

**COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY
ADULT/OLDER ADULT BEHAVIORAL HEALTH SERVICES**

**SAN DIEGO BEHAVIORAL HEALTH
WORK WELL
FIVE YEAR STRATEGIC EMPLOYMENT PLAN
FY 2020 TO 2024**



ACKNOWLEDGEMENTS



County of San Diego, Behavioral Health Services

The County of San Diego's Behavioral Health Services (**BHS**) department provides mental health and substance use disorder services to over 111,000 San Diego County residents of all ages. Services are provided through 10 county operated programs, over 300 contracts and 800 individual fee-for-service providers. BHS embraces *Live Well San Diego*, the County's over-arching initiative to promote healthy, safe, and thriving communities in San Diego. BHS works in partnership with communities to help make people's lives safe, healthy and self-sufficient by providing quality behavioral services. We want to acknowledge the following County BHS staff who provided information to revise the plan, Dr. Piedad Garcia, Betsy Knight, and Robert Castillo. More information can be found at sandiegocounty.gov/hhsa/programs/bhs.



San Diego
Workforce
Partnership

San Diego Workforce Partnership

The San Diego Workforce Partnership (**Workforce Partnership**) is the premier organization and thought leader providing workforce development services, research and data for the entire San Diego region. The Workforce Partnership is reimagining workforce development to keep pace with a rapidly changing, skills-based economy in order to achieve the highest levels of personal and economic impact for our community. In 2019 they received a second five-year cycle of Mental Health Services Act funding through the County of San Diego to continue and expand the efforts of the *Work Well Initiative*. Amy Vance is the Workforce Partnership lead on this project, and staff members Kristen Walker and Daniel Enemark were helpful in bringing these revisions to fruition. More information can be obtained at workforce.org.



Corporation for Supportive Housing

The Corporation for Supportive Housing (**CSH**) is the national champion for supportive housing, demonstrating its potential to improve the lives of very vulnerable individuals and families by helping communities create over 335,000 real homes for people who need them. Building on nearly 30 years of success developing multi and cross-sector partnerships, CSH engages broader systems to fully invest in solutions that drive equity, help people thrive, and harness data to generate concrete and sustainable results. By aligning affordable housing with services and other sectors, CSH helps communities move away from crisis, optimize their public resources, and ensure a better future for everyone. CSH San Diego contracts with the San Diego Workforce Partnership for the *Work Well Initiative*. CSH staff member Tom Stubberud was the author of this plan, with help from Simonne Ruff and Kate Bitney. Visit csh.org.

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EXECUTIVE SUMMARY

Employment opportunities transform the lives of people living with behavioral health issues, providing both income and motivation along with a platform of hope, self-determination, self-respect and social connectedness. Maximizing employment opportunities has been a key goal for the County of San Diego Behavioral Health Services and this new Five Year Strategic Employment Plan (FY 2020 to 2024) outlines a clear vision for continued expansion of employment opportunities for people with behavioral health issues, including investing in evidence based and evidence informed practices that are effective in increasing employment.

This Strategic Employment Plan was developed through in-depth consultation with key community, consumer and business partners, including focus groups and interviews over a three-month period. The Plan provides an overview of the County of San Diego's investments in behavioral health and employment services and the highly prioritized work stemming from the initial Five Year Strategic Employment Plan which launched the "Work Well" initiative in San Diego. In addition, the Plan provides an overview of the evidence based best practice of Individualized Placement and Support (IPS) Model of Supported Employment and how it is being implemented locally. As part of the Plan's road map, it was crucial to include an analysis of priority and emerging sectors and employment opportunities in San Diego, outlining key opportunities for employment for people living with behavioral health issues. The Plan also identifies gaps that must be addressed and potential resources in achieving these efforts.

The Plan recommends clear goals, objectives, and strategies which form the foundation to maximize employment opportunities and act as key drivers of positive change and greater employment outcomes in the coming years. The goals over the next five years are to:

- Expand Access to IPS Model of Supported Employment.
- Engage Employers as Key Partners in The Work Well Initiative.
- Enhance Data Collection and Analysis.
- Champion Peer Employment and Advocacy to Increase Peer Involvement.
- Identify and Pursue Funding Opportunities.



CHAPTER 1 – SAN DIEGO BEHAVIORAL HEALTH AND EMPLOYMENT

The County of San Diego Behavioral Health Services recognizes the critical importance that work can have in maintaining mental health and achieving recovery goals. Greater participation in the workforce increases income and reduces poverty, while also improving mental and physical health.¹ This Five Year Strategic Employment Plan (The Plan) clearly outlines goals, objectives and strategies designed to maximize employment opportunities and supports for people with behavioral health issues, while working collaboratively with consumers, peers, and service providers along with business and community partners. This chapter outlines the clear investments that San Diego Behavioral Health Services has made in strengthening employment supports and services over the last five years, and describes the development of a new five-year vision to continue to maximize employment opportunities for people with behavioral health issues.

