it has shown itself to be nearly three times more effective than other vocational approaches when getting people into or back into the competitive job market is the goal.

Supported Employment/Individual Placement and Support Evidence

The body of research in support of the SE/IPS model began in the mid-1990s. The first studies examined the conversion of traditional day treatment centers into supported employment programs. Aggregate data that compared people receiving SE services to the day treatment programs indicated that the “SE model was significantly more effective than the day treatment model at increasing competitive employment rates; while 38% of the SE group achieved competitive employment, the comparison group remained static at 15% competitive employment.” (Bond 2004). In order to determine a relationship between SE and increased employment, controlled trials occurred. A review of 19 randomized trials of SE/IPS programs serving individuals with serious mental illness concluded that vocational outcomes are consistently higher for those in an SE/IPS program. Furthermore SE/IPS programs work to decrease the length of time it takes for programs to help individuals find employment from 206 days down to 138 days. As well, those participants of the SE/IPS programs were more likely to work more than 20 hours per week (44% versus 14%) (U.S. HHS, Federal Financing of Supported Employment and Customized Employment for People with Mental Illnesses, Feb. 2011)

SE/IPS Implementation

Successful implementation of an SE program is based closely on the following the key principles, which serve as its core. They are:

Eligibility based on consumer choice. Zero-exclusion is the goal for supported employment, meaning that given a person’s prior work history (or lack of work history), symptoms, appearance, hospitalization, substance use history or other major factors, **all** are eligible to engage in considering and/or seeking employment.

SE services are fully integrated with comprehensive mental health treatment. This occurs typically through Assertive Community Treatment programs or other treatment teams, who meet weekly to strategize around employment goals for their clients. Employment specialists are considered equal to any other treatment team members.

Competitive employment is the goal. These are positions anyone would be eligible to apply for, regardless of their mental health or disability status. Competitive jobs should pay at least minimum wage, which is paid directly by employers. SE jobs, full or part time, don’t have mandatory time limits which are pre-arranged by other vocational or job readiness programs.

The job search begins rapidly. The typical benchmark is that within 30 days of client intake, they are, at a minimum, meeting informally with a prospective employer. The model does not focus on job readiness, resume building, skill building, or vocational testing, but rather on a “learning while doing” model of employment.

Personalized counseling is important for those on benefits. The decision to start or return to work for clients who have traditionally received disability benefits can be a real barrier. Many concerns are expressed about what happens to their benefits once they go back to work. SE clients need fact-based, personalized benefit planning sessions before returning to work, accurate information they need to make the best decision about future employment opportunities.

Follow-along job supports are continuous and not time-limited. Individualized supports are provided to the client until they have reached stability in their work or until they indicate that they no longer want or need support from the SE team. After achieving stability, members of the team, other than the employment specialist, including case managers or counselors, may likely continue to provide various types of support to the client.

Consumer preferences, strengths, and experiences are vital. Employment specialists, supported by the other team members, can also provide assistance with work or school, based upon the clients' preference for the type of work they envision, their skills and strengths, schedule choices, and can help individuals strategize around whether to disclose their mental health status to their employer.

Supported Employment Fidelity Scale

The success of a Supported Employment program's implementation is measured using the Dartmouth Fidelity Scale. The most current fidelity scale, a 25-item tool, created in 2001 and revised in 2008, is designed to measure the level of fidelity in the implementation of a SE program. The SE/IPS fidelity scale defines the necessary elements needed in order to measure and document how closely programs are implementing the model. Research shows that programs with higher fidelity have greater effectiveness and stronger client outcomes than lower fidelity programs. The SE/IPS fidelity scale should be used as a roadmap to obtaining better client outcomes and for program monitoring over the course of their development and implementation. After completing a fidelity visit, reviewers provide feedback to the agency through a report that includes observations, assessments, and recommendations for program improvement. The fidelity scale measures the criteria domains of staffing, organization, and services provided. Each item is rated on a 1 to 5 scale and the higher the rating, the higher the success rate of gainful employment for individuals. A modified version of the 25-item fidelity scale can be found in Appendix E or at <http://www.dartmouth.edu/~ips/page19/page21/files/se-fidelity-scale002c-2008.pdf>.

Additional Behavioral Health Employment Models

While Supported Employment is the most widely researched and effective evidence based practice for increasing employment for individuals with lived experience of mental illness, it is

by no means the only model being successfully implemented across various behavioral health and social service agencies, locally, nationally and internationally.

Transitional Employment

Based on the 1940's Fountain House model of psychiatric rehabilitation, Clubhouses often use a Transitional Employment (**TE**) model for their members. TE is a subsidized employment opportunity utilizing workplaces that have agreed to assign an on-the-job mentor (usually trained by the agency operating the TE program). TE is a practical workforce strategy that uses time-limited, wage-paying employment, combining competitive work, skill development, and supportive services in order to transition individuals quickly into the labor market. The underlying philosophy of TE is that all individuals can be successful in the workplace. Programs vary in length, type of transitional employer (retail, nonprofit, service sector, etc.), the role of on the job skills training, funding streams, and the population being served. TE jobs provide a model of employment through which participants experience the routines, tasks and skills of a job, are able to establish an employment record, and can cultivate employer references for their transition to the private, competitive job market. With increased confidence as a result of transitional employment, success in the workplace and appropriate case management to navigate problems along the way, TE provides the participant with learning opportunities, wages, and the needed support to eventually move into full or part time, permanent employment.

Customized Employment

According to the Office of Disability Employment Policy website, "Customized Employment (**CE**) is a flexible process destined to personalize the employment relationship between a job seeker and an employer in a way that meets the needs of both." CE is based on an individualized, person-centered process, where the job meets the needs that the individual has for employment and that the employer has for a contributing employee.

There are four essential components to the CE model are discovery, job search planning, job development and negotiation and post-employment support. Programs providing CE services must display competencies within these four components, in conjunction with the job seeker and employer, to complete the tasks involved. Additionally, the model outlines nine CE competencies that can lead to successful customized employment for the individual. These include planning and organizing, positive and open approach to life, customized job development, knowing the CE components and process, respecting and relating to others, engaging in business and employment practices, business networking, collecting and analyzing data, and communicating with others. While not as widely researched as Supported

Employment, the model can be used to increase awareness and use of customized employment and to increase the capacity of employment specialists engaging in these types of employment services.

Other Promising Models

Beyond the traditional employment services within behavioral health programs, there are solid examples of business enterprises which are serving clients facing some of the most difficult barriers to employment – homelessness, prisoner re-entry/post incarceration, gang affiliation and physical disabilities. One of the most promising approaches is Social Enterprise (SE), which is defined as businesses with the double bottom line of doing well while simultaneously doing good in general.

Social Enterprise Strategies

Social enterprises are businesses whose main goal and purpose is to promote “the common good.” SE’s use standard business methods, mixed with the power of the marketplace to create a platform to advance their social, environmental or human justice agendas. The three typical components of social enterprise are:

- 1) that they directly address a **social need** (either through making products, providing services or through the number of people they employ,
- 2) the **commercial activity** drives revenue, which is folded back into running the enterprise, and
- 3) the focus on the **common good** is always the primary purpose of the organization.

Consumer run enterprises, as a specific subset of social enterprise, are gaining traction as viable options for employing individuals who may face myriad challenges to employment (criminal history, substance use disorder, homelessness). In researching this plan, multiple examples of successful social enterprise efforts that are happening were identified at the national, state, and local levels. One particular Social Enterprise funder worthy of highlighting is Roberts Enterprise Development Fund. They currently fund several social enterprise efforts that are putting people back to work on a larger scale.

Roberts Enterprise Development Fund

Roberts Enterprise Development Fund (**REDF**) is a San Francisco based organization providing capital, resources and expertise “to build social enterprises that create employment for people who struggle to land and a keep a job.” For 15 years, REDF has been working with populations who face multiple challenges and barriers to employment, including, but not limited criminal

justice involvement, homelessness, domestic abuse, and/or mental illness. Several REDF funded projects have been identified as exhibiting particular promise, including the following which have a local San Diego presence:

Center for Employment Opportunities

“The Center for Employment Opportunities (CEO) offers comprehensive employment services exclusive for people with criminal records. Their model of social enterprise provides job training and placement services for transitional work crews capable of employing hundreds of people each year. REDF provides business development marketing and fundraising expertise and helped CEO launch operations in Oakland, San Diego, and San Bernardino, California.”

REDF Website, www.redf.org

Community Resource Center

Community Resource Center (**CRC**), in San Diego, provides families in need and victims of domestic abuse with safety, stability, and a path to self-sufficiency. CRC and temporary workforce provider Manpower have partnered to provide employment opportunities for those who experience situational homelessness and other barriers to employment. Using REDF’s program design and funding for start-up operations for a social enterprise venture, CRC has launched Back To Work, a thrift store that trains, employs and supports CRC constituents, with workforce training supplied by Manpower.

REDF Website, www.redf.org

Juma Ventures

In six cities, over the past 20 years, Juma's programs have combined employment in social enterprises, college preparation, and financial asset building to create safe, supportive communities where low-income youth can achieve their dreams of a college education and career.

www.jumaventures.org

Several other successful social enterprise projects and organizations, not necessarily funded by REDF but serving various populations have been identified which warrant further investigation as to their applicability to and replication with individuals with mental illness. These include:

Interfaith Community Services

Interfaith Community Services, a social service agency in North San Diego County operates two Fairweather Lodge locations in the cities of San Marcos and Escondido. The Fairweather Lodge provides shared housing and supported part-time employment to those with the lived experience of mental illness. The program operates *Clearly Clean Janitorial and Maintenance*, a consumer-run cleaning enterprise that provides residential and commercial cleaning services in the North San Diego County region. This

business gives residents the opportunity to provide their own financial support and the dignity that comes with employment. www.interfaithservices.org

The Village, Mental Health America, Los Angeles

With a “menu” that offers a rich range of work options, The Village helps individuals choose, get and keep jobs. In-house businesses provide time-limited paying jobs and work experience. The core of this service is work in the community, casual, seasonal or for a day. The Village helps individuals locate possible jobs, helps them get hired, and coaches them on and off the work site. www.mhala.org

Homeboy Industries

Homeboy Industries serves high-risk, formerly gang-involved and formerly incarcerated men and women with a continuum of free services and programs, and operates seven social enterprises that serve as job-training sites in Los Angeles, California.

www.homeboyindustries.org

Community Housing Partnership

Community Housing Partnership’s Workforce Development Program creates a clear and defined pathway to permanent employment in the property management field for homeless individuals. Through a Learning Academy and Social Enterprise, CHP helps place and retain workers throughout San Francisco. www.chp-sf.org

These are a few of the multiple examples of successful Social Enterprise models which are working to radically change perceptions regarding employment barriers and challenges that have historically stood in the way of swaths of society becoming active, working citizens. The foundation of this plan shares that same platform, that with the right opportunities and support, everyone is capable of working. Combined, these models all become part of a robust and responsive system that focuses on multiple venues for increasing employment for individuals with lived experience of mental illness.

Best Practices in Recovery: Addressing Stigma

People with lived experience of mental illness and mental health practitioners alike highlight the critical contribution of employment to successful recovery. Individuals with mental illness express a high degree of interest in obtaining and maintaining work, however, unemployment rates amongst people with mental illness is often high, a result of the degree of stigma faced by individuals seeking employment. Stigma in employment/the workplace is cited as one of the

places that people with mental illness most commonly face discrimination. One in three people with mental illness reporting being turned down from hiring once their mental illness became known (and in some cases, job offers were rescinded). Employers are more likely to hire someone with a physical disability, and, while a violation of the Americans with Disability Act, employers report reluctance in hiring people with a history of mental illness or who are undergoing treatment for depression.

It is important to note that the decision to disclose any personal information is a highly individual decision, and while disclosure of a mental illness may provide an opportunity to request reasonable accommodations, most people indicate that they strongly prefer not to disclose information regarding mental illness when applying for work/in the workplace. This common experience of stigma and discrimination highlights the critical importance of planning to address stigma in any employment related initiatives for people with lived experience of mental illness. There are several successful examples of anti-stigma campaigns in the US and internationally that aim to create a broader understanding of mental illness while reducing barriers to housing, employment and services, while fostering an environment that is conducive to wellness and recovery.

- It's Up to Us: <http://www.up2sd.org/>
- Housing Matters: <http://housingmatterssd.org/>
- Open Minds Open Doors:
<http://www.openmindsopendoors.com/employment/index.htm>
- Mental Health Works: <http://www.mentalhealthworks.ca/>
- Bring Change to Mind: <http://bringchange2mind.org/>
- Social Entrepreneurship in Mental Health: <https://www.porticonetwork.ca/web/semh>
- Empowermental: www.wiseemployment.com/au/en/community/empowermental

This plan intends to build upon some of the successful strategies and best practices implemented within these anti-stigma initiatives and outlines key goals and strategies to address stigma and counter discrimination in the workplace.

Chapter 4: Needs Analysis

Data for this Strategic Employment Plan was gathered through multiple channels, including face-to-face meetings, online research, stakeholder input, focus groups, and written surveys.

Focus Groups

As part of this strategic planning process, during May and June 2014, a total of six focus groups were held to gather input from major stakeholders and took place at the following locations: The Meeting Place Clubhouse (5/1), Mental Health System's San Diego Supported Employment program (5/7), the East Corner Clubhouse (5/8), the OASIS Clubhouse-Transition Age Youth focus (5/9), Recovery Innovations (5/28) and the San Diego Workforce Partnership (6/26). Attendees included those with the lived experience of mental illness, employment specialists working within behavioral health programs, staff from the County Behavioral Health Services division, and business representatives. Focus group invitations went to a wide array of potential attendees. As well, the Clubhouses were helpful in inviting members who were currently working or actively seeking employment. Below are highlighted quotes from focus group participants.

"One thing that I have noticed is the elevation of our client's quality of life and self-esteem. It has greatly improved and we see him coming around to the clubhouse with a big smile on his face. This then translates to his increased motivation to do things within the clubhouse. Work has definitely increased his level of functioning and improved his recovery immensely."

—San Diego Employment Solutions Focus Group Participant

"The most important thing, don't make the employment process take so long. I am 43 and I want to get back to work because I want to retire in time. Speed it up."

-Meeting Place Focus Group Participant

"You know that feeling you get on a Friday? Not every time, but I get that feeling after a few hours of work. Where after work, now I can go home and take care of the things at home, but I got something accomplished. I felt needed."

-Meeting Place Focus Group Participant

Gap Analysis and Resources

Throughout the stakeholder meeting process there were multiple opportunities for the groups to identify gaps in the system of creating employment opportunities for individuals with lived experience. When asked the specific question, “What are the gaps in bringing supported employment to people with serious mental illness?” the general themes that surfaced have been distilled into several broad categories below:

Behavioral Health Provider System Cohesion

There was indication that, in general, Supported Employment services offered in the behavioral health system of care in San Diego are perceived as fragmented, lacking in cohesion or clear pathways to achieve employment related goals and outcomes for individuals living with mental illness. It was noted that there is a lack of client knowledge regarding who employment service providers are and/or how to identify or locate the resources and services offered. It was suggested that there is the need for generating conversations with clients seeking employment and more clarity regarding the options accessible to them within the mental health system of care. It was shared that there seem to be few services providers who are well versed in the Supported Employment model, which indicates a need for organizational capacity building through staff training and education on the model. An overall lack of resources regarding SE funding for programs was also identified as a gap.

Increased Employment Opportunities

Another gap identified by stakeholder groups was a lack of meaningful, competitive positions available to those living with mental illness. This could be due to multiple factors, including a lack of collaboration between businesses and service providers, the weakened economy as a result of the recession, a mismatch between job seekers skills and needs of the employer, and/or stigma faced by job seekers. Beyond the overall lack of jobs, it was indicated that there is a need for more intensive “on the job” support for individuals living with mental illness.

Mental Illness and Stigma

Mental illness stigma in the workplace was identified at every stakeholder meeting held. There were recommendations to create a community marketing campaign (building on the success of the County’s *It’s Up 2 Us San Diego*) to directly address stigma faced by those living with mental illness, particularly in the workplace. The goal is to de-stigmatize mental illness among employers and address the importance of employment as a tool for recovery. One suggestion was to utilize prominent people who are living and working with mental illness.



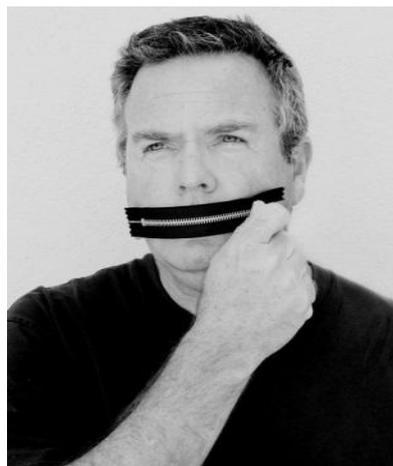
“I have been doing sports since a young age as an outlet for freedom and a release from frustration. When doing sports, my mind is free and relaxed. My main outlets are the ocean and the soccer field. While playing soccer or body boarding, my mind is at peace and I am in a completely different world, which makes me feel better. In this world I do not worry about what others think, who is judging me or why I am being judged. I am the only one that matters in this athletic world. I have bipolar disorder and I am an athlete.”

Daniel Schwartz



“Since learning and studying have been my two favorite things, teaching would be my second favorite thing. I’ve taught many subjects in life, health, and earth sciences to middle school students... I became bilingual and taught Spanish and English to all ages. Now I’m retired, but still teaching. I’m learning to be a dog trainer. It’s interesting how many of my skills and abilities can be used with a different species. I’m also facilitating and team teaching workshop to women in Las Colinas Women’s Detention Center. Teaching and learning make me ecstatically happy. I have bipolar disorder and I’m a teacher.”

Earth Clemons



“I work as a kennel technician taking care of dogs at a pet resort. It’s a fast paced, demanding job, but I enjoy my work. The dogs are happy to see me and that often cheers me up. I feel good about myself when I can take care of others. It gives my life a purpose and takes my mind off of other matters. Working gives me a feeling of accomplishment. I have major depression and I’m a great employee.”

Mark Jeffrey

Photos Courtesy of The Meeting Place Clubhouse

To illustrate the power of stigma for those with lived experience, we included these recent Clubhouse photographs. The photos on the preceding pages were taken of The Meeting Place Clubhouse members and reveal their personal experiences, in their own words, with stigma and the triumphs of recovering from mental illness. These were part of an art exhibition addressing stigma that The Meeting Place, a contracted program of the County of San Diego Behavioral Health Services Division, held in 2013.

Employer Outreach and Education

It was noted multiple times that there is a general lack of outreach to employers around the issue of hiring individuals with the lived experience of mental illness. General employer outreach and education was suggested around the following topics:

- What are some of the skills possessed by people with mental illness?
- What is the cost/benefit of hiring someone with mental illness?
- How can we identify employers that are supportive of hiring people with mental illness?
- What are the incentives for employers to hire individuals with serious mental illness?
and
- How to address a lack of employment experience in candidates with mental illness.

Enhancing Employment Resources

In general, a lack of resources, particularly related to funding and services for an integrated approach to mental health, and employment services was identified as a potential gap in the overall system.



Chapter 5: Opportunities for Collaboration

Supportive Services

Throughout the process of gathering stakeholder input for *The Plan*, there has been agreement regarding the need for a more coordinated and cohesive approach to the provision of employment services for those with the lived experience of mental illness. While we witness a rich array of services and resources available to individuals in San Diego, including a variety of employment services, there is untapped opportunity for increased collaboration among behavioral health providers, employment and support services programs, as well as business and industry. The main goal of bringing the employment, workforce development and mental health sectors together is to increase the shared understanding of the importance of employment as part of a long-term recovery strategy for those with lived experience and to address the issue of stigma around mental illness within the workplace.

With a shift toward consumer-centered and peer-focused supportive services for those with the lived experience of mental illness, the goal is to change and transform the behavioral health system to include an array of supported employment opportunities in the delivery of care. This involves a peer-inclusive focus on multi-systems change. Some of the best examples of these types of collaborative efforts are found at Recovery Innovations (RI) and National Alliance on Mental Illness (NAMI) San Diego. Both RI and NAMI are working within a systems change framework by promoting the training and skill-building of peers with lived experience to enhance their recovery through increasing their presence in the workforce.