“Working gives me a reason to get up in the morning. And that is the best medicine.”

2014-2019 STRATEGIC EMPLOYMENT PLAN

The original San Diego Behavioral Health Five-Year Strategic Employment Plan was authored in 2014. This was the County of San Diego Behavioral Health Services’ forward-thinking effort to quantify and respond to the employment needs of those living with behavioral health issues. Corporation for Supportive Housing (CSH) took the lead on conducting the initial literature search and developed the plan with assistance from the Workforce Partnership and a broad range of individuals/agencies who provided input. After an initial posting and comment period, the plan was adopted by the County of San Diego in July 2014 and was then presented to over 40 local agencies, organizations and groups throughout San Diego County for implementation.

KEY GOALS, STRATEGIES AND DRIVERS OF CHANGE

The 2014 Plan focused on the evidence based practice of the IPS Model of Supported Employment, as well as highlighting other promising practices that are effective in increasing employment with an emphasis on people with lived experience of serious mental illness. The Plan identified several key goals that became the foundation of the work and implementation plan through 2019. These are to:

- Increase opportunities for employment, income, length of employment, and job retention for people with lived experience of mental illness.
- Increase awareness of mental illness and related stigma within the workplace and community.
- Increase and develop relationships with employers, businesses, and the entrepreneurial sector.
- Identify and increase funding opportunities for employment, business, social enterprise-related initiatives and programs for people with lived experience of mental illness.

¹ SAMHSA Evidence Based Practices KIT, Supported Employment: The Evidence

- Streamline navigation systems for people with serious mental illness regarding employment and supportive services.
- Improve data collection, analysis and reporting capacity of service providers regarding increased employment for people with lived experience of mental illness.

WORK WELL COMMITTEE

One of the first efforts of this initiative was to establish the Work Well Committee in 2014 as a subcommittee of the San Diego Behavioral Health Services Adult Council, focused entirely on employment. Since its inception, the group has met regularly on the second Tuesday of each month and has served as the forum for Employment Specialists, supervisors, employers, BHS staff, and others interested in employment and behavioral health to come together, learn, share, and explore employment opportunities for those living with serious mental illness.



In 2018, following the adoption of the IPS Model of Supported Employment throughout County Behavioral Health Services, the Work Well Committee shifted to include IPS evidence-based services conducted on site. The needs and focus of the committee have shifted to employer engagement and inclusion. A small sample of training topics and resources provided by and for the Work Well Committee include Mental Health First Aid through Mental Health America, highlights of San Diego specific priority sector data, resources from the Department of Rehabilitation, RI International’s Peer Support program, and the Psychiatric Emergency Response Team, as well as many other pertinent topics.

CAPACITY BUILDING AND TRAININGS

As part of the broader goal to increase employment for those living with behavioral health challenges, the Work Well Initiative helped to build capacity for the provision of employment services at the behavioral health provider level by providing series of annual trainings between 2014 and 2018. Below is a brief overview of the trainings provided, a description of each, and its intended impact.

Training	Description	Impact
Individualized Placement and Support (IPS) Model of Supported Employment	Between 2015 and 2018, the Workforce Partnership and CSH provided one-, two-, and three-day annual trainings on the foundations, principles, and fidelity to the evidence-based IPS Model of Supported Employment.	The impact of the trainings was to introduce the model and build knowledge and capacity within the BHS Clinics, Clubhouses, and Assertive Community Treatment programs, with a focus toward eventual implementation of the IPS Model of Supported Employment within their respective programs.
Westat IPS Employment Center in-person	Workforce Partnership and CSH completed the In-person IPS Westat training in 2018. Topics	This training provided staff with the knowledge, skills and tools to gain a deeper understanding of the model

training (New Hampshire)	include a deep dive on the principles, foundations, and fidelity to the model.	and to successfully provide trainings and fidelity reviews for BHS contractors.
Strategies for Successful Job Development	In 2017 the Workforce Partnership provided a one- day training on job development strategies for Employment Specialists working in behavioral health settings.	Attendees were guided through the process of job development, including strategies, development of job leads, , and how to conduct business and program analysis to successfully engage employers.
Benefits & Employment Trainings	Between 2015 and 2018, the Workforce Partnership, CSH Department of Rehabilitation, and Disability Rights California provided annual one day trainings on management of employment and public benefits for those living with serious mental illness.	These trainings provided a foundation for clients and service providers of how to successfully navigate employment and public benefits through Work Incentive Planning. The goal is to mitigate the impact of wages on Social Security benefits.