Recovery Innovations

As described more fully in Chapter 2, Recovery Innovations, a peer-run non-profit in San Diego, has as its mission to create opportunities and environments that empower people to recover, to succeed in accomplishing their goals, and to reconnect to themselves with others, and a purpose in life. The core values embodied through RI work are hope, empowerment, personal responsibility, wellness, community focus and connectedness. www.recoveryinnovations.org

National Association of Mental Illness

As described in Chapter 2, the NAMI San Diego is a leading non-profit organization providing education, support services, and advocacy to improve the quality of life of everyone affected by mental illnesses. The San Diego chapter has a multiple programs addressing all aspects of living with a diagnosed mental health disorder. www.namisandiego.org.

Employment focused supports and services need to take into account a range of factors when designing, implementing, and operating programs. Providers must be skilled in offering culturally competent programs while also having expertise in responding to the specific needs of special populations. This next section draws out some of the key considerations that must be taken into account when planning employment programs:

Cultural Competency

In light of the overall high level of societal discomfort around the topic of mental illness, there is an important need for a high degree of cultural competency in employment related programs and services as well as stigma reduction initiatives, particularly as they relate to the employment of persons with the lived experience of mental illness. According to the University of Pennsylvania Collaborative on Community Integration, cultural competence is defined as “the ability to relate effectively to individuals from various groups and backgrounds.” Culturally competent services respond to the unique needs of members of minority populations and are sensitive to the ways in which people with disabilities might experience the world. Cultural competency should be a guiding principle, so that services are sensitive and appropriate to the individual. The larger dimensions of cultural competency include race, ethnicity, language, sexual orientation gender, age, disability, socioeconomic status, education and religious orientation. Within both behavioral health service organizations and competitive businesses and industries, there is a tremendous need to change the beliefs about and expectations of people who are living with mental illness and participating in the workforce. Without full and systematic change in this regard, from top to bottom, capable people will continue to be left behind and the workplace will continue to lose out on the opportunity to employ valuable and skilled people.

Businesses need to show further competency through learning how to embrace the unique culture of those living with mental illness. Understanding differences helps individuals learn how to get along and diversity in the workforce is a worthwhile investment for business.

Special Populations

Within the broader issue of cultural competency, further focus on special populations, such as communities of color, LGBT, transition aged youth and older adult, is needed. Many of these populations experiencing mental illness underutilize mental health services and may be more likely to delay treatment, due to a lack of understanding about their particular “community” and stigma about mental illness. Furthermore, people experiencing high degrees of stigma may be at more acute stages of illness when they do decide to seek care, which may makes recovery more difficult. Special populations are more likely to experience other factors, including racism, discrimination, poverty or violence, which may exacerbate their mental health status. There is

also continued need for sensitivity regarding older adults and issues around “aging out” of the job market while they are still willing to continue working, as well as an understanding of discrimination around a person’s sexual orientation and the negative impact that can have on mental health. Finally, Transition Age Youth (TAY) generally have higher rates of employment and participation in higher education, greatly assisting in their path to recovery. High quality TAY serving organizations and programs embrace youth culture and provide focused employment supports and services. It is important to note that San Diego’s TAY MHSA programs regularly demonstrate stronger outcomes for youth than the state average.¹⁴

Mental and Physical Health Parity

For reduction of stigma and barriers to employment for individuals with mental illness, mental health needs to be considered on par with physical health problems. Traditionally, health insurance plans treated mental health differently than physical health disorders, and as a result costs were higher and care was sporadic, low quality or non-existent. Legislation and regulations within the past decade have attempted to bridge the gap between the two. The 2010 Affordable Care Act is providing additional access to behavioral health care, as a covered benefit, which will translate to better mental health care, received earlier. Within this concept of parity, there is the idea that attitudes and beliefs about mental health, both within and outside of the workplace, are in need of a significant overhaul. Greater levels of empathy and understanding about people’s capabilities are needed.

Developmental Disabilities

There is much to be learned from the experiences of those living with developmental disabilities and the shift toward a more inclusive model of employment for them over the past 15 to 20 years. As with mental illness, many individuals with developmental or intellectual disabilities are significantly under-represented in the workforce, but through a significant paradigm shift, organizations are more readily recognizing the potential of individuals with disability to make a positive contribution to workplace productivity, culture, diversity, and ultimately the fiscal bottom-line. With the right supports in place, for both the individuals and employers, those with disabilities can find meaningful jobs and remain employed for significant amounts of time. Those who are living with disabilities have the ability to learn and advance in their jobs, and workplaces should reflect the demographic makeup of the people who live in the community. The July 2014 passage of the Workforce Innovations and Opportunities Act

¹⁴ *California’s Mental Health Services Act— Statewide Evaluation: Priority Indicators Trends Report*

(WIOA) will provide multiple opportunities to mandate that workplaces are more inclusive of those with differing abilities.

Co-Occurring Disorders

Many individuals who have mental illnesses also suffer from Co-occurring Disorders (the combination of mental health and substance use disorders), which can make securing employment twice as difficult. Within the Alcohol and Other Drug treatment system, there has been a traditional focus on training and certifying those in recovery to become drug and alcohol counselors. Individuals who obtain this type of certification are anticipated to have cultivated their job skills enough to secure meaningful employment.

Veterans and Employment

Many returning veterans are dealing with some level of mental health issues, including post traumatic stress disorder (PTSD), or issues of depression related to coping with their post-service physical health, which might include disfigurement, traumatic brain injury, amputation, or other issues. While *The Plan* does not single out veterans as a specific sub-population, we are acutely aware of the additional needs that veterans have to secure gainful employment. Some of the issues returning veterans face have a mental health component, including difficulty identifying skills that are translatable from service to civilian life, or the anguish of loss of mobility or function due to injuries. Many San Diego social service providers address issues that veterans seeking employment face including the VA WAVE clinic, ReBoot, Veterans Village of San Diego and others. The issue of stigma for veterans remains, as do the realities of the experience of mental illness. Cooperation with and linkages to Veterans Affairs (VA) services and a wide array of treatment and service modalities are tantamount the wellness and recovery of veterans suffering from mental illness.

Transportation as a Significant Barrier

As part of assisting individuals with disabilities with securing employment, many social service providers offer assistance with transportation options to and from work. Transportation can be a difficult barrier, as public transportation options in San Diego are limited. Some individuals living with serious mental illness do not drive or may not have access to their own or other vehicles to use. Jobs tend to be clustered in urban areas that can be difficult for everyone to access. For those who are low-income and dependent on public transportation it may take an unreasonable amount of time to get and from their jobs. While there is no easy answer to this issue, there is a growing shift toward “transit oriented development” as a tool to increase access to jobs. Additional emphasis needs to be placed on increasing jobs that low-income, transit-dependent populations (i.e. those who are living with serious mental illness) are able to access via public transportation. This might involve incentivizing major employers to locate

near transit hubs, increasing affordable housing near transit stops, and continuing to improve infrastructure for pedestrians around these stops to get riders safely to and from stations. Current options exist through providing gas cards, monthly transit passes, ride sharing opportunities, and helping consumers toward obtaining their own transportation.

Coordinating Benefits and Employment

One topic that surfaced throughout gathering data for *The Plan* was continued benefits for those who have gone back to work. This presents itself as a real barrier to individuals who are contemplating a return to the workplace. There is the sense that individuals don't want to trade the "security" of receiving benefits for the unknown reality of having a job. There is tremendous opportunity in this area to dispel incorrect information and to link individuals to accurate information. One of the most comprehensive websites to directly address disability benefits and employment is Disability Benefits 101 (DB101). This site helps workers, job seekers, and service providers understand the connection between work and benefits, that the disability experience of mental illness is different for each individual, and that benefits affect their experience. By using the planning tools, individuals who suffer from mental illness can take control of finding programs and jobs that meet their needs and shared information helps everyone understand how programs interact. DB101 uses simple language to bring together health coverage, benefits, and employment rules all in one place. The site provides calculators to use for planning, can help with transitions to and from working, and has experts available to respond to questions. Accurate information is provided when planning employment, when new employment starts, when someone changes jobs, gets a raise, or if someone uses several benefits to support employment. www.DB101.org

Disability Benefits

Multiple programs in San Diego provide people with mental illness assistance in accessing benefits. One is a comprehensive peer run program offered at Clubhouses across the County. A second example is Homeless Outreach Programs for Entitlement (HOPE) San Diego, which is led by Father Joe's Villages in conjunction with CSH. HOPE focuses on increasing rapid access to SSI/SSDI for people who are homeless or at risk of homelessness, helping them secure income and benefits in a timely fashion.

Benefits of Employment

Most of the conversations regarding employment and benefits focus on the individual who is receiving government disability benefits (SSI, SSDI). One of the identified shifts would be to re-focus the conversation **to** the benefits **of** working, and moving away from benefits received

instead of working. Key benefits to being employed include confidence, validation, a sense of achievement, opportunity to learn, grow and expand, the ability to create meaning in one's life, the ability to generate income, self-sufficiency, increased capacity for self-worth and motivation, and an overall increase in the quality of life and happiness.

Training, Education and Apprenticeships

While the Supported Employment model is ideal for rapid employment of adults with serious mental illness, many individuals can benefit from additional training to ensure their skills are relevant to the current labor market. In his book, "The Coming Jobs War," Jim Clifton reveals what people want most; "A Good Job." "Good" jobs are those that pay well and offer at least 30 hours of work per week, and work to strengthen families, communities and promote recovery. Training as an accompaniment to entering a job search and employment may lead to more effective outcomes. Common training models include classroom training, on-the-job training, employer based customized training, and apprenticeship training. Through San Diego's workforce delivery system, the most common avenue for accessing and funding training is through the *America's Job Centers of California* (AJCCs -formerly known as One-Stop Career Centers). Within the AJCCs, training may be funded with Workforce Investment Act (**WIA**) dollars through the Four Pillars of Training - Individual Training Account (ITA), Customized Training, On-the-Job Training, or Contracted Training. Training programs must be directly linked to demand occupations in San Diego and lead to employment wages of at least \$11.58 per hour (for jobs without paid health insurance) and at least \$10.00 per hour (for those with health insurance). The hourly wages can change according to local economic conditions.

Training services available through the AJCC workforce delivery system include:

- Occupational skills training, in a local demand occupation, including training for non-traditional employment,
- On-the-Job Training (OJT),
- Programs combining workplace training with related instruction, including cooperative education programs,
- Training programs provided by the private sector,
- Skill upgrading and retraining,
- Entrepreneurial training,
- Job readiness training,
- Adult education and literacy activities provided in combination with other services,
- Customized training conducted with a commitment by a business to employ an individual or group of individuals upon successful completion of the training, and
- Paid work experience.

Individual Training Accounts

An Individual Training Account (**ITA**) is designed to provide services to clients who are in need of training that prepares them for employment in in-demand occupations in San Diego. Clients may access services through training providers who have met eligibility requirements set by the state, in order to be listed on the state-managed Eligible Training Provider List. The needs of each training participant should be determined based on individual assessment and as documented in an Individual Employment Plan. ITAs can provide individual enrollees the maximum customer choice in services and in training schools and the flexibility needed to provide training services in the high demand occupations of a changing economy.

Customized Training

The Workforce Investment Act (**WIA**) specifies that local WIA training funds can be used for Customized Training (**CT**), which is a viable option in addressing the unique training needs of the business community. When local businesses are unable to secure skilled workers, who are trained to meet their specific needs, businesses can utilize customized training to receive assistance. CT is provided based on a specific training curriculum and “customized” to the particular worker skill needs of the business or group of businesses. CT is similar to ITAs, which target clients who are in need of training and prepares them for employment in demand occupations in San Diego. However, unlike ITAs, CT is not driven by customer choice, it is business driven. The business initiates the training, selects the training provider, and chooses the trainees. The needs of each participant are outlined through an individual assessment. Regulations require the following terms in establishing Customized Training:

- The training must be business driven by one or a group of businesses,
- The training must be in an in demand occupation for the local region,
- The businesses must make a commitment to hire the trainees upon successful completion of the training, and
- The businesses must pay a minimum of 50% of the training cost.

On-the-Job Training

The WIA defines On-the-Job Training (**OJT**) as “training by an employer that is provided to a paid participant while engaged in productive work in a job that:

- Provides knowledge or skills essential to the full and adequate performance of the job;
- Provides reimbursement to the employer up to 50% of the wage rate of the participant for the extraordinary costs of training and additional supervision related to the training.”

OJT focuses on placing participants in jobs where businesses pay the wages. The needs of each participant are determined based on individual assessment and documented in the IEP. Businesses are reimbursed part of their cost to train a new employee. San Diego Workforce Partnership only funds contracted programs for OJT if the service is an integral part of their training package. All OJT must comply with the anti-displacement provisions and other requirements contained in WIA and other laws. OJT is a great strategy to incentivize employers to hire those who they may not have otherwise considered. It builds the relationship between the employee and the employer and thus permanently attaches the employee to the workforce. Employers agree to retain those who successfully complete their OJT. OJT is a viable training option for participants who perform better with a hands-on training experience than with a traditional classroom setting.

Contracted Training

Training contracts may be issued for special populations with serious barriers to employment, or for special conditions or funding sources in a local area. A referral system to these types of programs is required in all Career Centers. Under WIA, the LWIB has the flexibility to provide contracted training to special population groups who face multiple barriers. Contracted training may also be provided under special grants and projects. Contracted training programs offer training services to equip individuals to enter the workforce and to retain employment. Training services offered through contracted programs may include:

- ***Skills training*** in basic education, occupational skills, and Work Readiness and Classroom, Pre-Apprenticeship, on-the-job, skills competencies, and work experience
- ***Work Readiness Skills Training*** provides pre-requisite skills (i.e. interviewing, resume preparation, interpersonal skills) needed for any job.
- ***Basic Education Skills Training*** provides instruction to ensure that participants' basic skills are at the level required for employment in a designated training occupation. Basic education skill competencies include, but are not limited to, reading comprehension, math computation, written and oral communication, analytical thinking, English-as-a-Second Language, and computer literacy.
- ***Occupational Skills Training*** provides technical skills required for the workplace in individuals' selected/designated employment occupation, as well as responds to local economic conditions and workforce needs. Training methods may include:
- ***Classroom Training*** focuses on teaching occupational skills that are consistent with participants' career goals as documented on their IEP. Classroom training must

include activities that are linked to the workplace such as job shadowing, field trips, and internships.

- ***Pre-Apprenticeship Training*** focuses on providing the basic skills needed to meet the eligibility requirements for entry into registered apprenticeship programs. It is operated in coordination with local trade or craft unions. Development of training curricula must include input from local trade organization representatives.
- ***On the Job Training*** focuses on placing participants in jobs where businesses pay the wages. OJTs are designed to help businesses hire and train persons who do not have sufficient experience in or knowledge of the jobs for which they are being hired.
- ***Skill Competencies*** provides training activities that are competency-based and include measures of increased competencies. Contracted programs must incorporate competencies related to the skills required to gain and retain employment in industry clusters identified as having opportunities for career advancement. Contracted programs must incorporate skill areas identified by San Diego regional businesses and the San Diego Workforce Partnership as necessary for all entry-level employees, across all industries.
- ***Work Experience Training*** is a planned, structured learning experience that takes place in a workplace for a limited period of time. Work experience provides an opportunity for entrants in the workforce to acquire, through close supervision, an appreciation of workplace norms that may include self-discipline, relating to others, attendance and accountability, understanding compensation and learning to appreciate and meet employers' reasonable expectations.

Apprenticeship Training

In California, the Department of Industrial Relations, Division of Apprenticeship Standards has oversight of apprenticeship programs registered within the state. Registered apprenticeship is a formalized, structured training program combining on-the-job learning and related technical instruction in which paid employees receive practical and technical training in a highly skilled occupation. Registered apprenticeship is industry-driven career training. Industry determines the skills that are essential to sustain a quality workforce. San Diego Workforce Partnership includes apprenticeship training as its own pillar of training. Training must be directly linked to in-demand occupations in priority industry sectors in San Diego County. Apprentices are accepted by a "Program Sponsor" normally the employer, who helps to coordinate the required classroom and on-the-job training portions of the apprenticeship training.

Business and Employer Engagement

Leadership is one of the keys to business engagement. Businesses are *in business* to impact their bottom line, not necessarily to take on the role of “employer.” Conversely, the workforce development system looks to business to “employ” their participants. The key to any great business engagement strategy is to unlock the needs of business, then design services and develop products the business will “purchase” from the system.

The San Diego Workforce Partnership, in partnership with the San Diego and Imperial Counties Community College Association, is conducting a series of joint labor market studies of each priority industry sector. These studies are designed to inform the system of the current labor market conditions of and future trends/needs of these industries. The California Community Colleges have initiated “*Doing What Matters for Jobs and the Economy*” which is a framework to respond to the national, state, and local call to close the skills gap. The four components are:

1. Give priority for jobs and the economy,
2. Make room for jobs and the economy,
3. Promote student success, and
4. Innovate for jobs and the economy

SDWP and the Community College Association are engaging business advisory councils for each of the joint labor market studies. These advisory councils will focus on the specific skills, knowledge, and abilities employers expect of their employees, which will be used to inform the educational system’s development of courses specific to these identified needs.

Future strategies for employer engagement will include working with the *Work Well Committee* to expand on the relationships built with the advisory councils in each specific industry. Employers will be invited to participate in activities such as employer socials, job clubs, employer panel presentations, employment/career fairs, and customized recruitment.

- ***Employer Socials***, as established by SDWP, engage healthcare employers and Health Profession Opportunity Grant participants in a pressure-free, neutral setting. These events were designed to assist Temporary Assistance for Needy Families recipients and other low-income individuals to meet employers outside of an interview. The socials, attended by job seekers and an employer panel, are designed to remove the anxiety from the process. Employers discuss what they look for in hiring and job seekers are able to ask questions. Job seekers attending do not need to be actively seeking employment, and may still be in training. However, employer socials may eventually lead to interviews and job offers.

- **Job Clubs** are similar to employer socials, but are more formal. Employers who attend job club events have specific job openings and are presenting to job seekers who are actively seeking employment. Job clubs are fantastic venues for an initial employer meet and greet and often lead to future interview opportunities.
- **Employer panel presentations** engage employers in workforce summit or a focus group setting where there is no pressure to consider hiring or interviewing those who are in attendance. Engaging with employers to share their expertise helps to develop relationships, which is one of the most effective strategies to increase engagement. Employers who have positive working relationships with business and employment services staff are likely to seek out their services first when they have job openings.
- **Employment and career fairs** should be seen as a purely business service activities. These events are typically held with ten or more employers that are focused on specific hiring needs. Business services staff prepare their participants to speak with employers in this busy setting where the employer could potentially be meeting hundreds of job seekers. Direct hires normally do not occur and should not be expected from these types of events. They are best used to engage the employer and give job seekers a chance to practice presenting themselves in a professional manner.
- **Customized recruitments** are another successful type of employer engagement strategy. These events work best with employers where a relationship has already begun. The business services staff gains an understanding of the businesses hiring needs and pre-screens and prepares potential candidates who meet those needs. Customized recruitment event will be scheduled for the employer, where they will interview those who were pre-screened and scheduled to attend. Customized recruitments require intensive staff time dedicated event preparation, but the return on investment is normally higher than seen with other types of employer engagement strategies.

Each of these employer engagement strategies will be modified to meet the needs of clients with lived experience of mental illness and will be a key component of the scopes of work and implementation plans for the 2014/2015 program year and beyond.

Chapter 6: Strategic Employment Five Year Goals and Strategies

This San Diego Behavioral Health Five-Year Strategic Employment Plan identifies the following five year goals in seeking to increase employment opportunities for people with lived experience of mental illness. The six identified goals are to:

1. Increase opportunities for employment, income, length of employment and job retention for people with the lived experience of mental illness as an outcome.
2. Increase awareness of mental illness and address related stigma within the workplace and community.
3. Increase and develop relationships with employers, businesses, and the entrepreneurial sector.
4. Identify and increase funding opportunities for employment, business, social enterprise-related initiatives and programs for people with lived experience of mental illness
5. Streamline navigation systems for people with serious mental illness regarding employment and supportive services and
6. Improve data collection, analysis and reporting capacity of service providers regarding increase employment for people with lived experience of mental illness.