MENTAL HEALTH STIGMA REDUCTION TRAININGS

Beginning in late 2014, CSH identified and secured a grant of \$15,000 through CalMHSA to create a series of stigma reduction trainings to be provided throughout San Diego County. In collaboration with RI International, CSH recruited a peer with “lived expertise” to assist in creating and providing a stigma reduction curriculum to various groups, including the Disability Training Committee, several America’s Job Centers of California in the region and ten service clubs (Rotary and Lions). The trainings were well received by attendees and feedback such as, “I really understand that those who live with mental illness can fully function and work/be employed, and I will use this information to not discriminate against them” was provided. This effort, utilizing *Each Mind Matters* campaign materials, were primarily held in May 2015, Mental Health Awareness Month.

EMPLOYER SOCIALS

The Workforce Partnership has led the efforts to conduct quarterly Employer Socials and to date, over 12 Employer Socials have been held in different sites throughout the region. These are smaller scale job fairs that help take the anxiety out of meeting with employers face to face, in a casual, non-anxiety producing setting. Employer Socials enable participants to meet with employers, learn about their businesses and ask a variety of questions outside of a job interview format. Attendance at Employer Socials is usually between 50 and 60 individuals, which include the Employment Specialists and their job seeking clients.

With a shift toward employer engagement and inclusion over time, the socials have hosted a wide range of employers in attendance. The goal for coming years will be to expand to include additional small scale events that focus on the specific type of employment clients are interested in attaining, based on workforce priority sector strategies (which are outlined in Chapter 3). Employers in attendance must be hiring and willing to announce current openings, discuss how applicants can apply, which qualifications they are seeking, and be willing accept resumes on site.

EMPLOYMENT FOCUS GROUPS

As a key component of the Work Well Initiative, the team conducted annual focus groups as a way to capture the ideas and voices of the consumers served by the various behavioral health and employment programs within the San Diego BHS System of Care. Between 2014 and 2018, CSH conducted over 20 focus groups with employers, Employment Specialists, Peer Support Specialists, county BHS staff, employers, and employed consumers. Common themes emerging from the groups each year include the desire to reserve Employment Specialist time for providing employment services only, the need for increased training on employment related topics, that stigma in the workplace continues to be pervasive and that the personal benefits to those who are employed are real and tangible (i.e. increased income, reduced symptoms and/or hospitalizations, and greater self-esteem).



EMPLOYER AND CONSUMER TOOLKITS

In 2017, under the guidance of the Workforce Partnership and County of San Diego BHS, CSH staff took the lead on creating a set of toolkits targeting both employers and behavioral health job seekers. The Employer Toolkit provides information to companies on incentives in hiring someone with “lived expertise” and how Employment Specialists can help guide companies in the hiring process. For job seekers, the Toolkit provides information on how to identify individual strengths and understanding the individual needs of each person as it relates to the “right” job” for them. Both toolkits provide a list of resources available to employers and job seekers. The toolkits can be found on the County of San Diego Network of Care site and Technical Resource Library in Appendix 1.

ALAMEDA PEER TO PEER EXCHANGE

As part of the process of implementing the IPS Model of Supported Employment Model, CSH, Workforce Partnership and County Behavioral Health Services arranged and conducted a Peer to Peer Exchange on September 15, 2017 which brought together County and community organization peers to learn from each other and exchange information. The Peer to Peer exchange provided an opportunity for the Behavioral Health Recognition Award Winning program, the *Work Well Initiative*, (including County of San Diego Behavioral Health Services staff, Workforce Partnership Staff and CSH staff, and BHS-funded provider attendees) and Alameda County Behavioral Health Services Vocational Program to meet and collaboratively learn about:

- the adoption, implementation, and evaluation of the IPS/Supported Employment Model throughout Alameda County's Behavioral Health system of care; and
- San Diego's implementation of Supported Employment within the Behavioral Health system of care, as well as the use of IPS/Supported Employment with TANF recipients through a Department of Labor Workforce Innovation Fund initiative.

The objectives of the day long learning exchange were to:

1. Share best practices regarding Alameda County's adoption and implementation of the Supported Employment (IPS) as a county wide model.
2. Understand success factors in the adoption of Supported Employment across the system of behavioral health programs (e.g. how is the model integrated across the BH system).
3. Examine the culture shifts needed within a large county system in order for the successful adoption of Supported Employment programs.
4. Understand both the financial and training support needs of contractors and others charged with implementing Supported Employment programs, including technical assistance and fidelity reviews.

The most significant outcome related to the Alameda County Peer to Peer Exchange was the County of San Diego Behavioral Health Service Department's decision to fully adopt the evidence-based IPS Model of Supported Employment across the range of its contracted behavioral health clinics, clubhouses, and Assertive Community Treatment Programs. In July 2018, county-funded BHS contracts were revised to include specific language on employment and the implementation of IPS, thus aligning employment deliverables for each contractor, which includes 11 clubhouses, 12 outpatient clinics, and 14 Assertive Community Treatment programs.