*“It seems to me that it is
the basic right of any
human being to work.”
~ Eleanor Roosevelt*



Goal 1 Increase opportunities for employment, income, length of employment and job retention for people with the lived experience of mental illness

- Strategies**
- I. Promote the concept and implementation of subsidized employment as an incentive to employers to hire employees with the lived experience of mental illness
 - II. Increase Peer Support Employment Specialists (PSES) in all employment programs
 - III. Enhance the capacity of service providers, employers, and mental health consumers through on-going structured trainings and convenings.

Goal 2 Increase Awareness of Mental Illness and Related Stigma within the Workplace and Community

- Strategies**
- I. Utilize social marketing to address stigma in the workplace and community.
 - II. Create and enhance relationships with employers, businesses and social enterprise.
 - III. Enhance the capacity of employers, business leaders, service providers and community partners to implement best practices in employment for people with lived experience of mental illness, through shared information on:
 - a. Supporting employees with mental illness
 - b. Addressing stigma in the workplace
 - c. Increasing understanding of employment as fundamental to recovery
 - IV. Design and establish an awards program highlighting leadership in addressing stigma faced by people with mental illness seeking employment.

Goal 3 Increase and Enhance Relationships with Employers, Businesses, and the Social Enterprise Sectors

- Strategies**
- I. Obtain commitments from known community leaders to communicate key message about the importance of mental health in the workplace
 - II. Establish Behavioral Health Services as a fundamental partner in employer and business networks around the San Diego region.
 - III. Align with businesses that have foundations, as well as those that promote community involvement and/or social responsibility efforts.

Goal 4 Identify and increase funding opportunities for employment, business, social enterprise-related initiatives and programs for people with Lived experience of mental illness

- Strategies**
- I. Build partnerships with key stakeholders in the employment fields, maximizing access to employment opportunities and social enterprise in San Diego region
 - II. Identify and track all employment, business, and social enterprise funding opportunities to ensure San Diego pursues all possible resources

Goal 5 Streamline Systems for People with Lived Experience of Mental Illness regarding Employment and Supportive Services

- Strategies**
- I. Include employment, housing and recovery as key goals in all BHS programs, including activity and outcome measures within scopes of work. Enhance and expand the implementation of Supported Employment, Transitional Employment, and other evidence-based and evidence-informed models within multiple BHS programs.
 - II. Create a system that is easily navigable by consumers, employers and service providers
 - III. Establish a regional resource network for behavioral health service providers, business, social enterprises and community supporters, including an online hub for informational resources.
 - IV. Shorten the time between job search and enhance capacity of service providers and individuals in navigating the impact of employment on benefits employment.

Goal 6 Improve Data Collection, Analysis and Reporting Capacity of Service Providers Regarding Increased Employment for People with Lived Experience of Mental Illness

- Strategies**
- I. Identify and adopt best practices for collaborative data collection and analysis among multiple employment and social service providers working with people living with serious mental illness.
 - II. Engage key stakeholder group in creating an annual implementation plan.
 - III. Engage key stakeholders in regular communication regarding successes and challenges

Chapter 7: Annual Implementation Plan and Update

This Supported Employment Plan is designed to map out key goals and strategies over the next five years in order to maximize employment opportunities for people with mental illness in San Diego. An annual implementation plan will be developed through the Employment Collaborative group which will identify the specific annual priorities and activities in any given fiscal year. Work groups will be identified to carry out work on goals and objectives. The BHS Employment Collaborative will also focus on data collection and evaluation, summarizing progress against the plan in an annual report. Finally, San Diego Behavioral Health Services Administration will review and evaluate the Strategic Employment Plan and the year's accomplishments at the end of each fiscal year.

Measuring Success: Data Collection and Evaluation

In order to determine the success of any systems change regarding increased employment for those with the lived experience of mental illness, there is the identified need for collecting common data points and refining the key measures which are needed to demonstrate the success of employment programs and their implementation. Some of these common data points to be identified might include, but not be limited to:

- an increase in the number of individuals employed;
- a decrease in the time from initial engagement to actual employment;
- an increase in the length of employment;
- an increase in earned wages as a result of employment;
- an increase in the percentage of staff trained in evidence based (or evidence informed) employment models and practices; and
- an increase in the adoption of Evidence Based or informed practice employment models.

Funding Sources

The programs highlighted in The Plan are funded predominantly through the Mental Health Services Act or the California Department of Rehabilitation. However, there are many other potential funding resources that should be explored in order to increase incoming resources for the enhancement and/or expansion of future employment efforts in San Diego's behavioral health community. These include, but are not limited to, Temporary Assistance for Needy Families (TANF), Community Services Block Grants, Department of Labor, Workforce Investment Act dollars, State Employment Development Department, Ticket to Work, Housing

and Urban Development, Community Development Block Grants, private foundation grants, corporate grants, micro-lending enterprises, and social enterprise capital investments. There is a table of potential funding sources in Appendix F.

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Working to End Homelessness: National community of Practice Directory; National Transitional Jobs Network (Heartland Alliance for Human Needs & Human Rights); January 2012

Employment Websites

SAMHSA Supported Employment Toolkit

<http://store.samhsa.gov/product/Supported-Employment-Evidence-Based-Practices-EBP-KIT/SMA08-4365>

Dartmouth IPS Supported Employment Center (**On Line Training offered – May 2014**)

<http://sites.dartmouth.edu/ips/>

Dartmouth Fidelity Scale

<http://www.dartmouth.edu/~ips/page19/page21/files/se-fidelity-scale002c-2008.pdf>

Virginia Commonwealth University

<http://www.worksupport.com/training/webcourses/se.cfm>

Center for Practice Innovations at Columbia Psychiatry: New York State Psychiatric Institute

<http://www.practiceinnovations.org/CPIInitiatives/SupportedEmploymentIPS/tabid/188/Default.aspx>

Center for Evidence Based Practice at Case Western Reserve University

<http://www.centerforebp.case.edu/practices/se>

Oregon Supported Employment Center for Excellence

www.osece.org

Alameda County Behavioral Health Care Services

<http://www.acbhcs.org/vocational>

Appendices

Appendix A – Employment Services Inventory

Appendix B – Master Stakeholder Participant List

Appendix C – Stakeholder Meeting Notes

Appendix D - Focus Groups Notes

Appendix E – Supported Employment 25-Item Fidelity Scale

Appendix F – Employment Services Funding Resources



**San Diego County Behavioral Health Services
Supported Employment Technical
Consulting Grant
Employment Services Inventory**



Area of Focus	Organization	Address	Phone Number
North Region			
Transitional employment, job training, educational assistance, affordable housing, and drug/alcohol recovery services	Alpha Project - Vista	975 Postal Way, Vista, CA 92083	760-631-1300
Mental health services for CalWORKs recipients, including mental health assessments, co-occurring substance abuse assessment, education referrals, treatment planning, individual, group and family therapy, clinical case management, crisis intervention, medication services, peer support groups, outreach services, parenting groups, domestic violence groups, and employment readiness and support services	CalWORKs Multi-Service Center - Escondido CalWORKs Multi-Service Center - Oceanside (Both Mental Health Systems, Inc. operated)	474 W. Vermont Ave., Suite 103, Escondido, CA 92025 1919 Apple St., Ste. A & B, Oceanside, CA 92054	760-745-0281 760-439-4577
Vocational Support & Development	CalWORKs Welfare to Work - ResCare Workforce Services	463 N. Midway Dr., Suite #100A, Escondido, CA 92027 1310 Union Plaza Ct., Suite #200, Oceanside, CA 92054	760-870-1900 760-696-9600
Vocational Assistance and Support	Casa Pacifica - Community Research Foundation	321 Cassidy St., Oceanside, CA 92025	760-721-2171
Back to Work (BTW) Program - Vocational preparedness	Community Resource Center	650 Second St., Encinitas, CA 92024	760-753-8300

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Area of Focus	Organization	Address	Phone Number
Vocational Assessment Services in a recovery based model for individuals with behavioral health disorders, and Intensive, all-inclusive case management, outpatient & rehabilitation, with supported employment through the justice system	Escondido Clubhouse Strengths Based Case Management North Start ACT (All operated by Mental Health Systems, Inc.)	474 W. Vermont Ave., Escondido, CA 92025	760-432-9884
Youth Job Training Programs - Workforce development specialists for at-risk youth (work readiness training and linkages to employment)	Escondido Education Compact	220 South Broadway, Escondido, CA 92025	760-839-4515
Wraparound care services that include the following: food and basic needs, shelters and housing, family and social services, at risk youth programs, senior services, veteran assistance, addiction recovery, community connections, and employment services	Interfaith Community Services	550 W. Washington Ave., Suite. B, Escondido, CA 92025	760-489-6380
Client-Operated; Social, educational and vocational assessment services in a recovery based model for individuals with behavioral health disorders	Mariposa Clubhouse - Mental Health Systems	560 Greenbrier Dr., Suite C-E, Oceanside, CA 92054	760-439-2785
Employment services, job options, and resource referral for clients with behavioral health concerns	NAMI San Diego - North Coastal	Must call for appointment	760-722-3754
Vocational assessment services in a recovery based model for individuals with behavioral health disorders	North Costal Mental Health Systems	1701 Mission Ave., Oceanside, CA 92058	760-967-4475
Career counseling, job search assistance, Calijobs current job openings, referrals to education and training programs, apprenticeship informatin, labor market information and various career ladders, access to computers, fax machines, telephones, and copiers, general information about unemployment insurance, and workshops on topics such as resume development, job search methods, interviewing skills, skills assessments, and salary negotiations	North County Inland AJCC (America's Job Center of California) - ResCare, Inc.	463 North Midway Dr., Escondido, CA 92027	760-871-1962

Area of Focus	Organization	Address	Phone Number
Youth development, child abuse and domestic violence, mediation and fair housing, behavioral health, and employment and housing programs	North County Lifeline - Vista North County Lifeline - Oceanside	200 Michigan Ave., Vista, CA 92084 707 Oceanside Blvd., Oceanside, CA 92054	760-726-4900 760-757-0118
Career counseling, job search assistance, Calijobs current job openings, referrals to education and training programs, apprenticeship informatin, labor market information and various career ladders, access to computers, fax machines, telephones, and copiers, general information about unemployment insurance, and workshops on topics such as resume development, job search methods, interviewing skills, skills assessments, and salary negotiations	Vista Branch Vista Townsite AJCC (America's Job Center of California) North County Lifeline / ResCare Inc.	200 Michigan Ave., Vista, CA 92084	760-724-1907
Metro Region			
Adult and Youth Job Training Programs - Vocational skills training and educational advancement for youth and adults with disabilities	Able-Disabled Advocacy	4283 El Cajon Blvd., Suite 110, San Diego, CA 92105	619-231-5990
Youth Job Training Programs - Provides access to education, workforce training and support services to empower at risk youth	Access, Inc.	2618 Daniel Ave., Suite A, San Diego, CA 92111	858-560-0871
Vocational Support Services for those with mental health concerns	API Discovery Clubhouse - Alvarado Parkway Institute	5538 University Ave., San Diego, CA 92105	619-667-6176

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Area of Focus	Organization	Address	Phone Number
Vocational Support & Development	Bank of America Merrill Lynch AJCC (America's Job Center of California) Downtown Library Satellite - KRA, Corp.	330 Park Blvd., 5th Floor, San Diego, CA 92101	619-628-0300
Employment Services	CalWORKs AOD Case Management - Mental Health Systems, Inc.	4725 Mercury St., Suite 202, San Diego, CA 92111	858-715-1423
Vocational Support & Development	CalWORKs Welfare to Work - ResCare Workforce Services	1750 5th Ave., San Diego, CA 92101 3910 University Ave., Suite 300, San Diego, CA 92105	619-321-1800 619-516-1500
Supportive Employment and Education Development	Catalyst - Providence Community Services	7155 Mission Gorge Rd., San Diego, CA 92120	858-300-0460
Life skill education, short-term paid transitional employment, full-time job placement, and post placement services for those with criminal records and the most at risk populations. An emphasis on the TAY population (18-25)	Center for Employment Opportunities	1350 6th Ave., Suite 180, San Diego, CA 92101	619-684-4810
Intensive, all-inclusive case management, outpatient & rehabilitation, with supported employment through the justice system	Center Star Assertive Community Treatment (ACT) Mental Health Systems, Inc.	4283 El Cajon Blvd. #115, San Diego, CA 92105	619-521-1743

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Area of Focus	Organization	Address	Phone Number
Training and job placement for the underemployed and unemployed populations in San Diego County	Comprehensive Training Systems - City Heights Campus	5348 University Ave., Suite 201, San Diego, CA 92105	619-582-9133
Veteran-Run, peer-to-peer support program in San Diego County with employment services referral assistance	Courage to Call - Mental Health Systems, Inc.	9445 Farnham St., Suite 100, San Diego, CA 92123	619-507-0769
Employment services for homeless clients diagnosed with a serious mental illness and substance disorders	Downtown IMPACT- Community Research Foundation	995 Gateway Center Way, Suite 330, CA 92102	619-398-2156
Supported employment, integrated employment, and microenterprise programs for low-income adults with developmental disabilities	Employment and Community Options	9370 Sky Park Ct., Suite 210, San Diego, CA 92123	858-565-9870
Vocational Assessment Services in a recovery based model for individuals with behavioral health disorders	Employment Services - Mental Health Systems, Inc.	1202 Morena Blvd., Suite 201 & 202, San Diego CA 92110	619-276-8071
Vocational and Pre-Vocational Services for the homeless population in downtown with a mental health diagnosis	Episcopal Community Services of San Diego	2144 El. Cajon Blvd., San Diego, CA 92104	619-955-8217
Area of Focus	Organization	Address	Phone Number

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<p>Vocational Rehabilitation Specialist on Site for clients with a mental health diagnosis</p>	<p>Friend-To-Friend Program</p>	<p>4305 University Ave., Suite 400, San Diego, CA 92015</p>	<p>619-955-8217</p>
<p>Vocational and prevocational training</p>	<p>Gateway to Recovery - Telecare Corporation</p>	<p>3132 Jefferson St., San Diego, CA 92110</p>	<p>619-683-3100</p>
<p>Employment Assistance for clientele referrals from the regional center and the Department of Rehabilitation through their Veterans Employment Program, Community Employment Offices & Centers, Ticket to Work Program, Youth Program, and Supported Employment Program</p>	<p>Goodwill Industries of San Diego County</p>	<p>3663 Rosecrans St., San Diego, CA 92110</p>	<p>619-226-4483</p>
<p>Vocational services from employment specialists for homeless adults diagnosed with serious mental illness</p>	<p>IMPACT (Intensive Mobile Psychosocial Assertive Community Treatment) - Community Research Foundation</p>	<p>1260 Morena Blvd. #110, San Diego, CA 92110</p>	<p>619-398-0355</p>
<p>Vocational support, vocational workshops and training as a component in case management for the homeless population</p>	<p>Interfaith Shelter Network</p>	<p>3530 Camino del Rio North, Suite 301, San Diego, CA 92108</p>	<p>619-702-5399</p>

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Area of Focus	Organization	Address	Phone Number
Refugee support through resettlement programs, immigration and citizenship services, youth programs, volunteer opportunities, food and farming programs, the center for financial opportunity, and vocational support, development, and employment services	International Rescue Committee	5348 University Ave., Suite #205, San Diego, CA 92105	619-641-7510
Career workshops and financial education classes, professional job search services	Jewish Family Service - Employment & Career Services	8804 Balboa Ave., San Diego, CA 92123	858-637-3000
Education Employment Specialist available for ages 10 - 26	Kickstart - Providence Community Services	6152 Fairmount Ave., Suite 260, San Diego, CA 92120	619-481-3790
Psychosocial rehabilitation services for clients with serious mental illness, including vocational transitioning (bilingual and bicultural team across all disciplines, with an emphasis on the Latino population)	Maria Sardinias Center - Community Research Foundation	1465 30th St., Suite K, San Diego, CA 92154	619-428-1000
Wellness Works - workplace education designed to educate employers on mental health awareness	Mental Health America San Diego	4069 30th St., San Diego, CA 92104	619-543-0412
Vocational Assessment Services in a recovery based model for individuals with behavioral health disorders	Mental Health Systems, Inc.	10981 San Diego Mission Rd., Suite. 110 San Diego, CA 92108 4382 El Cajon Blvd. #110, San Diego, CA 92105	619-521-9569 619-977-9415

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Area of Focus	Organization	Address	Phone Number
Employment services, job options, and resource referral for clients with behavioral health concerns	NAMI San Diego - Murphey Canyon NAMI San Diego - Old Town	5095 Murphey Canyon Rd., San Diego, CA 92123 3990 Old Town Ave., San Diego, CA 92110	800-523-5933 760-722-3754
Socialization and independent living skills	NHA Friendship Clubhouse - Project Enable - Neighborhood House Association, Inc.	286 Euclid Ave., Suite 104, San Diego, CA 92114	619-263-6269
ACT services including mental health services, case management, housing services, transitional employment and education service, and substance abuse treatment	Oasis Clubhouse - Providence Community Services - Catalyst Program	3635 Ruffin Rd., Suite 100, CA San Diego	858-300-0460
Short-term training, variety of customized and On the Job training programs for in-demand industries (Connection 2 Work), assistance with creating a resume and cover letter, career explorations and effective job search, resources and strategies for developing a career plan, interviewing techniques, assistance seeking out compatible externship programs and full time jobs, contacting OTS network of referrals, and providing guidance in making successful career transitions for all their eligible graduates	Occupational Training Services	6160 Mission Gorge Rd., Suite 204, San Diego, CA 921020	619-876-4224
Vocational and educational services	PROPS San Diego - Telecare Corporation	1675 Morena Blvd., Suite 100, San Diego, CA 92110	619-275-8000
Educational courses such as the Wellness Recovery Action Plan (WRAP), Wellness and empowerment in life and living; Peer Employment Training (PET); other recovery-oriented classes	Recovery Innovations	3565 Del Rey St., Suite 202, San Diego, CA 92109	858-274-4650

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Area of Focus	Organization	Address	Phone Number
One-on-one coaching, workshops and a large database of employment, education and self-employment opportunities	San Diego California Employment Resource Center	4722 Mercury St., San Diego, CA 92111	858-279-2338
Government mortgage and foreclosure assistance, rent help from assistance programs, disability assistance, utility assistance (telephone, water, etc.), medical bill assistance, perscription drug assistance, community clinics, ental care, food assistance, free legal advice, debt help, day and child care assistance, and case managers that provide advice with employment leads, interviews, resources, and submitting job applications	San Diego Catholic Charities	349 Cedar St., San Diego, CA 92101	619-231-2828
Youth Job Training - job training programs that focus on education and work readiness for at-risk youth	San Diego County Office of Education: Juvenile Court and Community Schools	210 W. Ash St., San Diego, CA 92101	619-233-5353
Individual job placement and support to the severely mentally ill. Supportive Employment program	San Diego Employment Solutions - Mental Health Systems, Inc.	10981 San Diego Mission Rd., Suite 110, San Diego, CA 92108	619-521-9569
Youth Job Training Programs - technology training certification, work readiness, case management, life skills training, and paid work experience for at risk youth	San Diego Futures Foundation	4275 El Cajon Blvd., Suite 200, San Diego, CA 92105	619-269-1684