COUNTY OF SAN DIEGO – ADDITIONAL BEHAVIORAL HEALTH RESOURCES

San Diego continues to experience a slow and steady rise in the rate of employment for those who receive services within the BHS System of Care. County data continues to show upward trends, year over year, in employment related outcomes for those receiving services within the County of San Diego behavioral health system, and this data is outlined in further detail in the next chapter.

“IPS implementation took off like a rocket in San Diego, with the subsequent meetings to the Peer to Peer Exchange it seems that everyone is hands on with integration and implementation.”

–Theresa Razzano, Director, Alameda County Behavioral Health Care Vocational Services

The BHS system continues to explore new and innovative ways to further investments in behavioral health employment initiatives. Toward that end, County of San Diego BHS continues to make significant progress toward full implementation of employment programs across the entire portfolio of behavioral health services programs. This includes providing resources for the Employment Technical Assistance contract with the Workforce Partnership and CSH.

Additionally, the County provides resources for employment- only programs, including:

- **Mental Health Systems-Employment Solutions Program:** The longest Mental Health Services Act (MHSA) funded stand- alone Supported Employment program in San Diego.
- **Noble Works Program:** A Supported Employment program of Union of Pan Asian Communities that ended in December 2018.
- Cooperative Agreement with **California Department of Rehabilitation (DOR):** A Supported Employment program between DOR and Mental Health Systems, Inc. This Cooperative Agreement has been in place since 1995.

TRANSITION AGE YOUTH (TAY)-SPECIFIC PLANNING

The County of San Diego Behavioral Health Services Transition Age Youth (TAY) Work Group Employment Subcommittee authored a report of recommendations in August 2018 to serve as a template for increasing employment for young people in San Diego County. Broadly, the recommendations include:

- employment focused staff education;
- increased integration of services with Peer Support Specialists;
- increased staff training around cultural competency, diversity, and trauma-informed service delivery;
- streamlined employment data collection; and
- implementation of the IPS Model with TAY populations county-wide.



CHAPTER 2 – IPS MODEL OF SUPPORTED EMPLOYMENT: LITERATURE AND PROGRAM REVIEWS, DATA, OUTCOMES AND FIDELITY REVIEWS

OVERVIEW – IPS MODEL OF SUPPORTED EMPLOYMENT

The Individual Placement and Support Model of Supported Employment was created in the late 1980s and came out of the Dartmouth Psychiatric Research Center. Created by Deborah Becker, Gary Bond and Robert Drake, the model is an evidence-based practice that has, since 1996, been fully researched and vetted. In 2010, the IPS Model was fully endorsed by Substance Abuse and Mental Health Services Agency. Currently, the IPS Employment Center, run by Westat, is headquartered in New Hampshire and serves as the premier international experts on research, dissemination, training, and consultation regarding Supported Employment.

Successful implementation of the IPS Model of Supported Employment is based on adherence to the key principles and serve as a program's foundation.

Zero exclusion. A person's prior work history (or lack of work history), symptoms, appearance, hospitalization, or substance use history, or other major factors, are not deterrents to considering and/or seeking employment.

Supported Employment services are fully integrated with comprehensive mental health treatment. Employment Specialists are assigned to a minimum of one mental health team, and are full and equal members of that team, with weekly team meetings to strategize around employment goals for their shared clients.

Competitive employment is the ultimate goal. These are positions that anyone is eligible to apply for, regardless of their mental health or disability status, command a minimum wage, and can be part or full time status.

Rapid job search goal of 30 days is the expectation. The benchmark for this principle is that within 30 days of intake the job seeker is, at a minimum, meeting informally with a prospective employer. The model does not focus on job readiness of the individual.

Personalized benefits counseling is necessary. Those receiving benefits may have real concern about what happens to their benefits once they are actually employed. The model indicates that clients need a fact-based, personalized benefit planning session before returning to the workforce to make the most informed decision about their future employment opportunities.

Follow-along job supports are continuous and are not time-limited. Individualized supports are provided to the client until they have reached stability within their employment, or until the client indicates that they no longer want/need support from the Supported Employment team.

Consumer preferences, strengths, and experiences are vitally important to the process. The goal of Employment Specialists is to conduct thorough assessments of job seekers goals, based on their work preferences, their skills and strengths, scheduling limitations and choices, and support to disclose or to not disclose their mental health status to prospective employers.

LITERATURE REVIEW

The body of literature on the effectiveness of the evidence-based Individualized Placement and Support (IPS) Model of Supported Employment is broad, deep and continues to expand. Going back to 1996, 27 randomized control trials have shown a mean rate of competitive employment for individuals receiving IPS services as 56%. In these studies, those not receiving IPS services had an average rate of 23%. Follow up studies have found stable results after 10 to 12 years of measurement.

From the IPSWorks.org website, the article *Making the Case for Supported Employment* incorporates multiple pieces of research regarding the IPS Model, including an individual's desire to work, cost-effectiveness of IPS, effect on the overall improvement of long-term well-being, and general lack of access to the IPS Model. Of note among the statistics cited were that:

- Two out of three individuals with mental illness are interested in competitive employment, but less than 15% are employed.
- IPS is three times more effective than other vocational approaches in helping people with mental illness to work competitively.
- Once individuals are on the disability rolls for severe mental illness, less than 1% of beneficiaries per year move off benefits to return to work.
- A 10-year follow-up study of clients with co-occurring serious mental illness (SMI) and substance use disorder (SUD) found:
 - an average annual savings of over \$16,000 per client in mental health treatment costs for steady workers, compared to clients who remained out of the labor market; and
 - approximately 40% of clients who obtain a job with the help of IPS become steady workers and remain competitively employed a decade later.
- IPS programs generally achieve high fidelity implementation within one year's time, and these programs have excellent competitive employment outcomes.

A review of the presentation titled, *Evidence for the Effectiveness of Individual Placement and Support Model of Supported Employment* focuses on four significant trends in IPS research;

- expanding the evidence base;
- assessing the applicability of IPS for targeted subgroups;
- extending IPS to groups people with SMI; and
- developing strategies to disseminate, implement, sustain, and expand IPS.

The presentation concludes with the growth and attention to IPS on a worldwide scale, scaling “up and out” of IPS in many directions, and the fact that more is known about IPS than any other vocational intervention due to the extensive amount of research conducted.

This 2019 research paper provides an overview of a randomized controlled multicenter trial of individual placement and support for people with moderate-to-severe mental illness. The study took place in Norway and set out to “evaluate the effectiveness of IPS for people struggling with work participation due to moderate-to-severe mental illness.” The trial compared IPS to high-quality “treatment as usual” offered to those with moderate to severe mental illness, along with a prioritized spot in a vocational rehabilitation scheme (primarily work with assistance and/or a traineeship in a sheltered business). Both rural and urban locations were involved. Statistics of note from the research included:

- At 12-month follow-up, 36.6% of IPS clients and 27.1% of control group participants were in competitive employment.
 - This increased to 37.4% for IPS clients at 18 months and remained static for control group participants.
- Subgroup analysis showed that employment rates were similar in participants with moderate and severe mental illness, indicating that IPS has an effect beyond the original target group of people with severe mental illness.
- IPS yielded positive effects on all secondary outcomes (compared to the control condition): psychological distress, symptoms of depression, and improvements in health complaints, functioning, health-related quality of life, and general well-being.

The August 2018 research paper, *Achieving Recovery and Attaining Full Employment through the Evidence-Based IPS Supported Employment Approach*, from the Maryland Behavioral Health Administration, provides an overview of Supported Employment and its approach and distinguishes that:

“IPS is not a distinct model of service delivery, but rather a means to operationally define the principles and practices of supported employment for individuals with SMI, in an effort to facilitate research on its efficacy and effectiveness and to ensure its faithful adoption and implementation by programs claiming to provide supported employment services.”

Additionally, this paper highlights the structures and sources that fund Supported Employment in Maryland. It notes that Supported Employment services for individuals with SMI are funded jointly by the Behavioral Health Administration and the Division of Rehabilitation Services, the state’s vocational rehabilitation agency. Their partnership leverages the resources of both agencies and maximizes devoted funding, which currently braids together state general funds, Medicaid service dollars, and vocational rehabilitation service dollars.

In a 2018 research paper titled *How Supported Employment Can Address Mental Health Inequities in Racial and Ethnic Minority Populations: Five States’ Experiences*, the authors set out to “explore how Supported Employment could address racial and ethnic inequities in mental health treatment and outcomes”. Recommendations from the paper note that other Supported Employment programs should consider:

- examining trends in Supported Employment data by race and ethnicity;
- leveraging existing data being collected; and
- partnering with local mental health authorities to reach racial and ethnic minorities, developing cultural competence training and to ensure programs are maximizing impact.

SUPPORTED EMPLOYMENT AND YOUTH

Specific to the implementation of IPS Model of Supported Employment with youth, the following article, *Transition for young people with learning disabilities in housing, social care, and health care, education/training, and employment*, came to the following conclusions:

“The lack of specialized support for young people with learning disabilities is a likely contributor to the high number of young people not in education, employment, or training in this population. Most remain in the family home without meaningful involvement in work activities (be it full time, part time, or volunteer). **Supported Employment has been shown to be what works with this population.** Support is required for

developing vocational preferences, take up and sustain work placements and work experiences at an early age, and for acquiring sufficient self-determination skills and general life skills to obtain and hold down a job on an ongoing basis...Additionally, individuals are often only invited to participate in Supported Employment if a stakeholder requests it, whereas it should be a mandatory consideration for the transition planning process. Instilling employment as a personal ambition and as a viable transition aim requires early intervention, good planning and preparations as well as robust, ongoing support structures.”