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Area of Focus	Organization	Address	Phone Number
<p>Career counseling, job search assistance, Calijobs current job openings, referrals to education and training programs, apprenticeship informatin, labor market information and various career ladders, access to computers, fax machines, telephones, and copiers, general information about unemployment insurance, and workshops on topics such as resume development, job search methods, interviewing skills, skills assessments, and salary negotiations</p>	<p>San Diego Metro AJCC (America's Job Center of California) - KRA Corp</p>	<p>3910 University Ave., San Diego, CA 92105</p>	<p>619-516-2249</p>
<p>Career counseling, job search assistance, Calijobs current job openings, referrals to education and training programs, apprenticeship informatin, labor market information and various career ladders, access to computers, fax machines, telephones, and copiers, general information about unemployment insurance, and workshops on topics such as resume development, job search methods, interviewing skills, skills assessments, and salary negotiations</p>	<p>San Diego South Metro AJCC (America's Job Center of California) ResCare Inc.</p>	<p>4389 Imperial Ave., San Diego, CA 92113</p>	<p>619-266-4254</p>
<p>Programs designed to prevent delinquency and school failure, end homelessness, promote mental health and addiction recovery, break the cycle of child abuse and neglect, and provide vocational support and development</p>	<p>San Diego Youth Services</p>	<p>3255 Wing St., San Diego, CA 92110</p>	<p>619-221-8600</p>
<p>Job readiness training - pre vocational assessment, and job placement support services for the most "difficult to serve" populations including at-risk youth, the homeless, recovering addicts, and former prisoners reentering the community</p>	<p>Second Chance Program</p>	<p>6145 Imperial Ave., San Diego, CA 92114</p>	<p>619-234-8888</p>
<p>Vocational services from employment specialists for homeless adults diagnosed with serious mental illness</p>	<p>Senior IMPACT - Community Research Foundation</p>	<p>928 Broadway, San Diego, CA 92101</p>	<p>619-977-3716</p>

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Area of Focus	Organization	Address	Phone Number
<p>Career counseling, job search assistance, Calijobs current job openings, referrals to education and training programs, apprenticeship informatin, labor market information and various career ladders, access to computers, fax machines, telephones, and copiers, general information about unemployment insurance, and workshops on topics such as resume development, job search methods, interviewing skills, skills assessments, and salary negotiations</p>	<p>Serra Mesa - Kearny Mesa Public Library AJCC (America's Job Centers of California) Satellite KRA</p>	<p>9005 Aero Dr., San Diego, CA 92123</p>	<p>858-715-0442</p>
<p>Career counseling, job search assistance, Calijobs current job openings, referrals to education and training programs, apprenticeship informatin, labor market information and various career ladders, access to computers, fax machines, telephones, and copiers, general information about unemployment insurance, and workshops on topics such as resume development, job search methods, interviewing skills, skills assessments, and salary negotiations</p>	<p>South Metro Grant Hill Branch AJCC (America's Job Center of California) Satellite - Center for Employment Training</p>	<p>3295 Market St., San Diego, CA 92102</p>	<p>619-233-6829</p>
<p>Professional skills training, job-seeking support, job developer on site, and specialized job training available</p>	<p>St. Vincent de Paul Village</p>	<p>1501 Imperial Ave., San Diego, CA 92102</p>	<p>619-778-0751</p>
<p>Extensive services, such as employment preparation and general vocational services designed to reduce barriers toward employment</p>	<p>Step Forward - Community Research Foundation</p>	<p>2772 Fourth Ave., San Diego, CA 92103</p>	<p>619-295-6067</p>
<p>Extensive services, such as employment preparation and general vocational services designed to reduce barriers toward employment</p>	<p>Step Forward North Central - Community Research Foundation</p>	<p>8745 Aero Dr., Unit 107, San Diego, CA 92123</p>	<p>858-384-7035</p>

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Area of Focus	Organization	Address	Phone Number
Transitional Employment services for homeless and formerly incarcerated males	Take Back the Streets (TBS) - Alpha Project Casa Raphael	3737 Fifth Ave., Suite 203, San Diego, CA 92103	619-542-1877
Services for people with disabilities through their Parent/Infant Program, Day Training Services, Production Centers, Community Living Services, Independent Living Services, Respite Services, Recreation, and Arc Community Employment Services	The Arc of San Diego	3030 Market St., San Diego, CA 92102	619-685-1175
Vocational and Pre-Vocational Training for members with a past or current history of mental illness	The Corner Clubhouse - Community Research Foundation	2864 University Ave., San Diego, CA 92104	619-683-7423
Vocational support & development, Transitional employment program for members with a past or current history of mental illness	The Meeting Place Clubhouse - Mental Health Systems, Inc.	2553 State St., San Diego, CA 92101	619-294-9582
Transitional support services and job placement assistance for the Veteran population	U.S. Department of Veterans Affairs, San Diego VA Regional Office - Vocational Rehabilitation & Employment Services	8810 Rio San Diego Dr., San Diego, CA 92108	800-827-1000
Outpatient mental health clinic with Supportive Employment services	UCSD Gifford Clinic	140 Arbor Dr., San Diego, CA 92108	619-543-6684

Area of Focus	Organization	Address	Phone Number
Employment and training services (Homeless Veterans Reintegration Program, Veterans Employment-Related Assistance Program, Programs for Iraq and Afghanistan Veterans)	Veterans Village of San Diego	4141 Pacific Highway, San Diego, CA 92110	619-393-2000
Youth Job Training Programs - job training programs that focus on education and work readiness	YMCA of San Diego County	3708 Ruffin Rd., San Diego, CA 92123	858-292-9622
East Region			
Mental health services for CalWORKs recipients, including mental health assessments, co-occurring substance abuse assessment, education and referrals, treatment planning, individual, group and family therapy, clinical case management, crisis intervention, medication services, peer support groups, outreach services, parenting groups, domestic violence groups, and employment readiness and support services	CalWORKs Multi-Service Center - East, Mental Health Systems, Inc.	900 North Cuyamaca St., Suite. 110, El Cajon, CA 92020	619-448-0420
Vocational Support & Development	CalWORKs Welfare to Work - ResCare Workforce Services	133 West Main St., Second Floor, El Cajon, CA 92020	619-270-4000
Career counseling, job search assistance, Calijobs current job openings, referrals to education and training programs, apprenticeship information, labor market information and various career ladders, access to computers, fax machines, telephones, and copiers, general information about unemployment insurance, and workshops on topics such as resume development, job search methods, interviewing skills, skills assessments, and salary negotiations	East County AJCC (America's Job Center of California) - Grossmont Union High School District	924 East Main St., El Cajon, CA 92021	619-590-3903

Area of Focus	Organization	Address	Phone Number
<p>Psychosocial rehabilitation services for clients with serious mental illness, including vocational transitioning.</p> <p>Weekly job coaching group, a supportive staff on site for clients with behavioral health concerns</p>	<p>Heartland Center - Community Research Foundation East Corner Clubhouse - Community Research Foundation</p>	<p>1060 Estes St., El Cajon, CA 92020</p>	<p>619-440-5133 619-631-0441</p>
<p>Career counseling, job search assistance, Calijobs current job openings, referrals to education and training programs, apprenticeship informatin, labor market information and various career ladders, access to computers, fax machines, telephones, and copiers, general information about unemployment insurance, and workshops on topics such as resume development, job search methods, interviewing skills, skills assessments, and salary negotiations</p>	<p>Spring Valley Library AJCC (American's Job Center of California) Satellite</p>	<p>836 Kempton St., Spring Valley, CA 91977</p>	<p>619-590-3900</p>
South Region			
<p>Career counseling, job search assistance, Calijobs current job openings, referrals to education and training programs, apprenticeship informatin, labor market information and various career ladders, access to computers, fax machines, telephones, and copiers, general information about unemployment insurance, and workshops on topics such as resume development, job search methods, interviewing skills, skills assessments, and salary negotiations</p>	<p>Bonita Sunnyside Library Branch AJCC (America's Job Center of California) Satellite, ResCare Inc.</p>	<p>4375 Bonita Rd., Bonita, CA 91902</p>	<p>619-472-6602</p>
<p>Mental health services for CalWORKs recipients, including mental health assessments, co-occurring substance abuse assessment, education referrals, treatment planning, individual, group and family therapy, clinical case management, crisis intervention, medication services, peer support groups, outreach services, parenting groups, domestic violence groups, and employment readiness and support services</p>	<p>CalWORKs Multi-Service Center - South, Mental Health Systems, Inc.</p>	<p>1105 Broadway, Ste. 207, Chula Vista, CA 91911</p>	<p>619-425-5609</p>

Area of Focus	Organization	Address	Phone Number
Vocational Support & Development	CalWORKs Welfare to Work - ResCare Workforce Services	690 Oxford St., Chula Vista, CA 91911	619-270-4100
Vocational and Pre-Vocational Training for members with a past or current history of mental illness	Casa Del Sol - Community Research Foundation	1157 30th St., San Diego, CA 92154	619-429-1937
Training and job placement for the underemployed and unemployed populations in San Diego County	Comprehensive Training Systems - Imperial Beach Campus	497 11th St., Suite 4, Imperial Beach, CA 91932	619-424-6650
Community support through affordable housing programs, partnerships with AmeriCorps, child development programs, driving under the influence education, recovery homes, MAAC community charter schools, the bridge to employment program, and STEP centers that provide comprehensive services to encourage families and individuals to achieve and sustain self-sufficiency by overcoming barriers to employment, increasing income, and promoting behaviors that lead to self-reliance. Support includes financial literacy and first-time homebuyer seminars, vocational training, education support and referrals to community resources	MAAC Project	1355 Third Ave., Chula Vista, CA 91911	619-426-3595
Youth Job Training Programs for at-risk youth and foster youth	South Bay Community Services	430 F. St., Chula Vista, CA 91910	619-420-3620

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Area of Focus	Organization	Address	Phone Number
<p>Psychosocial rehabilitation services for clients with serious mental illness, including vocational transitioning (bilingual and bicultural team across all disciplines, with an emphasis on the Latino population)</p>	<p>South Bay Guidance Wellness and Recovery Center - Community Research Foundation</p>	<p>835 3rd Ave., Suite C, Chula Vista, CA 91911</p>	<p>619-427-4661</p>
<p>Career counseling, job search assistance, Calijobs current job openings, referrals to education and training programs, apprenticeship information, labor market information and various career ladders, access to computers, fax machines, telephones, and copiers, general information about unemployment insurance, and workshops on topics such as resume development, job search methods, interviewing skills, skills assessments, and salary negotiations</p>	<p>South County AJCC (America's Job Center of California) ResCare</p>	<p>1111 Bay Blvd., Suite E, Chula Vista, CA 91911</p>	<p>619-628-0312</p>
<p>Internship opportunities and work readiness trainings for youth</p>	<p>Turning the Hearts Center</p>	<p>345 5th Ave., Chula Vista, CA 91910</p>	<p>619-691-9643</p>
<p>Vocational readiness, job placement and support for clients who qualify for Dept. of Rehab and who receive County mental health services</p>	<p>Visions - Community Research Foundation/Mental Health America</p>	<p>226 Church Ave., Chula Vista, CA 91910</p>	<p>619-420-8603</p>

 					
Supported Employment Strategic Plan Focus Group/Stakeholder Meetings Master List					
Name		Organization	Address	E-Mail	Phone Number
Aimee	Zeitz	United Way of San Diego County	4699 Murphy Canyon Road, San Diego, CA 92123	azeitz@uwsd.org	858-636-4164
Anna	D'Silva	Rescare Workforce Services	1750 5th Ave. 2nd Floor San Diego 92101	Anne.Dsilva@rescare.com	619-321-1881
Besma	Coda	Chaldean Middle Eastern Social Services	436 S. Magnolia San Diego, CA 92020	besmacoda@c-mss.org	619-631-7400 ex.14
Beth	Twamley, PhD	UCSD Gifford Clinic	140 Arbor Drive, San Diego, CA 92108	etwamley@ucsd.edu	619-543-6684
Betsy	Knight	HHSA / DHS Adult Case Manager	1250 Morena Blvd., San Diego, CA 92110	elizabeth.knight@sdcounty.ca.gov	619-584-5029
Camille	Harris	Jewish Family Service of San Diego	8804 Balboa Ave., San Diego, CA 92123	camilleh@jfssd.org	858-637-3000
Carol	Neidenberg	CCHEA - Legal Aid Society of SD	110 S. Euclid Ave., San Diego, CA 92114	CarolN@cchea.org	619-471-2612
Caroline	Olsen-Van Stone	Downtown IMPACT	995 Gateway Center Way, Suite 300. San Diego, CA 92102	CVanStone@comresearch.org	619-398-2156
Cassie	Lewis	St. Vincent de Paul Village	1501 Imperial Ave., San Diego, CA	Cassie.lewis@neighbor.org	619-645-6731
Cecily	Thornton-Stearns	BHS	3255 Camino del Rio S., San Diego, CA 92108	Cecily.Thornton-Stearns@sdcounty.ca.gov	619-563-2754
Cindy	Perry	San Diego Workforce Partnership	3910 University Ave., #400 San Diego, CA 92105	Cindy@workforce.org	619-228-2952
Daniel	Myer	PCS Catalyst	7155 Mission Gorge Road, San Diego, CA 92120	dmyer@provcorp.com	858-300-0460
Daphnye	Watson	Mental Health America San Diego	4069 30th Street, San Diego, CA 92104	dwatson@mhasd.org	619-543-0412
David	Silva	Employment Development Dept.	4389 Imperial Avenue, San Diego, CA 92113	David.Silva@edd.ca.gov	619-266-4256
Elisa	Barnett	Recovery Innovations, Inc.	3565 Del Rey St., Suite 202, San Diego, CA 92109	elisa.barnett@recoveryinnovations.org	858-766-7105
Gabriela	Halpern	Jewish Family Service of San Diego	8804 Balboa Ave., San Diego, CA 92123	gabrielah@jfssd.org	858-637-3242
Guy	Page	Downtown IMPACT	995 Gateway Center Way, Suite 300. San Diego, CA 92102	gpage@comresearch.org	619-398-2156
Jacqueline	Collins	San Diego Workforce Partnership	3910 University Ave., #400 San Diego, CA 92105	Jacqueline@workforce.org	619-288-2944

Appendix B – Master Stakeholder Participant List

Juan	Medina	Mental Health Systems, Inc.	10981 San Diego Mission Rd., Ste. 110 San Diego, CA 92108	jmedina@mhsinc.org	619-521-9569
Judi	Holder	Recovery Innovations	3565 Del Rey St., Suite 202, San Diego, CA 92109	Judi.holder@recoveryinnovations.org	858-274-4650
Julia	Samara	Telecare Gateway to Recovery	3132 Jefferson St., San Diego, CA 92110	jsamara@telecarecorp.com	619-683-3100
Julie	Eismin	County of San Diego HHS	1701 Mission Ave., Oceanside, CA 92058	Julia.eismin@sdcounty.ca.gov	619-515-6555
Kate	Rubalcava	New Haven Youth & Family Services	P.O. Box 1199 Vista, CA 92085	Krubalcava@newhavenyfs.org	760-630-4035 x437
Katie	Gil	Mental Health Systems	560 Greenbrier Dr., Ste. C-E, Oceanside, CA 92054	kgil@mhsinc.org	760-439-2785
Kay	Masaryk	Mental Health Systems, Inc.	9456 Farnham St., San Diego, CA 92123	kmasaryk@mhsinc.org	619-990-3755
LaShaune	McCottry	Telecare Gateway to Recovery	3132 Jefferson St., San Diego, CA 92110	lmccottry@telecarecorp.com	619-683-3100
Laura	Otis-Miles	Mental Health Systems	9465 Farnham St., San Diego CA 92123	Lotis@mhsinc.org	858-395-0382 (c) (o) 619-521-1743
Leslye	Lyons	Lyons Consulting	6336 Greenwich Drive, Suite D., San Diego, CA 92122	leslyelyons@gmail.com	858-623-9789
Lila	Fetherolf	Interfaith Community Services	550 W. Washington Ave., Ste. B, Escondido, CA 92025	lfetherolf@interfaithservices.org	760-489-6380 ext. 217
Liz	Kruidenier	NAMI San Diego - North County	P.O. Box 2235 Carlsbad, CA, CA 92018	lizkruidenier@gmail.com	760-722-3754
Matt	Mouer	The Arc of San Diego	3030 Market St. San Diego, CA 92102	mmouer@arc-sd.com	619-685-1175 x 225
Mario	Becerra	Mental Health Systems	10981 San Diego Mission Rd., Ste. 110 San Diego, CA 92108	mabecerra@mhsinc.org	619-521-9569
Mark	Nanzer	San Diego Workforce Partnership	3910 University Ave., #400 San Diego, CA 92105	Marknanzer@workforce.org	619-228-2950
Mary	Benson	Recovery Innovations	3565 Del Rey St., Suite 202, San Diego, CA 92109	Mary.benson@recoveryinnovations.org	858-274-4650
Melissa	DuBois	Public Consulting Group	690 Oxford Street, Chula Vista, CA 91911 133 West Main	mdubois@pcgus.com	619-270-4133
Michael	Schubert	Employment Services Manager	329 W. Grand Ave. Escondido, CA 92025	mschubert@sdgoodwill.org	760-739-0600
Nancy	Vera	YWCA of San Diego County	1012 C. Street, San Diego, CA 92101	Nvera@ywcasandiego.org	619-239-03550x266

Appendix B – Master Stakeholder Participant List

Nicole	Anderson	Downtown IMPACT	995 Gateway Center Way, Suite 300. San Diego, CA 92102	Nanderson@comresearch.org	619-398-2156
Nikole	Cappiello	PCS Catalyst	7155 Mission Gorge Road, San Diego, CA 92120	ncappiello@provcorp.com	858-300-0460
Paul	Delessio	St. Vincent de Paul Village	1501 Imperial Ave., San Diego, CA	Paul.delessio@neighbor.org	619-778-0751
Piedad	Garcia	County of San Diego Behavioral Health Services	3255 Camino del Rio S., San Diego, CA 92108	Piedad.Garcia@sdcounty.ca.gov	619-563-2700
Reg	Javier	Public Consulting Group	4370 La Jolla Village Dr., #400, San Diego, CA 92122	rjavier@pcgus.com	858-967-0004
Rich	Penksa	CSH	328 Maple Street, 4th Floor, San Diego, CA 92103	Rich.Penksa@csh.org	619-232-1982
Ron	Stark	Mental Health Systems	4382 El Cajon Blvd. #110, SD, CA 92105	rstark@mhsinc.org	619-977-9415
Ruth	Salcido	Employment Development Dept.	4389 Imperial Avenue, San Diego, CA 92113	Ruth.salcido@edd.ca.gov	619-266-4255
Sandra	Crumb	Community Research Foundation - Maria Sardinias Center	1465 30th Street, Suite K, San Diego, CA 92154	scrumb@comresearch.com	619-428-1000
Scott	Bechtler-Levin	Community Information Exchange	P.O. Box 881307, San Diego, CA 92168	Scott@ciesandiego.org	858-204-4672
Shanise	Vann	PCS Catalyst	7155 Mission Gorge Road, San Diego, CA 92120	svann@provcorp.com	858-300-0460 x199
Shannon	Jaccard	NAMI San Diego		Sjaccard@namisandiego.org	858-634-6506
Sharron	Hedenkamp	The Meeting Place Clubhouse	2553 State Street, San Diego, CA 92101	Shedenkamp@mhsinc.org	619-294-2058
Sherry	Rednour	ResCare Workforce Services/N. AJCC	1949 Avenida del Oro., Ste 106 Oceanside, CA 92056	sherryrednour@workforce.org	760-631-6150
Simonne	Ruff	Corporation for Supportive Housing	328 Maple Street, 4th Floor, San Diego, CA 92103	Simonne.ruff@csh.org	619-234-4102
Stacia	Peters	ResCare Workforce Services, Inc.	1750 5th Ave. 2nd Floor San Diego 92101	stacia.peters@rescare.com	619-321-1806
Stephanie	Murphy	San Diego Housing Commission	1122 Broadway #300, San Diego, CA 92101	stephaniem@sdhc.org	619-578-7606
Sue	Ibrahim	Rescare Workforce Services - North Region	1750 5th Ave. 2nd Floor San Diego 92101	sue.ibrahaim@rescare.com	760-871-1903
Susan	Hennessy	Public Citizen		emailsTo.susan@gmail.com	760-780-8419
Tia	Metcalf	Telecare PROPS San Diego	1675 Morena Blvd., Ste. 100 San Diego, CA 92110	tmetcalf@telecarecorp.com	619-275-8000 x.133
Tom	Stubberud	Corporation for Supportive Housing	328 Maple Street, 4th Floor, San Diego, CA 92103	Tom.Stubberud@csh.org	619-232-3197
Tony	Ong	Public Consulting Group	148 State St., Boston, MA	Tony@pcgus.com	619-441-0631
Traci	Finch	County of San Diego		Traci.finch@sdcounty.ca.gov	
Troy	Boyles	Downtown IMPACT	995 Gateway Center Way, Suite 300. San Diego, CA 92102	tboyle@comresearch.org	619-398-2156
Veronica	Plascencia	Telecare Gateway to Recovery	3132 Jefferson St., San Diego, CA 92110	vplascencia@telecorecorp.com	619-683-3100

**Behavioral Health Strategic Employment
Stakeholder Kick Off Meeting
HHS Behavioral Health Services**

January 21, 2014

Piedad Garcia's presentation:

- Piedad described how she would like to take supported employment for adults with mental illness to the next level. A large percentage of people with psychiatric disorders are educated with a high school diploma or greater and across the state about 10 – 15% of the clients are employed – Piedad's vision is to improve this percentage
- Behavioral Health – mental health and AOD department merged about 1 year ago.
- Residential treatment programs – there are six of them in San Diego.
- Focus on transitional age youth.
- There are programs in California where the business is run by people with mental illness.

Mark Nanzer's presentation:

- San Diego DWP wants to provide opportunities through our resources to make sure people don't fall through the cracks.
- Mark gave an overview of SDWP and some of its initiatives and he presented on SDWP's five year strategic plan and the adoption of our priority industry sectors.

Simonne Ruff's presentation:

- Simonne laid the ground work as to why housing makes sense when talking about employment for this population.
- Clients who access the clubhouse services show a strong interest in supported employment, and she provided a description of supported employment and what it means.
- The principles of supported employment need to be developed further as part of our plan, including the out patient clinics.
- Integration of treatment with employment specialist – it's important that they work together and communication progress.
- People who have follow- along supports are more likely to remain employed.

Participant/Stakeholder Input on what the plan should include:

- The plan should contain a resource map or services;
- Get people on benefits and into housing as quickly as possible so they can then focus on employment;
- Working with moderate or mild mental illness using the same principle – those that may not qualify for benefits – how can we assist those who don't qualify;

- Link fragmented services – what currently exists and what is eligibility criteria.
- More outreach to industry and the business community – need employers to have a strong employment program;
 - Mark asked what has been missing in the past in terms of employers;
 - Developing relationships with businesses sectors; and bringing key leaders of business to the table to help us develop the pipeline;
- Piedad stated that the WET collaborative is too limiting;
- Stigma is a big barrier; Develop an employment collaborative to break down this barrier;
- Community consortium – PEER (?) Program in Portland, ME;
- Educate the business community around the issue of stigma and the role that employment has on recovery;
- Create relationships with employers that will allow us to actually place clients with the employer before the job actually is open to the public;
- The goal is to develop business and employment capacity – expanded options;
- The providers should provide job opportunities for their clients when they have openings;
- Provide basic job training – skip work readiness – the customer’s confidence declines when they are not working – increase the confidence for someone who is working;
- There is a supportive housing program in the Bay area where 70% of the staff are clients;
- Self employment models, including Grants or micro loans could be used to help with this model and REDF – as resources;
- Transition of youth to adulthood– develop a pathway, continuum of services;
- A systemic approach that implies that SD at large has a huge network of services – figure out ways to connect leverage points so we can leverage other services;
- The system is large and complex, use navigators to help people through the system;
- The strategy should be built on capacity building for the system itself and who is doing what in the system, where are the areas of expertise;
- Many clients seek services from multiple providers – work together to align systems
- Use electronic systems (211) to overlay where systems already exist;
- Is there a synergy of thinking and a new way to look at the client population;
- Where does education fit with this given that people must have a high school diploma to be employable and currently only 37% of the target population has a HS diploma;
- Consider some type of employer advisory or ambassador group;
- Build an employment philosophy in the education disciplines for mental health;
- How do we infuse language and dialogue into the treatment and learning component?
- How can we pose this in such a way that we are providing the employer with a service?
- Implement a business to business model
- Why do I have to hire Her? Refugee model.
- Reach out to community service groups like rotary and Kiwanis

**Behavioral Health Strategic Employment Technical Consulting
Stakeholders Meeting
Populations and Focus Areas
San Diego Workforce Partnership
February 24, 2014**

A total of thirteen (13) stakeholders were in attendance to participate in a Supported Employment Stakeholder strategic planning meeting. The purpose of this gathering was to initiate the conversation of how to best launch the Supported Employment plan with the input of those within the community. In attendance were Piedad Garcia (County of San Diego, Behavioral Health Services), Simonne Ruff (Corporation for Supportive Housing), Juan Medina (Mental Health Systems), Cindy Perry (San Diego Workforce Partnership), Tom Stubberud (Corporation for Supportive Housing), Melissa DeBois (Public Consulting Group), Susan Hennessy (Public Citizen), Julie Eismín (Health and Human Services), Paul Delessio (St. Vincent de Paul Village), Traci Finch (County of San Diego, Behavioral Health Services), Dan Myer (PCS Catalyst), Casey Lewis (St. Vincent de Paul Village), and Cecily Thornton-Stearns (County of San Diego, Behavioral Health Services).

The structure of the meeting started off with an introduction of the draft outline, followed by the populations to be served, then closing with focus areas of interest to target.

The SAMHSA philosophy of Supported Employment was introduced:

- Eligibility is based on consumer choice and Supported Employment services are integrated with comprehensive mental health treatment. Competitive employment is the goal, where competitive jobs are open to everyone
- Personalized benefits counseling is important
- Job search starts soon after consumers express interest in working
 - Versus making participants go through a job readiness program of some type
 - The work plan should be integrated with the treatment plan
 - Individuals can choose to disclose their illness or not
 - The Plan needs to address the issue of stigma in the business community
 - How do we address accommodation in the work place?
 - People are so afraid of talking about mental illness in employment that they don't seek the benefits available to them that could help. Those who do seek assistance are much better off than those who don't.
- Follow-along supports are continuous and consumer preferences are important

This was then followed by a discussion from the group. Here are the key points addressed:

- Referrals come from treatment providers and the club houses located around the county
- Consumers come to the centers and can get referred to employment services
- We need to keep in mind the community outreach and the communication aspects of the plan
- Consumers need to present themselves optimally – this needs to be part of the education piece with the clients

Simonne then presented the summary of the vision and goals from our first meeting

- Vision/Goals – Piedad asked that this point have a stronger vision and the discussion captured the following
 - Integrate employment planning with treatment – how do we change the conversation, FSP employment specialists may be the best positioned on this topic
 - Out patient clinics integrate at the FSP and the clinic level
 - The plan needs to imbed resources that will truly integrate employment and treatment
 - We need to do a lot more training of our mental health providers on workforce development
 - Include the language of recovery and employment – we need a team of clinicians and care coordinators with an employment specialists
 - Piedad asked that we include the role and function of volunteerism
 - Piedad asked that we add apprenticeship training; need to include community colleges
 - Make sure we have an array of opportunities open to people depending on their ability/level of function

Piedad asked that we make sure that consumers are represented at our focus group meetings

Population Discussion:

- Recovery Innovations Scan – Employment is ranked #2, Housing is ranked #1
- When we talk about the population, some folks would be getting benefits, some would be applying for benefits, and others don't have any and need employment.
 - What do we mean about benefits? Medical, Work Supports, subsidized housing, SSI. About 60% of the 40K consumers have serious thought disorders, of which about half are eligible for SSI. A barrier to employment is fear of losing benefits
- If the employer is worried about losing money because of training/turn over – would a subsidy help? The employer is running a business that they need to sustain for the rest of their employees. Where can we be of benefit to the employer?
- We Pay Program & TEP – guarantee that if the individual calls in sick one of their staff will fill that shift – The Meeting Place
- The Escondido Club House had some type of employer friendly program but they are no longer certified
- Structured programs are often time limited and consumers don't have time for the training they may need – If we pay the wages, then the consumer is not in competitive employment
- Cindy thought – the program/plan for adults with serious mental illness should probably include strategies on the employment side that are integrated with other populations. For instance, subsidized wage programs can be structured in such a way that those with mental illness are one of multiple target populations
 - Job support
 - Job coaching
 - Mentoring is needed
- Piedad sees this as a three prong approach – the population, the business community, and the service providers

**Behavioral Health Strategic Employment Technical Consulting
Stakeholders Meeting
Service Inventory and Gaps
San Diego Workforce Partnership
March 11, 2014**

A total of fourteen (14) stakeholders were in attendance to participate in a Supported Employment Stakeholder strategic planning meeting. The purpose of this gathering was to initiate the conversation of how to best launch the Supported Employment plan with the input of those within the community. In attendance were Simonne Ruff (Corporation for Supportive Housing), Juan Medina (Mental Health Systems), Cindy Perry (San Diego Workforce Partnership), Tom Stubberud (Corporation for Supportive Housing), Traci Finch (County of San Diego, Behavioral Health Services), Cecily Thornton-Stearns (County of San Diego, Behavioral Health Services), Julie Eismín (County of San Diego, Human Health Services), Betsy Knight (County of San Diego, Behavioral Health Services), Guy Page (Downtown IMPACT), David Silva (Employment Development Department), Melissa DuBois (Public Consulting Group), Dan Myer (PCS Catalyst), Jacqueline Collins (San Diego Workforce Partnership), Paul Delessaio (St. Vincent de Paul Village), and Cassie Lewis (St. Vincent de Paul Village).

The structure of the meeting started off with a quick overview by Simonne of what the tangible goals were by June in developing the strategic plan. In June, the stakeholder groups would transition into the employment collaborative. The goal is to also inventory and increase employment, education, and funding opportunities for adults with mental illness. Also, supported employment is viewed as an evidenced based best practice where jobs are identified for people with mental illness and access to those opportunities is then mapped out. Following that, Simonne recapped the vision and goals of the meeting.

This was followed by a presentation by Tom and Cindy.

Tom presented on the gap analysis – what are we currently doing, where do we need to get to, and how are we going to get there? The County funded employment initiatives for those with serious mental illness currently in place are:

- Supported Employment: San Diego Employment Solutions (MHS)
 - MHS is currently the only county funded supported employment program for people with serious mental illness
- ACT programs/FSPs (Full Service Partnership): MHS, CRF, Telecare, and Providence
- Clubhouses and Peer Employment: MHS, CRF, Providence, ECS, and Recovery Innovations
 - Club houses – peer employment/support models need to be assessed as a strong model
- Department of Rehabilitation: Employment Services (MHS)
 - The DOR program, closure happens after 90 days of placement, with supported employment the services are unlimited. With most models, there is training that occurs prior to employment and with supported employment it is a work first model

Tom went through general employment programs for people with mental illness which include:

- Alpha Project, Father Joe's, VVSD, Goodwill Industries, Salvation Army, and Second Chance
- Juan stated that MHS also partners with PATH – People Assisting the Homeless
- These programs may not specifically target folks with mental illness, but they assist people with mental illness amongst the range of populations they serve

Tom introduced several social enterprise programs that are designed to teach people to start their own business and generate their own income outside of traditional employment:

- Community Resource Center – Domestic Violence/Homeless Population, Center for Employment Opportunities – Re-Entry, JUMA Ventures – Youth/Jobs/College, Community Housing Partnership – Homeless (S.F.), Homeboy Industries – gang Affiliation (L.A.), Interfaith Community Services – Clearly Clean – Mental Illness

Further employment programs were identified. Full list available on request*

Discussion questions were prompted during the group work session. Some key points were highlighted.

What are the gaps in bringing supported employment to people with serious mental illness?

- Lack of knowledge on who the service providers are, Lack of service providers who are experts in the supported employment model, Lack of jobs and lack of intensive on the job support, Education on the cost benefits of employment for individuals with SMI, Lack of cohesive system support, Lack of resources:
 - Positions available for SMI (could be volunteer, set aside)
 - Ongoing background support (CM, MH) for non SMI
- Sometimes people with SMI are not open to taking meds, so their symptoms are too severe to function in a work setting (or to go through the process of finding work)

What employment services or programs are missing from our list?

- PATH Mall, Veterans focused employment programs, Banks who lend to small business, Informal networks (eg isn't that how most people get jobs), Community and Faith-based Organizations, Able Disabled Advocacy. Center for Employment and Training, Metro United Urban Ministries, Welfare to Work – CalWORKS – TANF programs, Wellness Works!
- Temporary Employment opportunities – where someone can work a few days without further commitment, Unemployment Department – Employment Services

What are the greatest employment needs amongst people with serious mental illness?

- Providing the right supports to enable people to be aspirational in their career and goals. Not “plugging” people into already existing programs/frameworks
- Enabling the employment system to do “whatever it takes”
- Address stigma amongst employers – discrimination is rampant

What critical success factors are needed to bring supported employment to people with serious mental illness?

Need collaboration between the county, the programs, and employers. Looking at long term financial goals not short term costs. With the collaboration having ready to fill jobs with support for the people

**Behavioral Health Strategic Employment Technical Consulting
Stakeholders Meeting
Employment Strategies and Best Practices
San Diego Workforce Partnership
April 8, 2014**

A total of fourteen (14) stakeholders were in attendance to participate in a Supported Employment Stakeholder strategic planning meeting. The purpose of this gathering was to discuss the theme of employment strategies and best practices with the input of key stakeholders within the community to help shape this venture. In attendance were Simonne Ruff (Corporation for Supportive Housing), Juan Medina (Mental Health Systems), Cindy Perry (San Diego Workforce Partnership), Tom Stubberud (Corporation for Supportive Housing), Traci Finch (County of San Diego, Behavioral Health Services), Cecily Thornton-Stearns (County of San Diego, Behavioral Health Services), Betsy Knight (County of San Diego, Behavioral Health Services), David Silva (Employment Development Department), Melissa DuBois (Public Consulting Group), Dan Myer (PCS Catalyst), Paul Delessaio (St. Vincent de Paul Village), Howard Ou (San Diego Workforce Partnership), Mary Benson (Public Consulting Group), Shannon Jaccard (NAMI San Diego), Mark Nanzer (San Diego Workforce Partnership), Ron Start (Mental Health Systems), Mario Becerra (Mental Health Systems), Beth Tawmley Ph.D (UCSD Gifford Clinic), Liz Kruidenier (NAMI San Diego – North County), and Carol Neidenberg (CCHEA – Legal Aid Society of San Diego).

The structure of the meeting started off with a quick overview by Tom of what the tangible goals were by June in developing the strategic plan: Employment as a big component of an individual's recovery, Partnership Approach: San Diego Workforce Partnership & CSH, Goal: Increasing employment of individuals with severe mental illness, Stakeholder meeting & employment collaborative to encourage integration and cross networking, Addressing stigma is a top theme to overcome, Increase Supported Employment resources and services, Employment, Educational and Funding Opportunities, Current County Behavioral Health Employment Strategies which include Clubhouses, FSPs, Department of Rehabilitation, MHS Inc. Employment Solutions, Technical Consultant

A brief overview of the last meeting was discussed, followed by a recap of the visions and goals of the strategic employment plan: gap analysis, inventory, best practices, value proposition, embed resources, focus on consumer practices, evidence based practice for the supportive employment model

In attendance at the was Supported Employment expert, Beth Twamley, Ph.D of UCSD who has done a lot of work with evidence based practice (EBP). Some key points of highlight from her discussion:

- First study of Individualized Placement and Support (IPS) for Supported Employment Model was looking at adults
- Rapid job search with a 30 day goal of face-to-face interaction, with the buy in of available jobs currently in the market. Too daunting to get an interview in 30 days.
- How can we help the consumer understand that even with the IPS model in place, there will still be obstacles? Ex. Background check clearance issues
- Exclusion is not on a programmatic level
- Solution is to help clients get felony charges expunged or dismissed.
- There are internal obstacles even within mental health agencies where they are unable to even hire their own clients.
- There is a correlation between how many people are in need of these programs and how many have been convicted felons.

- Are any of these models harmful for people who are not living with severe mental illness? No. These are the same principles used with people with other disabilities, brain injuries – the strategies work for a variety of people
- Even individuals working in mental health agencies themselves deal with stigma
- New law has passed to remove the felony check box, that is only valid in the public sector – and even then background checks are still run that create a catch 22 of the employee not revealing their felony in the beginning, causing the employer to not accept them.
- Financial issues, bankruptcy is also a big issue in creating barriers for employment
- Lack of qualified assessors for the IPS. Beth Twamley, Ph.D is an assessor who is able to train new assessors.
- Oregon is currently practicing the IPS with a high success rate. California is one of the last states to adopt the model. Some counties are independently deciding that this is an evidence based practice
- Fountain House Model – based in New York, staff attends training with client, and if client is unable to show for any reason, the staff goes in their stead. This creates a sense of security for the employer

Tom then proceeded to present the Individual Placement Support/Supported Employment Key Principals - Zero Exclusion, eligibility based on consumer interest, SE services fully integrated with comprehensive mental health treatment, Competitive employment is the goal, Personalized benefits counseling is important, Rapid job search, Follow-along supports are time-unlimited, and Consumer preferences are key – including the 15 item fidelity scale

Up next was Cindy, who covered employment strategies, new skills acquisition, and entrepreneurial strategies: Subsidized employment, On-the-Job Training (OJT), Customized training as an employment strategies, Internships, apprenticeships, volunteering, “Doing What Matters” – Statewide Community College Initiative, Small Business Administrative Support, Incubators – Hubs, and GoFundMe – Crowd Funding Sources

Simonne then presented on entrepreneurial strategies and covered social entrepreneurship models already in place: Community Resource Center (with REDF), Interfaith Community Services – Fairweather Lodge, Italy – Fageda Dairy (which primarily hires those with mental health concerns), Ashoka, Centre for Addiction and Mental Health – Social Entrepreneurship in Mental Health Equity Awards, Peer/Consumer Oriented Strategies - Recovery Innovations – Peer Support Specialist and Peer Employment Programs & MHA Village – Long Beach

Group Work followed. Here are some key points highlighted:

- People can’t work past a number of hours or else they don’t receive SSI or SSDI. People are afraid of over payments. Whatever one does, we need a strong benefit component. Risk of losing SSI or SSDI is a major concern. There is fear of the benefits cliff.
- The clients do have ability to do competitive work. We are looking for competitive work that fits their current skills and abilities. Not something they would need a lot of training to do. **We are looking for a fit that starts now.**
- In Section 503 of the Rehabilitation Act, there are new regulations that establish a nationwide 7% utilization goal for qualified Individuals with Disabilities. Stakeholder staff has suggested to approach federal contractors in that regard; to help them fulfill that goal that our specific population will satisfy

**Behavioral Health Strategic Employment Technical Consulting
Stakeholders Meeting
Goals and Strategies
San Diego Workforce Partnership
May 13, 2014**

A total of seventeen (17) stakeholders were in attendance to participate in a Supported Employment Stakeholder strategic planning meeting. The purpose of this gathering was to discuss the theme of employment strategies and best practices with the input of key stakeholders within the community to help shape this venture. In attendance were Simonne Ruff (Corporation for Supportive Housing), Juan Medina (Mental Health Systems), Cindy Perry (San Diego Workforce Partnership), Tom Stubberud (Corporation for Supportive Housing), Traci Finch (County of San Diego, Behavioral Health Services), Betsy Knight (County of San Diego, Behavioral Health Services), David Silva (Employment Development Department), Melissa DuBois (Public Consulting Group), Dan Myer (PCS Catalyst), Shannon Jaccard (NAMI San Diego), Liz Kruidenier (NAMI San Diego – North County), Julie Eismín (County of San Diego, HHS), Paul Delssio (St. Vincent de Paul Village), Sue Ibrahim (Rescare Workforce Services – North Region), Stacia Peters (ResCare Workforce Services, Inc.), Robert Welton, Nancy Vera (YWCA of San Diego County).