PROGRAM REVIEW

Below are thumbnail sketches of three national programs that are successfully implementing the IPS Model of Supported Employment and are demonstrating solid, positive outcomes across various populations and program metrics.

Sheppard Pratt Health Systems (Baltimore, MD)

This health system-based program uses the IPS Model to help clients find meaningful work across nine separate service locations within the state of Maryland. They adhere to the belief that...

“...paid community-based employment is imperative to recovery. Being part of the labor force enhances individuals’ quality of life and results in immeasurable positive outcomes like increased self-esteem.”

The program works with young adults, adults, and older adults who desire employment, regardless of their mental health condition. Their employment body of work is connected to a health system, which also provides the following services: crisis and admission, inpatient specialty services, residential and structured day services, therapy and medication management, community and family supports, school and school-based services, developmental disability services, employment and job training (which is where IPS lands), and care coordination and in-home services.

Guild Incorporated (St. Paul, MN)

Guild Incorporated's employment services program provides Supported Employment to individuals who are receiving Targeted Case Management (TCM) in specific counties as well as those in one of their agency programs that serves individuals who are chronically homeless. Staff work with individuals in the pre-contemplation phase of thinking about work, those actively seeking employment, and those who have a job and need ongoing support.

Notable statistics from 2018 impact report are that:

- 73% of individuals receiving employment services from Guild were hired in competitive jobs or maintained their employment from the year prior.
- The program is in the top 25% of similar programs in the nation that use the IPS Model, based on placement rate.

Alameda County Behavioral Health Vocational Services (Alameda, CA)

Alameda County Behavioral Health Vocational Services IPS is a part of the Adult System of Care for Behavioral Health Care Services that is imbedded in 15 different county operated and community based service teams and specialty mental health programs.

Their service approach is to partner with consumers for engagement around their unique interests and needs in finding a job, meet in their community to identify employers, apply for jobs and assist with retention, while continuing to collaborate with their clinical team and significant others to aid in their success. The IPS Model is seen as a treatment intervention. After a consumer is working, providers continue to support the individual until the job is secure and s/he is satisfied with the job match. If they want a different job or lose the one secured, they keep looking for jobs to help find a better fit. There is a "zero exclusion" approach to recruiting consumers for services, which means that as long as they are motivated to work and have expressed interest, they will be engaged despite any presenting barrier. The program serves a wide age range from youth (16-17 years old) all the way up to older adults (60+ years old) in finding and keeping competitive work.

For fiscal year 2018-19 the program also maintained seven contracts with community-based organizations that served 450 individuals. Vocational Services is externally reviewed annually, based on the 25 standard Fidelity Review and has sustained a "Good" level of fidelity. The program has a 37% job placement rate for the fiscal year, whereas benchmarks set by the Westat IPS Collaborative include 30% minimal standard, 40% good standard, and 50% exemplary standard.

The more complete literature and program review and summary document of Supported Employment is included in this document as Appendix 2.

DATA AND OUTCOMES

"Work is extremely important both in maintaining mental health and in promoting the recovery of those who have experienced mental health problems." (Rinaldi & Perkins).

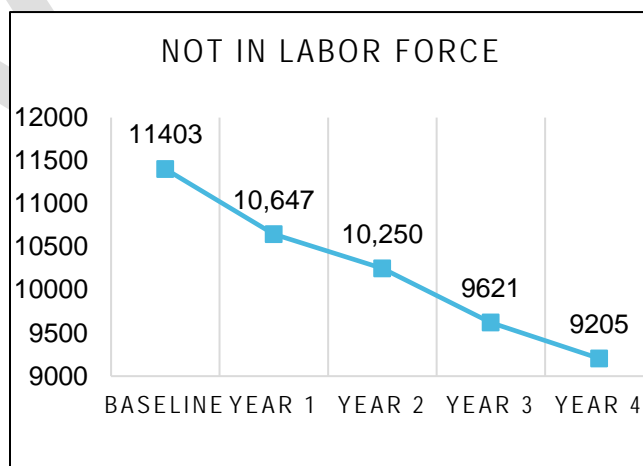
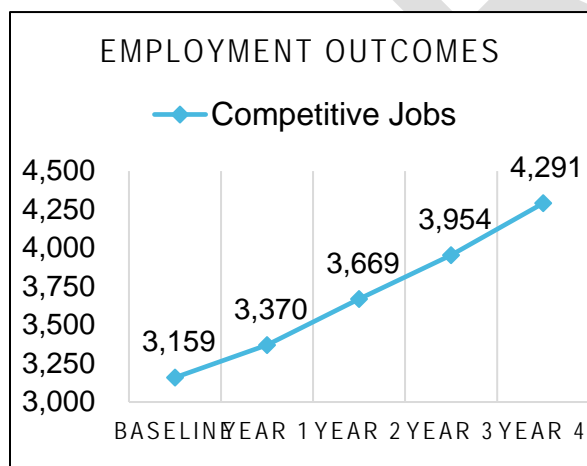
With greater participation in the workforce and decreased poverty, the mental and physical health of individuals improves. While the positive impact of work is well known, overall less than 10% of mental health consumers in California work, while 60-70% express interest in working.²