The structure of the meeting started off with a quick overview by Tom on work to date for the supported employment initiative, including an overview of the project and what supported employment is. In addition, a recap of the visions and goals of the strategic employment plan was discussed. From there, group activity was introduced where the stakeholders were tasked with determining the important of each goal and strategy to accomplish the goals. These were measured by blue and yellow stickers. The ratings are as followed:

- 1) **Increase opportunities for Employment, income, length of employment and job retention for people with serious mental illness.**
 - First Priority Strategies** (3 blue stickers): Match special skills of those with SMI to future employment opportunities, Subsidized Employment
 - Second Priority Strategies** (2 blue stickers): Promote Peer Support Employment Specialists (PSES) in all Employment programs, 24 hour phone support when clients are stressed, anxious (2 blue and 2 yellow)
 - Third Priority Strategies** (1 blue and 2 yellow stickers): Incorporate employment planning and support across all Behavioral Health Services programs.
 - Fourth Priority Strategies** (yellow stickers): Promote the adoption of the Evidence Based Practice of Supported Employment amongst mental health (ACT) and social service providers, Promote certification for clubhouses in Transitional Employment (Clubhouses), Mobile case management for onsite support (on a regional basis)

- 2) **Increase awareness of mental illness and related stigma within the workplace (add “and the community”)**
 - First Priority Strategies** (3 blue and 4r yellow stickers): Initiate a social marketing campaign (i.e. It’s Up 2 Us) to increase awareness of stigma in the workplace.
 - Second Priority Strategies** (2 blue stickers): Create and promote multiple training opportunities in best practices for employment services for people with serious mental illness and workplace stigma, Train HR professional groups on how to respond to exiting employees who may disclose mental illness to employers that they are struggling with SMI, Training or resources with employers with staff with SMI resources for employers for the purposes of retention
 - Third Priority Strategies** (1 blue sticker): Create and/or enhance relationships with employers, business and social enterprise. Design an awards program that highlights leadership in addressing stigma faced by people seeking employment. Initiate an on-going training series to increase awareness of stigma in the workplace. Promote the concept of employment being fundamental to all recovery efforts. Educate employer about the signs of SMI and how to support the individual.

- 3) Increase and enhance relationships with employers, businesses, and the entrepreneurial sector.
First Priority Strategies (3 blue stickers): Identify key groups of employers and businesses who become “Ambassadors” for employing people with mental illness. (3 blue and 1 yellow) Need to meet with employers to discuss fears and how it would impact business opportunities. Who has been successful with SE and OJT programs – email out to other companies.
Second Priority Strategies (2 Blue Stickers): San Diego Regional Chamber of Commerce. Align with businesses who have foundations as well as the impetus toward the public good. (2 blue and 1 yellow)
Third Priority Strategies (1 blue and 1 yellow sticker) Utilize established job developers. Identify, Train, execute. Identify employers who are role models and highlight/recognize them.
Fourth Priority Strategies (1 yellow sticker): Establish a regular presence at key employer/business networks, including Chambers of Commerce, Job Developers Networks, Service Clubs, Etc.
- 4) **Identify and increase funding opportunities for employment/business/social enterprise related initiatives and programs for people with serious mental illness.**
First Priority Strategies (2 blue and 1 yellow sticker): Build partnerships with key stakeholders within the field of employment (e.g. REDF, MHA, etc.) to maximize access to employment and social enterprise related resources.
Second Priority Strategies (2 blue stickers): Investigate: San Diego Grant Makers, San Diego Military, Transition Support Project – Their sponsors.
Third Priority Strategies (1 blue sticker): Blue Cross Foundation
Fourth Priority Strategies (Yellow Stickers): Increase business involvement (i.e. advertising). Expand social enterprises and teach individuals how to start their own enterprise. “The Apprentice” (Donald Trump Show) for mental health consumers
- 5) **Streamline navigation systems for people with serious mental illness regarding employment and supportive services.**
First Priority Strategies (2 blue and 2 yellow stickers): Provide training on disability benefits and the impact of employment income – why work pays. Provide training to clients/participants and service providers on the benefits of employment. Education of SSI benefits and employment.
Second Priority Strategies (1 blue stickers): Investigate San Diego Military Family Collaborative for navigation model in San Diego. (1 blue and 1 yellow). Creating clear systems and identifying key stakeholders in the process to help clients gain employment. (1 blue and 2 yellow). Identify strategies that shorten the time between job search and employment. Establish a workgroup focused on streamlining access to employment related supports and services (e.g. identify key barriers; implement practices that increase access). Investigate partnership with 211 San Diego for navigation. Provide enrichment programs and classes to add to their skills in job searching – time unlimited
Third Priority Strategies (yellow stickers): Supported Employment “Genius Bar” – basic technology support, Online resumes, etc. (within school students). Database of SMI friendly employers. Establishment of teams of navigators from engagement to employment and follow up (includes SMEs).
- 6) **Improve data collection, analysis, and reporting capacity of service providers regarding increased employment for people with serious mental illness.**
First Priority Strategies (2 blue and 1 yellow stickers): Identify and adopt best practices for collaborative data collection and analysis among multiple employment and social service providers working with people with serious mental illness.
Second Priority Strategies (1 blue sticker): Validate self-reported data.

Final Discussion Thoughts:

- What’s in it for the employer – subsidized employment helps give the employer and incentive to work with someone who may need more accommodations.
- There has to be a benefit to the employer – how can we positively impact their bottom line?
- Add genius bar to high school experience.

**Behavioral Health Strategic Employment
Technical Consulting
Mental Health Consumers – Adults
The Meeting Place
May 1, 2014**

A total of nine (9) adult mental health consumers participated in a focus group held on May 1, 2014 at The Meeting Place. In attendance were also Piedad Garcia (County of San Diego, Behavioral Health Services), Cecily Thornton-Stearns (County of San Diego, Behavioral Health Services), Simonne Ruff (Corporation for Supportive Housing), Tom Stubberd (Corporation for Supportive Housing), Cindy Perry (San Diego Workforce Partnership), and Howard Ou (San Diego Workforce Partnership).

Cindy Perry had lead with a quick introduction, followed by Piedad Garcia with an overview of the program, leading into Tom Stubberd for facilitation. The purpose of this focus group was to gain a perspective of adult consumers and their experiences with employment, employment services, and opinions on their specific needs toward increasing employment for those severe mental illness.

Below is a summary of the discussion that followed:

Plans & Hopes regarding Employment

Hope: Having a job made them feel more worthwhile

- A participant stated “I’m doing the best I can and with time I can prove I am the same”.
- Resounding consensus that work has helped them build up confidence.
- A participant stated, “I feel like I’ve slept for 5 years, and one day I finally woke up and said I will start being a human being again.” He then first started for half an hour, then gradually increased his work time at The Meeting Place
- Another participant explained, “You know that feeling you get on a Friday? Not every time, but I get that feeling after a few hours of work. Where after work, now I can go home and take care of the things at home, but I got something accomplished. I felt needed.”

Concern: Stigma & Disclosure

- General consensus was that participants were evasive around disclosure for the fear and belief was that if they disclosed then they would be fired.
- A participant expressed her past in self injuring and elaborated on the big stigma attached to that, even within those with severe mental illness.
- Participants have stated they have never felt comfortable sharing their mental illness except at environments like The Meeting Place.
- One participant exclaimed that her coworkers at Homegoods who know she has major depression are always surprised because she appears “too happy to be depressed.”
- One participant had lost their job because of a mental health episode, that resulted in a lot of stigma afterwards.

Concern: Hard to explain absences and gaps

- DOR and The Meeting Place helped to brainstorm how to address this gap.
- Tips include including volunteer work and school

Concern: Cost of medicine/medical supplies

- Seek employment under medi-cal, but be aware of income caps

- Seek a job with benefits

Concern: Lack of a car/transportation serves as a barrier

Concern: Electronic Applications

- Was easier with paper applications
- Applications are too long, some taking over an hour

Concern: Anxiety regarding interview

- Having the right clothes, training on soft skills is needed
- A participant described their fear of going to a job interview
- Having an preliminary informal meet and greet before hand would make it a little easier (An Employer Social)
- Increase role playing opportunities for mock interviews would help

Current Job Coach or Employment Specialist experience

Transitional Employment Staff at The Meeting Place

- There is a sense that they care about you and they go with you for about 2 weeks
- A participant stated "I got my confidence back because I am on the job and I start to believe I can do it because I am actually already doing it."
- There is a lot of help and support
- They will coach and help you retain a job, especially if you are having a hard time.
- Benefit to having employment services is having to get up early in the morning, which helps you get back in the daily routine

Employment Specialist at UPAC

Department of Rehabilitation

- Long Process, Appointment every 1 to 2 months, and focus is on interview skills and resume building

Employment Services

- Started going 2 times a week
- Benefit was that it got me up early in the morning

Supported Needed

- Participants described the necessity of creating a safe environment, a safe place where they would then feel comfortable being themselves and eventually disclosing.
- Participants desired opportunities to build confidence, through social skills, and confidence in building a relationship with their bosses and increased interaction with their co-workers
- There was a general consensus around needing to hear more encouragement and constant support and praise when they are doing a good job. It was explained that it helped them work harder.
- Leniency and more opportunities to try again after a mistake were also needed.
- On The Job Training such updates on new systems, how to improve customer service, and now to keep current on all fields were expressed as a necessity
- Training on how to maintain a job - talking with managers about what the expectations are and how to improve – were needed
- "It is a gift to come to work. We love work."

Identified transitional employment employers with The Meeting Place:
Hazard Center Theater, Homegoods, Panera Bread

**Behavioral Health Strategic Employment
Technical Consulting
Mental Health Consumers - Adults
East Corner Clubhouse
May 8th, 2014**

A total of seven (7) adult mental health consumers participated in a focus group held on May 8, 2014 at East Corner Clubhouse. In attendance were Traci Finch (County of San Diego, Behavioral Health Services), Debbie Malcarne (County of San Diego, Behavioral Health Services), Tom Stubberud (Corporation for Supportive Housing), and Howard Ou (San Diego Workforce Partnership).

Tom opened with a quick introduction proceed by facilitation of the focus group questions. The purpose of this focus group was to gain a perspective of adult consumers and their experiences with employment, employment services, and opinions on their specific needs toward increasing employment for those with serious mental illness.

Below is a summary of the discussion that followed:

Current Experience with Employment & Employment Programs

- Some participants are working at The East Corner Clubhouse
 - Temp/Part-time work/Volunteer
 - Kitchen
 - Front Desk
 - Thrift Store
 - Computers
 - Some participants are part of the Employment Program here at the East Corner Clubhouse
- Volunteer positions have been the other routes for participants
 - East County Rescue Shelter
 - Feeding America
 - El Cajon Animal Rescue
- A participant stated "Volunteering really helped build my confidence since I hadn't worked in so long."
- Transitional Employment Positions (TEP) available

Current Plans, Hopes, and Concerns Regarding Employment

- Participants had expressed their frustrations stating "Nowadays it is hard to even get an interview. You put your resume in a computer and then maybe they'll give you a call back. I have problems emailing and using the computer to send my resume in the first place, so I just end up saying 'forget it!'"
- Participants had a general fear of interviewing, which leads them toward feeling overwhelmed which may trigger symptoms
- One of the identified fields with the most strict background checks is the health industry
- Debbie Malcarne from the County had stated "We lose many wonderful people with skills and wonderful abilities because of real world issues"

- A participant stated her frustration "I have all this experience and I can really help someone. What do you do when you have all this knowledge and you can't do anything with it?"
- A significant theme identified was the big apparent gap in need for support with past felony and mental illness
- An idea proposed was a time limit on background checks with how far employers would be able to investigate
- Overarching frustration with participants was "We are not given a chance because we made a mistake so long ago."

Experience with Disclosure

- A participant had been in denial of her mental illness but had an episode at work for a major corporation. This was how her work had found out however they were really good to her and never fired her
- Another participant had disclosed to his landlord and was then shortly after evicted
- After a participant was put on a 2 month medical leave, she was eventually fired for "bringing her personal issues to work"
- A general consensus was to "Don't tell anybody anything anymore. You can't trust them."

Additional Support Needed

- There should be support with Housing, Transportation, Free Bus Passes
- There are a lot of past and present personal issues regarding stigma so a lot more education is needed
- Participants had described the level of peer support they all receive at the club house.
- Another participant was very vocal about the support he received from his mother, indicating she was the only person to visit after he checked himself to a clinic

Other Key Points Addressed

- A participant had stated "The Clubhouse has really saved my life. If I didn't have this place, I probably wouldn't be here right now because I've been in a lot of trauma in my life. This is my home away from home."
- Participants have expressed their discouragement with being turned away from TEP positions, translating into frustrations of not knowing what else to do to prove their status as great candidates
- A participant had stated "If you can't get hired where you are the most comfortable and everybody is your family, why would you feel like you can get hired anywhere else?"
- Other participants have expressed guilt for receiving opportunities that their other clubhouse members and friends are not offered
- Concerns were expressed around having better regulations with board and care of sober living facilities
- Participants had explained that San Diego has the most to offer in terms of mental health services

**Behavioral Health Strategic Employment
Technical Consulting
Mental Health Consumers – Transitional Age Youth (TAY)
Oasis Clubhouse
May 9th, 2014**

A total of ten (10) transitional age youth mental health consumers participated in a focus group held on May 9, 2014 at East Corner Clubhouse. In attendance also were Piedad Garcia (County of San Diego, Behavioral Health Services), Cecily Thornton-Stearns (County of San Diego, Behavioral Health Services), Betsy Knight (County of San Diego, Behavioral Health Services), Traci Finch (County of San Diego, Behavioral Health Services), Simonne Ruff (Corporation for Supportive Housing), Tom Stubberud (Corporation for Supportive Housing), and Howard Ou (San Diego Workforce Partnership).

Tom opened with a quick introduction proceed by facilitation of the focus group questions. The purpose of this focus group was to gain a perspective of transitional age youth consumers and their experiences with employment, employment services, and opinions on their specific needs toward increasing employment for those with serious mental illness.

Below is a summary of the discussion that followed:

Hopes and Concerns around Employment

- Participants had expressed their desire to find jobs that they loved so it would cease to feel like work.
- One participant had stated, “I lost my other job because I started to break down mentally. I started to get paranoid, and I have OCD, Bi-polar, clinical depression, and I started to have panic attacks. I deal with those on a daily. I used to have a lot of energy but it has been sapped from me. It’s a huge order to even get to work and it’s a huge ordeal to regulate and stay in work feeling all these people’s emotions.”
- Another participant had expressed the need to find a place that specialized in mental illness however they would never disclose their mental health condition.
- One participant was very focused in his line of work path and stated the following, “I am looking into Radiology but I know it is a long road to get there. I am interested in bones. When I was younger, I wanted to get into Oceanography, but with bones it’s the same. You can see through the flesh and see where the breaks are and where the bones are fractured.”
- Some concerns were raised around already being marginalized for their mental health diagnosis. “Because we are stigmatized, it is already difficult going through the process. You have a pool that is already competitive already that have the energy and who look better to begin with to employers. Then you come in with lower energy and mental illness. It is hard enough for normal people to compete with that pool, so for us it is even harder.”

Another Notable Quotes Included

- “There isn’t something wrong with us. Normal is only a setting on the washing machine. If you stay stigma, it only adds voodoo to it.”

- “We are our own barrier. Years of being in special ed and teased, it’s all these things like a tape in my head. “
- “Being at work has made me feel accomplished and confident. It made me feel like I am doing something with my time. You get around people that are just like you. It is a whole different life change.”
- “It’s hard to tell people you have a mental health issue. They will freak out. There is stigma and then they don’t want or need you anymore.”
- “My mental illness is like a new car. It starts off good but then after awhile you see the wear and tear. You see my blow up. It’s hard to cope with.”

Current Employment Support

- There are job coaches and employment specialists available at the Oasis Clubhouse
- One participant stated, “It’s all about your own responsibility. You have to make the appointments. You have to show up on time. They’re mentors, tutors, and guidance counselors.”
- Another participant stated, Employment specialists are helpful if you really are on top of what they are telling you and you do what they are telling you, it does make it easier. But if you don’t put in the footwork, you will never get a job.”
- One participant coined the following phrase of the importance of employment support, “If you give a man a fish, he will eat for a day. But if you teach a man to fish, he will eat for life.”

Additional Supported Needed

- Educational opportunities were expressed to be just as important as volunteering
- A mental health boot camp was brought up that would help push and build you up like a marine boot camp. One participant expressed his need to have that level of support
- Another participant expressed the need to have lessons on how to carry all of the obligations and “burdens they carry” without getting burnt out or too depressed
- A safety net was expressed as a crucial necessity.
- One participant stated, “Maybe some people need 5 safety nets”

**Behavioral Health Strategic Employment
Technical Consulting
Business & Employers Focus Group
San Diego Workforce Partnership
June 26th, 2014**

Attendees:

Simonne Ruff, CSH	Betsy Knight, BHS	Traci Finch, BHS
Tom Stubberud, CSH	Howard Ou, SDWP	Piedad Garcia, BHS
Cindy Perry		

The structure of this meeting is:

- Round of Introductions - Cindy
- Focus Group Questions Facilitation – Tom
- Transcribing Notes – Howard & Cindy

Business Employers & Industry Figures – **13 in attendance**

Content transcribed are confidential in nature, thus names have been omitted.

Focus Group Questions:

1. **How do you think about/approach mental health in the workplace? Do your employees have access to mental health services/benefits? Do you think they feel comfortable using them/talking about mental health issues?**
 - A participant stated, “If people have serious mental illness, the reality is they are not ready for work.”
 - Another participant stated that right away, the words “serious mental illness” are pretty scary, and the belief is that with those diagnosis, you don’t completely recover, however there are lots of treatment opportunities which many work, but you never fully recover.
 - Piedad made a point about addressing the truth of medications not taking the symptoms away completely (like diabetes), but from 30 years of experience she knows that with the right combination of treatment, but it does help minimize where you can have a high level of functioning. She also stated that it was necessary to have “an array of employment opportunities that include a coach, all the way to competitive employment, including skills on how to develop your own small business.”
2. **Many people know someone in their lives who has had mental illness. As an employer,**
 - a. **What would help you hire people with mental illness or how do you think you or your company would approach (or has approached) hiring someone with mental illness?**
 - b. **What would help you support those with mental illness who are working for you?**
 - A participant indicated that it would help to have an understanding of what mental illness was first, so an education campaign would be huge.

- Another participant stated, “We already all hire people with mental illness. We just don’t know who they are specifically, but it would also come down to skill level because those without mental illness would have more skills – but it is very case by case.”

Key Points

- Stigma is still an issue
- Part of understanding in the workplace is having trained staff including HR
- Managing parity. What is the organizational change in behavior to show the same degree of parity (ex. Heart Attack vs. Psychotic Break)
- The employer needs to still be able to tell the employer what they need to do to do their job. It is important to understand the needs of the employer and the position.
- Recommended to have mental illness educated on the same level as sexual harassment, perhaps if incorporated into a sensitivity training, including proper word usage
- The skill level of the individual plays a large part in the employment of folks

3. What types of reasonable accommodations would your company be able to make for an employment with mental illness? (Time off to meet with job coach, psychiatric appointment, Key Points

- Have flexible hours. Over the years, it was one of the biggest things learned; some can work 10, 20, 30, etc.
- Compare an employee to a high performing mom who is simply coming back from maternity leave
- A participant stated, “We cannot forget that businesses are driven by business need, but that doesn’t mean there is no room for accommodating work life balance, including mental illness.”
- Important to know what the appropriate conversations to have at work are and with whom, and where (ex. HR does not need to know diagnosis unless it impairs with work)
- Tech Start ups are always in survival mode, so it would be beneficial to include the language and marketability of the mental illness population in their staff as they continue to build. They are always looking for the best person for the cheapest price.

(There was not enough time to cover the last 3 questions individually)

- 4. Are there barriers for us to consider when working to create employment opportunities for people with mental illness? What ways might you think of to overcome these barriers?**
- 5. What types of training, services or resources might be helpful to you and your employees regarding mental illness and/or working with those who have mental illness?**
- 6. What other information do we need to know that will help us to work toward increasing employment for persons with serious mental illness?**

Key Points

There needs to be an awareness of this community like the awareness of PTSD in the Veterans Community; however veterans already come in with a built in sympathy. We need to frame the understanding of mental illness and reframe it in their world From an HR perspective, we need to protect ourselves as an organization from vulnerability to litigation. Resources needed including a maintenance of the healthy environment on a day to day basis for the population. Usage of recovery language is necessary.

**Behavioral Health Strategic Employment
Technical Consulting
Supportive Employment Staff & Contractors
Recovery Innovations
May 28th, 2014**

A total of six (6) supported employment staff participated in a focus group held on May 28, 2014 at San Diego Employment Solutions. In attendance were also Betsy Knight (County of San Diego, Behavioral Health Services), Simonne Ruff (Corporation for Supportive Housing), Tom Stubberud (Corporation for Supportive Housing), Cindy Perry (San Diego Workforce Partnership), and Howard Ou (San Diego Workforce Partnership).

Tom opened the meeting with a quick introduction leading into facilitation. The purpose of this focus group was to gain the perspectives of those already practicing supportive employment and their experiences on the job. Gaps and honest opinions on improvement needed were encouraged toward increasing employment for those with serious mental illness.

Below is a summary of the discussion that followed:

Key Points Addressed

- A participant stated the job development piece at their work as missing.
- "I don't have the relationships with employers where I can call somebody up and have them tell me there is an open space that I can then fill in with one of my clients."
- Participants described their knowledge of the transitional employment model at clubhouses; where they are temporary positions with club members cycled through
- "Often times the employer would then hire the client at different position and then make them a permanent employment, but from then on there would be no more club support."
- Participants expressed their frustrations in getting employers to even talk to them in the first place
- Participants also described their experience with employers telling them they already have an employee with special accommodations so then "they have already filled their quota."
- Job development has been described by the participants as one of the biggest sticking points toward success in their job
- "Often times if the client's job coach wasn't invested or reliable, we would have employers come back to us saying it wasn't worth the time to teach them how to get new tasks accomplished. Employers would tell us that there were moments where it was more work than it was worth."

Gaps, Hopes, and Suggestions

- A participant explained, "A primary hope we have is to have all of our clients be engaged in some sort of employer goals and outcomes. Without everybody being a part of the process, it is almost too hard."
- Another participant further explained, "Everybody other person has something to offer in regards to improving employment services. There's a missing link. We need to all be

on the same page when it comes to employment – the therapist, the housing specialist, the case manager, the substance abuse counselor, the peer support specialist, and us. That would be the ideal team for each client.”

- “For this to work, we need everybody on to support us. If we have a client who has a hygiene issue, that is something that needs to be addressed first before we put out applications and have them start meeting employments. That is the elephant in the room that can not be ignored.”
- The general consensus amongst all the participants was that “the employment thread needs to run across the entire team.
- “In order for the client to be successful in employment, it needs to be addressed in everything because it changes everything. It gives them a whole different confidence in their life which changes their relationship with their case manager, changes their relationship with the doctor, improves their success with housing, etc.”
- Another gap that the participants wanted to address was the need for a larger push toward education and volunteering.
- “We need to present our clients with more volunteer opportunities to constantly engage them to see what they really need.”
- “It is about building self confidence and getting them to the place where they want to do great things, but we need to be flexible and meet them where they are at.”

Definitions of Success

- One participant defined his success and just getting his client into their interview. It brought him a sense of accomplishment that he was on the right path for them.
- Another participant connected the sense of accomplishment with the tool of WRAP where it is already known that her clients have one and so she is able to “call them out” in a friendly way to remind them that they already have the tools in place to help them reach success
- “Seeing a bunch of my clients dressed up at a career fair really blew my mind!”
- One participant described one of her clients exclaiming, “The Interview went awful, but hey! I went!”

Additional Supported Needed

- Clients have addressed the need for better communication and transition within staff.
- “When the team changes so much, we become their everything because they only want to talk to us, so it’s hard when there’s all this burden they unload and then once it’s down, that’s when we can finally start the employment specialist discussion.”
- A clearer understanding of SSI and SSDI benefits are needed. Participants stated that often times their clients refused to even see them out of fear of losing their benefits
- Consensus was that employment support should be indefinite
- Daily maintenance and a normal routine should be emphasized and encouraged
- Some great trainings received included, The Village in Long Beach, Denise Bissonnette, Recovery Innovations, Career Advising certification at UCSD Extension, Case Western Reserve University, Dartmouth Supported Employment Training
- “It would be nice if the County hired an employment specialist to act as a liaison to all employment specialists; to provide training and bridge the gap to employers with employer training”

**Behavioral Health Strategic Employment
Technical Consulting
Supportive Employment Staff & Contractors
San Diego Employment Solutions
May 7th, 2014**

A total of fifteen (15) supported employment staff participated in a focus group held on May 7, 2014 at San Diego Employment Solutions. In attendance were also Piedad Garcia (County of San Diego, Behavioral Health Services), Cecily Thornton-Stearns (County of San Diego, Behavioral Health Services), Betsy Knight (County of San Diego, Behavioral Health Services), Simonne Ruff (Corporation for Supportive Housing), Tom Stubberud (Corporation for Supportive Housing), Cindy Perry (San Diego Workforce Partnership), and Howard Ou (San Diego Workforce Partnership).

Simonne opened the meeting with a quick introduction leading into Tom Stubberud for facilitation. The purpose of this focus group was to gain the perspectives of those already practicing supportive employment and their experiences on the job. Gaps and honest opinions on improvement needed were encouraged toward increasing employment for those with serious mental illness.

Below is a summary of the discussion that followed:

Currently known employment models

- Supported Employment
- Customized Employment
- Transitional Employment
- Set-Aside (niche) Employment
- Sheltered Workshops
 - Eg. Partnerships w/ Industry
 - Not that many people advance.
 - Paid sub minimum wage

Transitional Employment vs. Supportive Employment

- The final outcome is competitive placement. Current transitional employment is not competitive. The process is open and in agreement with the employer and provider in the agency, to allow for clients to come to work for a set period of time where they then gain valuable experience and enhance their resume, which then leads to competitive employment.
- Supportive employment isn't for everyone. The traditional supportive employment model is close to the Department of Rehabilitation model, except for the close out in 90 days.
- Supportive employment is time unlimited.
 - Client driven, client centered approach model. If the client calls you after 5 years, we then pick them up again and help them again.
 - At SD Employment Solutions, we don't have hard closures and terminations. We deactivate people and activate them just as quick.
 - IPS model (Individual Placement & Support) is much more individualized. We find what is the best fit for the individual, their specific talents and abilities
- SD Employment Services
 - No hard closures and terminations.
 - Deactivate people and activate them just as quick.

- They depend on referral source. They receive their referrals from clinics, clubhouses, etc. The mental health provider chooses the clients to send to us and it is then at the client's desire to do so. All of their clients have some sort of AXIS I diagnosis.
- Supported Employment model is 1:25 ratio
- Department of Rehabilitation is around 1:80-120 clients
- In most traditional models, average is 75-80

Some obstacles that get in the way

- Symptom flare ups
 - Issues with symptoms is #1 and/or not having a good support system when they are symptomatic.
- Relapses
- Personal Issues
- Incarceration, or re-incarceration
- Alcohol and Drug concerns, co-occurring
- Hospitalization
- Homelessness/Housing Issues
- Issues on soft skill development
 - Soft skills include being presentable, smiling when appropriate, being aware of employer expectations

Employment Specialists – “We need to be able to have conversations with treatment providers when issues happen in order to collaboratively work together to ensure our client’s wellness and success.”

Other Key Points Addressed

- Some people need minimal support and just need you to say “good job” where others will need you to help them with when to take their meds, and other forms of support for daily tasks.
- There is a lot of discussion amongst Employment Specialists about how their roles as ES are strained by clients. A common consensus was “We are not qualified therapists but often times we find ourselves in that situation.”
- Rigidity is a common theme. “How do we redirect our clients to work on their skills in order to obtain a job?”
- Meaningful roles is theme. When the person feels dignified, their abilities come out, their skills present themselves, and their true self emerges. That is really key in terms of wellness and the health of an individual. Stigma needs to be properly address.
- The Resume is another barrier. We don’t want to hear what you can’t do. We want to know your hopes, your aspirations, your transferable skills. That is what we use to sell you on the job market.
- “I like being an employment consultant because every client is so different. I am dealing with client choice. I am able to conduct different research for them, get to know them, what their goals are.”
- “I am on the roller coaster with you, so keep riding it as long as you want”
- Housing is one of the issues that is really critical. A lot of people in our caseload are homeless in the street. We are gathering resources to see if we can address them.
- There needs to be collaboration routinely, more cohesiveness and comrade and not the old school job development method that is very territorial.

Downloaded from: <http://www.dartmouth.edu/~ips/page19/page21/files/se-fidelity-scale002c-2008.pdf>

SUPPORTED EMPLOYMENT FIDELITY SCALE*

1/7/08

Rater:

Site:

Date:

Total Score:

Directions: Circle one anchor number for each criterion.

Criterion

Data
Source**

Anchor

Staffing

1. Caseload size: Employment specialists have individual employment caseloads. The maximum caseload for any full-time employment specialist is 20 or fewer clients.

MIS,
DOC, INT

- 1= Ratio of 41 or more clients per employment specialist.
- 2= Ratio of 31-40 clients per employment specialist.
- 3= Ratio of 26-30 clients per employment specialist.
- 4= Ratio of 21-25 clients per employment specialist.
- 5= Ratio of 20 or fewer clients per employment specialist.

2. Employment services staff: Employment specialists provide only employment services.

MIS, DOC
INT

- 1= Employment specialists provide employment services less than 60% of the time.
- 2= Employment specialists provide employment services 60 - 74% of the time.
- 3= Employment specialists provide employment services 75 - 89% of the time.
- 4= Employment specialists provide employment services 90 - 95% of the time.
- 5= Employment specialists provide employment services 96% or more of the time.

*Formerly called IPS Model Fidelity Scale

**See end of document for key

3. Vocational generalists: Each employment specialist carries out all phases of employment service, including intake, engagement, assessment, job placement, job coaching, and follow-along supports before step down to less intensive employment support from another MH practitioner. (Note: It is not expected that each employment specialist will provide benefits counseling to their clients. Referrals to a highly trained benefits counselor are in keeping with high fidelity, see Item # 1 in “Services”.)

MIS, DOC,
INT, OBS

- 1= Employment specialist only provides vocational referral service to vendors and other programs.
- 2= Employment specialist maintains caseload but refers clients to other programs for vocational services.
- 3= Employment specialist provides one to four phases of the employment service (e.g. intake, engagement, assessment, job development, job placement, job coaching, and follow along supports).
- 4= Employment specialist provides five phases of employment service but not the entire service.
- 5= Employment specialist carries out all six phases of employment service (e.g. program intake, engagement, assessment, job development/job placement, job coaching, and follow-along supports).

ORGANIZATION

1. Integration of rehabilitation with mental health treatment thru team assignment: Employment specialists are part of up to 2 mental health treatment teams from which at least 90% of the employment specialist’s caseload is comprised.

MIS, DOC,
INT, OBS

- 1= Employment specialists are part of a vocational program that functions separately from the mental health treatment.
- 2= Employment specialists are attached to three or more mental health treatment teams. OR Clients are served by individual mental health practitioners who are not organized into teams. OR Employment specialists are attached to one or two teams from which less than 50% of the employment specialist’s caseload is comprised.
- 3= Employment specialists are attached to one or two mental health treatment teams, from which at least 50 - 74% of the employment specialist’s caseload is comprised.
- 4= Employment specialists are attached to one or two mental health treatment teams, from which at least 75 - 89% of the employment specialist’s caseload is comprised.
- 5= Employment specialists are attached to one or two mental health treatment teams, from which 90 - 100% of the employment specialist’s caseload is comprised.

2. Integration of rehabilitation with mental health treatment thru frequent team member contact:

MIS, DOC
INT, OBS

Employment specialists actively participate in weekly mental health treatment team meetings (not replaced by administrative meetings) that discuss individual clients and their employment goals with shared decision-making. Employment specialist's office is in close proximity to (or shared with) their mental health treatment team members. Documentation of mental health treatment and employment services is integrated in a single client chart. Employment specialists help the team think about employment for people who haven't yet been referred to supported employment services.

1= One or none is present.

2= Two are present

3= Three are present.

4= Four are present.

5= Five are present.

All five key components are present.

- Employment specialist attends weekly mental health treatment team meetings.
- Employment specialist participates actively in treatment team meetings with shared decision-making.
- Employment services documentation (i.e., vocational assessment/profile, employment plan, progress notes) is integrated into client's mental health treatment record.
- Employment specialist's office is in close proximity to (or shared with) their mental health treatment team members.
- Employment specialist helps the team think about employment for people who haven't yet been referred to supported employment services.

3. Collaboration between employment specialists and Vocational Rehabilitation counselors: The employment specialists and VR counselors have frequent contact for the purpose of discussing shared clients and identifying potential referrals.

DOC, INT
OBS, ISP

1= Employment specialists and VR counselors have client-related contacts (phone, e-mail, in person) less than quarterly to discuss shared clients and referrals. OR Employment specialists and VR counselors do not communicate.

2= Employment specialists and VR counselors have client-related contacts (phone, e-mail, in person) at least quarterly to discuss shared clients and referrals.

3= Employment specialists and VR counselors have client-related contacts (phone, e-mail, in-person) monthly to discuss shared clients and referrals.

4= Employment specialists and VR counselors have scheduled, face-to-face

4. Vocational unit: At least 2 full-time employment specialists and a team leader comprise the employment unit. They have weekly client-based group supervision following the supported employment model in which strategies are identified and job leads are shared. They provide coverage for each other's caseload when needed.

MIS, INT,
OBS

meetings at least quarterly, OR have client-related contacts (phone, e-mail, in person) weekly to discuss shared clients and referrals.

- 5= Employment specialists and VR counselors have scheduled, face-to-face meetings at least monthly and have client-related contacts (phone, e-mail, in person) weekly to discuss shared clients and referrals.
- 1= Employment specialists are not part of a vocational unit.
- 2= Employment specialists have the same supervisor but do not meet as a group. They do not provide back-up services for each other's caseload.
- 3= Employment specialists have the same supervisor and discuss clients between each other on a weekly basis. They provide back-up services for each other's caseloads as needed. OR, If a program is in a rural area where employment specialists are geographically separate with one employment specialist at each site, the employment specialists meet 2-3 times monthly with their supervisor by teleconference.
- 4= At least 2 employment specialists and a team leader form an employment unit with 2-3 regularly scheduled meetings per month for client-based group supervision in which strategies are identified and job leads are shared and discuss clients between each other. They provide coverage for each other's caseloads when needed. OR, If a program is in a rural area where employment specialists are geographically separate with one employment specialist at each site, the employment specialists meet 2-3 times per month with their supervisor in person or by teleconference and mental health practitioners are available to help the employment specialist with activities such as taking someone to work or picking up job applications.
- 5= At least 2 full-time employment specialists and a team leader form an employment unit with weekly client-based group supervision based on the supported employment model in which strategies are identified and job leads are shared. They provide coverage for each other's caseloads when needed.

5. Role of employment supervisor: Supported employment unit is led by a supported employment team leader. Employment specialists' skills are developed and improved through outcome-based supervision. All five key roles of the employment supervisor are present.

MIS, INT,
DOC, OBS

1= One or none is present.

2= Two are present.

3= Three are present.

4= Four are present.

5= Five are present.

Five key roles of the employment supervisor:

- One full-time equivalent (FTE) supervisor is responsible for no more than 10 employment specialists. The supervisor does not have other supervisory responsibilities. (Program leaders supervising fewer than ten employment specialists may spend a percentage of time on other supervisory activities on a prorated basis. For example, an employment supervisor responsible for 4 employment specialists may be devoted to SE supervision half time.)
- Supervisor conducts weekly supported employment supervision designed to review client situations and identify new strategies and ideas to help clients in their work lives.
- Supervisor communicates with mental health treatment team leaders to ensure that services are integrated, to problem solve programmatic issues (such as referral process, or transfer of follow-along to mental health workers) and to be a champion for the value of work. Attends a meeting for each mental health treatment team on a quarterly basis.
- Supervisor accompanies employment specialists, who are new or having difficulty with job development, in the field monthly to improve skills by observing, modeling, and giving feedback on skills, e.g., meeting employers for job development.
- Supervisor reviews current client outcomes with employment specialists and sets goals to improve program performance at least quarterly.

6. Zero exclusion criteria: All clients interested in working have access to supported employment services regardless of job readiness factors, substance abuse, symptoms, history of violent behavior, cognition impairments, treatment non-adherence, and personal presentation. These apply during supported employment services too. Employment specialists offer to help with another job when one has ended, regardless of the reason that the job ended or number of jobs held. If VR has screening criteria, the mental health agency does not use them to exclude anybody. Clients are not screened out formally or informally.

DOC, INT
OBS

- 1= There is a formal policy to exclude clients due to lack of job readiness (e.g., substance abuse, history of violence, low level of functioning, etc.) by employment staff, case managers, or other practitioners.
- 2= Most clients are unable to access supported employment services due to perceived lack of job readiness (e.g., substance abuse, history of violence, low level of functioning, etc.).
- 3= Some clients are unable to access supported employment services due to perceived lack of job readiness (e.g., substance abuse, history of violence, low level of functioning, etc.).
- 4= No evidence of exclusion, formal or informal. Referrals are not solicited by a wide variety of sources. Employment specialists offer to help with another job when one has ended, regardless of the reason that the job ended or number of jobs held.
- 5= All clients interested in working have access to supported employment services. Mental health practitioners encourage clients to consider employment, and referrals for supported employment are solicited by many sources. Employment specialists offer to help with another job when one has ended, regardless of the reason that the job ended or number of jobs held.

7. Agency focus on competitive employment: Agency promotes competitive work through multiple strategies. Agency intake includes questions about interest in employment. Agency displays written postings (e.g., brochures, bulletin boards, posters) about employment and supported employment services. The focus should be with the agency programs that provide services to adults with severe mental illness. Agency supports ways for clients to share work stories with other clients and staff. Agency measures rate of competitive employment and shares this information with agency leadership and staff.

DOC, INT,
OBS

- 1= One or none is present.
 - 2= Two are present.
 - 3= Three are present.
 - 4= Four are present.
 - 5= Five are present.
- Agency promotes competitive work through multiple strategies:
- Agency intake includes questions about interest in employment.
 - Agency includes questions about interest in employment on all annual (or semi-annual) assessment or treatment plan reviews.

8. Executive team support for SE: Agency executive team members (e.g., CEO/Executive Director, Chief Operating Officer, QA Director, Chief Financial Officer, Clinical Director, Medical Director, Human Resource Director) assist with supported employment implementation and sustainability. All five key components of executive team support are present.

DOC, INT,
OBS

- Agency displays written postings (e.g., brochures, bulletin boards, posters) about working and supported employment services, in lobby and other waiting areas.
- Agency supports ways for clients to share work stories with other clients and staff (e.g., agency-wide employment recognition events, in-service training, peer support groups, agency newsletter articles, invited speakers at client treatment groups, etc.) at least twice a year.
- Agency measures rate of competitive employment on at least a quarterly basis and shares outcomes with agency leadership and staff.

1= One is present.

2= Two are present.

3= Three are present.

4= Four are present.

5= Five are present.

- Executive Director and Clinical Director demonstrate knowledge regarding the principles of evidence-based supported employment.
- Agency QA process includes an explicit review of the SE program, or components of the program, at least every 6 months through the use of the Supported Employment Fidelity Scale or until achieving high fidelity, and at least yearly thereafter. Agency QA process uses the results of the fidelity assessment to improve SE implementation and sustainability.
- At least one member of the executive team actively participates at SE leadership team meetings (steering committee meetings) that occur at least every six months for high fidelity programs and at least quarterly for programs that have not yet achieved high fidelity. Steering committee is defined as a diverse group of stakeholders charged with reviewing fidelity, program implementation, and the service delivery system. Committee develops written action plans aimed at developing or sustaining high fidelity services.