² Source: California Institute for Behavioral Health Solutions, <https://www.cibhs.org>

San Diego County has embraced the challenge of increasing employment options for people with serious mental illness and this Strategic Employment Plan creates a clear road map to achieve that goal.

In reviewing the impact of the implementation of San Diego's initial five years of the Strategic Employment Plan, it is apparent that there has been a steady increase in the number of people with serious mental illness who are working in competitive jobs and who are actively seeking work. The number of people working in competitive jobs at the end of fiscal year 2013/14 was 3,159, which increased to 4,291 individuals in competitive employment by the end of fiscal year 2017/18, meaning that 12% of San Diego's BHS clients with serious mental illness are now working in competitive jobs, an increase of 3%.³ Additionally, there has been a sizeable reduction in the number of people who do not consider themselves to be in the workforce (e.g. a reduction in people who aren't looking for work and do not feel they belong in the workforce). In this way, San Diego County is outperforming other counties across the state in connecting clients with serious mental illness to employment opportunities.

The San Diego Workforce Partnership and CSH analyzed County of San Diego's BHS Databook each year following the initial Strategic Employment Plan (2013/14). Annually, more than 200 additional unique clients were employed in competitive employment, with a total of 795 more clients working than in the baseline year. This achievement is all the more remarkable as there were fewer clients served in FY 17/18 (43,721 total clients served) than in 13/14 (44,004 total clients served). Notably, over that time period 2,198 more clients now consider themselves job-seekers and part of the active labor force. Finally, 674 more individuals are actively seeking work and engaging in activities to pursue employment. The following charts summarize these clear trends:



³ Source: County of San Diego Behavioral Health Services Databooks

FIDELITY REVIEWS AND TRENDS

The IPS Model of Supported Employment includes a 25-point fidelity scale which measures the program implementation against the model to assess how well the program is doing. The fidelity scale defines all key measures which indicate whether a program is partially or fully implementing the model. Research demonstrates that programs with higher fidelity to the model have greater employment outcomes for their participants.

In November 2015, CSH completed a Fidelity Review of Mental Health Systems Employment Solutions program, including a review of their contractors, Union of Pan Asian Community and the University of California San Diego Outpatient Psychiatry Department. In June of 2017, CSH completed an additional fidelity review of the separate Union of Pan Asian Communities program, Noble Works. Between the adoption of IPS across County BHS in July 2018 to present, the Workforce Partnership and CSH have completed 14 fidelity reviews across County-funded clinics, clubhouses and Assertive Community Treatment programs. The 14 reviews have shown an average score of 92.4 out of 125, which translates to “fair” fidelity on the scale. The reviews also uncovered positive program attributes, as well as areas for needed improvement, which, if implemented, could raise the fidelity to fair to good.

IPS Fidelity Review Results: July 2018 to December 2019	
Attributes	Needs
Wide acceptance of IPS Model of Supported Employment as a needed client service	Additional training on work incentives/benefits counseling is essential
The mix of jobs and employers is diverse and strong	IPS training is needed for organizational executive leadership around program implementation
For some programs, there is good integration between employment and clinical services	For other programs, there is room for better integration between clinical and employment services, particularly at clubhouses
Vocational assessment tools are working well	Ability to carve out more time for Employment Specialists to be field/community based
Zero exclusion seems to be the inherent culture of programs	Additional funding for programs to hire employment services supervisors
	Strengthened relationship with Department of Rehabilitation

“The review was a good process to go through it helps you know where you stand, both the good and bad. The review assisted me with making sure everything about my work with a client was documented from start to finish. I used the fidelity review scale and graded myself on each item so that I had a clear expectation going into the review on what the team would be looking for.”