- The agency CEO/Executive Director communicates how SE services support the mission of the agency and articulates clear and specific goals for SE and/or competitive employment to all agency staff during the first six months and at least annually (i.e., SE kickoff, all-agency meetings, agency newsletters, etc.). This item is not delegated to another administrator.
- SE program leader shares information about EBP barriers and facilitators with the executive team (including the CEO) at least twice each year. The executive team helps the program leader identify and implement solutions to barriers.

SERVICES

1. Work incentives planning: All clients are offered assistance DOC, INT in obtaining comprehensive, individualized work OBS, ISP incentives planning before starting a new job and assistance accessing work incentives planning thereafter when making decisions about changes in work hours and pay. Work incentives planning includes SSA benefits, medical benefits, medication subsidies, housing subsidies, food stamps, spouse and dependent children benefits, past job retirement benefits and any other source of income. Clients are provided information and assistance about reporting earnings to SSA, housing programs, VA programs, etc., depending on the person's benefits.

- 1= Work incentives planning is not readily available or easily accessible to most clients served by the agency.
- 2= Employment specialist gives client contact information about where to access information about work incentives planning.
- 3= Employment specialist discusses with each client changes in benefits based on work status.
- 4= Employment specialist or other MH practitioner offer clients assistance in obtaining comprehensive, individualized work incentives planning by a person trained in work incentives planning prior to client starting a job.
- 5= Employment specialist or other MH practitioner offer clients assistance in obtaining comprehensive, individualized work incentives planning by a specially trained work incentives planner prior to starting a job. They also facilitate access to work incentives planning when clients need to make decisions about changes in work hours and pay. Clients are provided information and assistance about reporting earnings to SSA, housing programs, etc., depending on the person's benefits.

2. Disclosure: Employment specialists provide clients with accurate information and assist with evaluating their choices to make an informed decision regarding what is revealed to the employer about having a disability.

DOC, INT
OBS

1= None is present.

2= One is present.

3= Two are present.

4= Three are present.

5= Four are present.

- Employment specialists do not require all clients to disclose their psychiatric disability at the work site in order to receive services.
- Employment specialists offer to discuss with clients the possible costs and benefits (pros and cons) of disclosure at the work site in advance of clients disclosing at the work site. Employment specialists describe how disclosure relates to requesting accommodations and the employment specialist's role communicating with the employer.
- Employment specialists discuss specific information to be disclosed (e.g., disclose receiving mental health treatment, or presence of a psychiatric disability, or difficulty with anxiety, or unemployed for a period of time, etc.) and offers examples of what could be said to employers.
- Employment specialists discuss disclosure on more than one occasion (e.g., if clients have not found employment after two months or if clients report difficulties on the job.)

3. Ongoing, work-based vocational assessment: Initial vocational assessment occurs over 2-3 sessions and is updated with information from work experiences in competitive jobs. A vocational profile form that includes information about preferences, experiences, skills, current adjustment, strengths, personal contacts, etc, is updated with each new job experience. Aims at problem solving using environmental assessments and consideration of reasonable accommodations. Sources of information include the client, treatment team, clinical records, and with

DOC, INT,
OBS, ISP

1= Vocational evaluation is conducted prior to job placement with emphasis on office-based assessments, standardized tests, intelligence tests, work samples.

2= Vocational assessment may occur through a stepwise approach that includes: prevocational work experiences (e.g., work units in a day program), volunteer jobs, or set aside jobs (e.g., NISH jobs agency-run businesses, sheltered workshop jobs, affirmative businesses, enclaves).

3= Employment specialists assist clients in finding competitive jobs directly without systematically reviewing interests, experiences, strengths,

the client’s permission, from family members and previous employers.

etc. and do not routinely analyze job loss (or job problems) for lessons learned.

- 4= Initial vocational assessment occurs over 2-3 sessions in which interests and strengths are explored. Employment specialists help clients learn from each job experience and also work with the treatment team to analyze job loss, job problems and job successes. They do not document these lessons learned in the vocational profile, OR The vocational profile is not updated on a regular basis.
- 5= Initial vocational assessment occurs over 2-3 sessions and information is documented on a vocational profile form that includes preferences, experiences, skills, current adjustment, strengths, personal contacts, etc. The vocational profile form is used to identify job types and work environments. It is updated with each new job experience. Aims at problem solving using environmental assessments and consideration of reasonable accommodations. Sources of information include the client, treatment team, clinical records, and with the client’s permission, from family members and previous employers. Employment specialists help clients learn from each job experience and also work with the treatment team to analyze job loss, job problems and job successes.

4. Rapid job search for competitive job: Initial employment assessment and first face-to-face employer contact by the client or the employment specialist about a competitive job occurs within 30 days (one month) after program entry.

DOC, INT,
OBS, ISP

- 1= First face-to-face contact with an employer by the client or the employment specialist about a competitive job is on average 271 days or more (> 9 mos.) after program entry.
- 2= First face-to-face contact with an employer by the client or the employment specialist about a competitive job is on average between 151 and 270 days (5-9 mos.) after program entry.
- 3= First face-to-face contact with an employer by the client or the employment specialist about a competitive job is on average between 61 and 150 days (2-5 mos.) after program entry.
- 4= First face-to-face contact with an employer by the client or the employment specialist about a competitive job is on average between 31 and 60 days (1-2 mos.) after program entry.
- 5= The program tracks employer contacts and the first face-to-face contact with an employer by the client or the employment specialist about a competitive job is on average within 30 days (one month) after program entry.

5. Individualized job search: Employment specialists make employer contacts aimed at making a good job match based on clients' preferences (relating to what each person enjoys and their personal goals) and needs (including experience, ability, symptomatology, health, etc.) rather than the job market (i.e., those jobs that are readily available). An individualized job search plan is developed and updated with information from the vocational assessment/profile form and new job/educational experiences.

DOC, INT
OBS, ISP

- 1= Less than 25% of employer contacts by the employment specialist are based on job choices which reflect client's preferences, strengths, symptoms, etc. rather than the job market.
- 2= 25-49% of employer contacts by the employment specialist are based on job choices which reflect client's preferences, strengths, symptoms, etc., rather than the job market.
- 3= 50-74% of employer contacts by the employment specialist are based on job choices which reflect client's preferences, strengths, symptoms, etc., rather than the job market.
- 4= 75-89% of employer contacts by the employment specialist are based on job choices which reflect client's preferences, strengths, symptoms, etc., rather than the job market and are consistent with the current employment plan.
- 5= Employment specialist makes employer contacts based on job choices which reflect client's preferences, strengths, symptoms, lessons learned from previous jobs etc., 90-100% of the time rather than the job market and are consistent with the current employment/job search plan. When clients have limited work experience, employment specialists provide information about a range of job options in the community.

6. Job development - Frequent employer contact: Each employment specialist makes at least 6 face to-face employer contacts per week on behalf of clients looking for work. (Rate for each then calculate average and use the closest scale point.) An employer contact is counted even when an employment specialist meets the same employer more than one time in a week, and when the client is present or not present. Client-specific and generic contacts are included. Employment specialists use a weekly tracking form to document employer contacts.

DOC, INT

- 1= Employment specialist makes less than 2 face-to-face employer contacts that are client-specific per week.
- 2= Employment specialist makes 2 face-to-face employer contacts per week that are client-specific, OR Does not have a process for tracking.
- 3= Employment specialist makes 4 face-to-face employer contacts per week that are client-specific, and uses a tracking form that is reviewed by the SE supervisor on a monthly basis.
- 4= Employment specialist makes 5 face-to-face employer contacts per week that are client-specific, and uses a tracking form that is reviewed by the SE supervisor on a weekly basis.

<p>7. <u>Job development - Quality of employer contact</u>: Employment specialists build relationships with employers through multiple visits in person that are planned to learn the needs of the employer, convey what the SE program offers to the employer, describe client strengths that are a good match for the employer. (Rate for each employment specialist, then calculate average and use the closest scale point.)</p>	<p>DOC, INT, OBS</p>	<p>5= Employment specialist makes 6 or more face-to-face employer contacts per week that are client specific, or 2 employer contacts times the number of people looking for work when there are less than 3 people looking for work on their caseload (e.g., new program). In addition, employment specialist uses a tracking form that is reviewed by the SE supervisor on a weekly basis.</p> <p>1= Employment specialist meets employer when helping client to turn in job applications, <u>OR</u> Employment specialist rarely makes employer contacts.</p> <p>2= Employment specialist contacts employers to ask about job openings and then shares these “leads” with clients.</p> <p>3= Employment specialist follows up on advertised job openings by introducing self, describing program, and asking employer to interview client.</p> <p>4= Employment specialist meets with employers in person whether or not there is a job opening, advocates for clients by describing strengths and asks employers to interview clients.</p> <p>5= Employment specialist builds relationships with employers through multiple visits in person that are planned to learn the needs of the employer, convey what the SE program offers to the employer, describe client strengths that are a good match for the employer.</p>
<p>8. <u>Diversity of job types</u>: Employment specialists assist clients in obtaining different types of jobs.</p>	<p>DOC, INT, OBS, ISP</p>	<p>1= Employment specialists assist clients obtain different types of jobs less than 50% of the time.</p> <p>2= Employment specialists assist clients obtain different types of jobs 50-59% of the time.</p> <p>3= Employment specialists assist clients obtain different types of jobs 60-69% of the time.</p> <p>4= Employment specialists assist clients obtain different types of jobs 70-84% of the time.</p>

9. <u>Diversity of employers</u> : Employment specialists assist clients in obtaining jobs with different employers.	DOC, INT, OBS, ISP	<p>5= Employment specialists assist clients obtain different types of jobs 85-100% of the time.</p> <p>1= Employment specialists assist clients obtain jobs with the different employers less than 50% of the time.</p> <p>2= Employment specialists assist clients obtain jobs with the same employers 50-59% of the time.</p> <p>3= Employment specialists assist clients obtain jobs with different employers 60-69% of the time.</p> <p>4= Employment specialists assist clients obtain jobs with different employers 70-84% of the time.</p> <p>5= Employment specialists assist clients obtain jobs with different employers 85-100% of the time.</p>
10. <u>Competitive jobs</u> : Employment specialists provide competitive job options that have permanent status rather than temporary or time-limited status, e.g., TE (transitional employment positions). Competitive jobs pay at least minimum wage, are jobs that anyone can apply for and are not set aside for people with disabilities. (Seasonal jobs and jobs from temporary agencies that other community members use are counted as competitive jobs.)	DOC, INT, OBS, ISP	<p>1= Employment specialists provide options for permanent, competitive jobs less than 64% of the time, <u>OR</u> There are fewer than 10 current jobs.</p> <p>2= Employment specialists provide options for permanent, competitive jobs about 65- 74% of the time.</p> <p>3= Employment specialists provide options for permanent competitive jobs about 75-84%% of the time.</p> <p>4= Employment specialists provide options for permanent competitive jobs about 85-94% of the time.</p> <p>5= 95% or more competitive jobs held by clients are permanent.</p>

11. Individualized follow-along supports:

Clients receive different types of support for working a job that are based on the job, client preferences, work history, needs, etc. Supports are provided by a variety of people, including treatment team members (e.g., medication changes, social skills training, encouragement), family, friends, co-workers (i.e., natural supports), and employment specialist. Employment specialist also provides employer support (e.g., educational information, job accommodations) at client's request. Employment specialist offers help with career development, i.e., assistance with education, a more desirable job, or more preferred job duties.

DOC, INT,
OBS, ISP

- 1= Most clients do not receive supports after starting a job.
- 2= About half of the working clients receive a narrow range of supports provided primarily by the employment specialist.
- 3= Most working clients receive a narrow range of supports that are provided primarily by the employment specialist.
- 4= Clients receive different types of support for working a job that are based on the job, client preferences, work history, needs, etc. Employment specialists provide employer supports at the client's request.
- 5= Clients receive different types of support for working a job that are based on the job, client preferences, work history, needs, etc. Employment specialist also provides employer support (e.g., educational information, job accommodations) at client's request. The employment specialist helps people move onto more preferable jobs and also helps people with school or certified training programs. The site provides examples of different types of support including enhanced supports by treatment team members.

12. Time-unlimited follow-along supports:

Employment specialists have face-to-face contact within 1 week before starting a job, within 3 days after starting a job, weekly for the first month, and at least monthly for a year or more, on average, after working steadily, and desired by clients. Clients are transitioned to step down job supports from a mental health worker following steady employment. Employment specialists contact clients within 3 days of learning about the job loss.

DOC, INT,
OBS, ISP

- 1= Employment specialist does not meet face-to-face with the client after the first month of starting a job.
- 2= Employment specialist has face-to-face contact with less than half of the working clients for at least 4 months after starting a job.
- 3= Employment specialist has face-to-face contact with at least half of the working clients for at least 4 months after starting a job.
- 4= Employment specialist has face-to-face contact with working clients weekly for the first month after starting a job, and at least monthly for a year or more, on average, after working steadily, and desired by clients.
- 5= Employment specialist has face-to-face contact within 1 week before starting a job, within 3 days after starting a job, weekly for the first month, and at least monthly for a year or more, on average, after working steadily and desired by clients. Clients are transitioned to step down job supports, from a mental health worker following steady employment clients. Clients are transitioned to step down job supports from a mental health worker following steady employment.

<p>13. <u>Community-based services</u>: Employment services such as engagement, job finding and follow-along supports are provided in natural community settings by all employment specialists. (Rate each employment specialist based upon their <u>total</u> weekly scheduled work hours, then calculate the average and use the closest scale point.)</p>	<p>DOC, INT OBS</p>	<p>Employment specialist contacts clients within 3 days of hearing about the job loss.</p> <p>1= Employment specialist spends 30% time or less in the scheduled work hours in the community.</p> <p>2= Employment specialist spends 30 - 39% time of total scheduled work hours in the community.</p> <p>3= Employment specialist spends 40 -49% of total scheduled work hours in the then community.</p> <p>4= Employment specialist spends 50 - 64% of total scheduled work hours in the community.</p> <p>5= Employment specialist spends 65% or more of total scheduled work hours in the community.</p>
<p>14. <u>Assertive engagement and outreach by integrated treatment team</u>: Service termination is not based on missed appointments or fixed time limits. Systematic documentation of outreach attempts. Engagement and outreach attempts made by integrated team members. Multiple home/community visits. Coordinated visits by employment specialist with integrated team member. Connect with family, when applicable. Once it is clear that the client no longer wants to work or continue SE services, the team stops outreach.</p>	<p>MIS, DOC, INT, OBS</p>	<p>1= Evidence that 2 or less strategies for engagement and outreach are used.</p> <p>2= Evidence that 3 strategies for engagement and outreach are used.</p> <p>3= Evidence that 4 strategies for engagement and outreach are used.</p> <p>4= Evidence that 5 strategies for engagement and outreach are used.</p> <p>5= Evidence that all 6 strategies for engagement and outreach are used: i) Service termination is not based on missed appointments or fixed time limits. ii) Systematic documentation of outreach attempts. iii) Engagement and outreach attempts made by integrated team members. iv) Multiple home/community visits. v) Coordinated visits by employment specialist with integrated team member. vi) Connect with family, when applicable.</p>

*Data sources:

- MIS Management Information System
- DOC Document review: clinical records, agency policy and procedures
- INT Interviews with clients, employment specialists, mental health staff,
VR counselors, families, employers
- OBS Observation (e.g., team meeting, shadowing employment specialists)
- ISP Individualized Service Plan

2/14/96
6/20/01, Updated
1/7/08, Revised

Supported Employment Fidelity Scale Score Sheet

Staffing		
1.	Caseload size	Score:
2.	Employment services staff	Score:
3.	Vocational generalists	Score:
Organization		
1.	Integration of rehabilitation with mental health thru team assignment	Score:
2.	Integration of rehabilitation with mental health thru frequent team member contact	Score:
3.	Collaboration between employment specialists and Vocational Rehabilitation counselors	Score:
4.	Vocational unit	Score:
5.	Role of employment supervisor	Score:
6.	Zero exclusion criteria	Score:
7.	Agency focus on competitive employment	Score:
8.	Executive team support for SE	Score:
Services		
1.	Work incentives planning	Score:
2.	Disclosure	Score:
3.	Ongoing, work-based vocational assessment	Score:
4.	Rapid search for competitive job	Score:
5.	Individualized job search	Score:
6.	Job development—Frequent employer contact	Score:
7.	Job development—Quality of employer contact	Score:
8.	Diversity of job types	Score:
9.	Diversity of employers	Score:
10.	Competitive jobs	Score:
11.	Individualized follow-along supports	Score:
12.	Time-unlimited follow-along supports	Score:
13.	Community-based services	Score:
14.	Assertive engagement and outreach by integrated treatment team	Score:
	Total:	

115 – 125	= Exemplary Fidelity
100 - 114	= Good Fidelity
74 – 99	= Fair Fidelity
73 and below	= Not Supported Employment

Supported Employment Strategic Plan for Adults with Mental Illness

Employment Services Funding Resources

Federal Funding Stream	Federal Department	Eligible Population	Can Subsidize Wages?	Can Pay for Training and Supportive Services?
Temporary Assistance for Needy Families (TANF)	Health and Human Services (HHS)	Low-income (as defined by state) families with children	*Yes	Yes
Community Services Block Grant (CSBG)	HHS	Poor individuals and families – state may opt to raise income limit to 125% of the federal poverty level	Yes	Yes
**Workforce Investment Act (WIA) – Adult and Dislocated Worker programs	Department of Labor (DOL)	Under WIA Title 1, “adults” are individuals age 18 and over. “Dislocated Workers” include those who have been laid off or have received notice of termination from employment, are self-employed but unemployed due to general economic conditions, or are displaced homemakers. The adult funding stream incorporates a priority of service for public assistance recipients, other low-income individuals, and veterans when funds are limited. WIA services are often provided in One-Stop Career Centers.	Supports wage subsidies as part of on-the-job training; paid work experience can be built into some other activities but is rare	Yes

Federal Funding Stream	Federal Department	Eligible Population	Can Subsidize Wages?	Can Pay for Training and Supportive Services?
**Workforce Investment Act (WIA) – Youth	DOL	<p>To be eligible, a youth person must be age 14 to 21, be low income, and have at least one of the following barriers:</p> <ul style="list-style-type: none"> • Be deficient in basic literacy skills; • Be a school dropout; • Be homeless, a runaway, or a foster child; • Be pregnant or a parent; • Be an offender; or • Require additional assistance to complete an education program or to secure and hold employment. 	Yes	Yes
Community Development Block Grant (CDBG)	U.S. Department of Housing and Urban Development (HUD)	Programs should benefit primarily “low and moderate-income” individuals, defined as having family income under 80% of the family median income for that area.	Yes, as part of job training or microenterprise development, but rare.	Yes

Federal Funding Stream	Federal Department	Eligible Population	Can Subsidize Wages?	Can Pay for Training and Supportive Services?
Supplemental Nutrition Assistance Program (SNAP) Employment and Training (E&T)	U.S. Department of Agriculture (USDA)	Any SNAP (food stamp) recipient who does not receive ongoing cash assistance from TANF. Recipients are eligible to participate in E&T services only during the months when they are receiving SNAP benefits.	No, E&T funds may not be used for wage subsidies	Yes, including retention activities for up to 90 days.
Senior Community Service Employment Program (SCSEP)	DOL	Older, low-income adults who are 55 and older and have incomes of no more than 125% of the federal poverty level.	Yes	Yes
Unemployment Insurance (UI)	***DOL State Employment Development Department	UI recipients.	Under waiver authority (no states have applied)	Under waiver authority (no states have applied)
****Trade Adjustment Act (TAA)	DOL State Employment Development Department	Workers whose jobs have been inadvertently affected by international trade.	Yes, for certain older workers	Yes
Ticket to Work Program	Department of Rehabilitation	Adults age 18 – 64 who are recipients of SSDI or SSI	No	Yes

*Expanded Subsidized Employment (ESE) program funds available through a contract between County of San Diego HHS and the San Diego Workforce Partnership. ESE services may be accessed through the America's Job Centers of California.

**WIA funded programs and services may be accessed through the America's Job Centers of California and San Diego Workforce Partnership funded youth service providers.

***EDD Wagner Peyser funded job services may be accessed through the America's Job Centers of California.

****TAA assistance may be accessed through the America's Job Centers of California.