**–Kim Pitts, Employment Specialist,
Community Research Foundation’s Heartland Clinic**

EMPLOYMENT SUCCESS STORY - ELIJAH

Elijah is a transition aged youth with the Pathways Catalyst program and he lives with a diagnosis of Schizoaffective disorder, anxiety and paranoia. For the past year, Elijah has been working as a barista, as well as training new employees and really enjoys his job. It provides him with positive support and the opportunity to be creative and feel like he has a purpose in life. After some initial struggles with hygiene and behavior, he was able to get back on track with support from his boss and his Assertive Community Treatment team, who helped by providing behavioral intervention and skill development.

During this past year, Elijah has dealt with some unfortunate life events, including the loss of his grandmother and a close friend, both of whom passed away within a couple months of each other. He expressed that work became a way for him to receive needed support while he was going through the grieving process. During this difficult time, he came to understand that if he did not have his job or the support he would have just isolated at home. He was able to discuss his actions and behaviors with his boss regarding identifying what he was going through and his boss was supportive and accommodating of his needs. This made him feel appreciated and cared for.

Elijah also shared that his journey with employment services has seen a complete turnaround since IPS Supported Employment was implemented at the Catalyst program. He reported really liking how services were geared towards an individual's wants without feeling pressure to do something they did not want to do. Elijah also identified that meeting employers face to face, with employment services staff was something he had never experienced before and that these meetings really helped him to thrive socially. Overall, the client enjoys the face to face interaction as one of the key aspects of employment services.

Elijah has maintained his own apartment and has paid his bills for some time now and just finished another semester of college, all while holding down a part-time job. When asked he stated,

"Today I notice more support from my treatment team than ever before. I feel like my team works together now and we are all on the same page with my goals and treatment and that employment has become a major part of my treatment. I feel I have more direction with my employment and my goals."



CHAPTER 3

SAN DIEGO WORKFORCE PARTNERSHIP PRIORITY SECTORS

The San Diego Workforce Partnership has a long-standing goal of achieving successful outcomes for special populations within the region including those with disabilities. Through multiple grants including Breaking Barriers, a Department of Labor Workforce Innovation Fund Grant, adapted to the Homeless Employment Pilot Program funded through The San Diego Regional Task Force for the Homeless and private funding, partnerships have been built and processes developed to carry on throughout the workforce sector. Providing wrap around, intensive services through the Individual Placement and Support Model (IPS), The Workforce Partnership has invested in quality placement and retention outcomes with an aim of long term successful economic empowerment.

Incorporating the IPS Model into the Behavioral Health System has increased employment outcomes for people who traditionally have low connection rates with employment services in the past. Within that framework, the Workforce Partnership emphasizes a pathway to sustainable careers while increasing job quality, including an emphasis on flexibility and stable schedules that lead to economic opportunity and security while advancing the dignity of work. Engaging local employers and helping shape policy through legislation are main pillars of the efforts that the Workforce Partnership is focusing on over the coming years. Addressing the key issues of long term stability for families while addressing concerns within the workforce sector (including childcare costs and family friendly inclusive practices), the Workforce Partnership aims to work with local employers to combat turn over and engage potential workforce members.

By collecting concrete data within the region on employment trends, priority occupations and sectors, the Workforce Partnership internally regularly identifies the county's priority occupations—those with self-sufficient wages at the entry level and greater-than-average annual openings and growth. Specifically, this means a priority occupation must pay at least 90% of workers \$15.99 an hour or more, must provide at least 63 openings a year, and must be growing in number of jobs by at least 6.5% a year. There are 72 priority occupations in San Diego. Once the Workforce Partnership identifies the region's priority occupations, the jobs in these occupations are identified. Economic sectors with at least 10,000 jobs in priority occupations are called Priority Sectors. There are 7 priority sectors in the San Diego region:

- Education & Human Development (70k priority jobs)
- Healthcare (58k)
- Advanced Manufacturing (26k)
- Public Administration (19k)
- Life Sciences & Biotech (14k)
- Information and Communication Technology & Digital Media (13k)
- Energy, Construction, & Utilities (11k)

A key goal of the collaboration with the County of San Diego BHS Employment Services as well as Corporation for Supportive Housing will be to train Employment Specialists to build connections through the IPS Model with employers who are hiring in these identified priority sectors. The benefit for clients within the system of care will be long term, higher paying placements and long-term retention in stable career pathways. Building quality opportunities for both youth and adults who may have limited job experience or education is critical to long term

economic stability. With behavioral health diagnoses come multiple other challenges to employment placements including individuals experiencing homelessness, justice system involvement, those with language barriers or immigration status issues, and people with substance use disorders/co-occurring disorders. The pathway to sustainable employment must be attained through individualize, customized supports for each client. Successful service delivery is client-driven and person-centered. The IPS Model fits that goal and is a compliment to the team approach within each BHS location, where individuals receive treatment and employment services concurrently and are encouraged to initiate client-focused treatment plans.

Gaps in Service Delivery

The San Diego County region has service delivery gaps including disparities for people with disabilities in employment opportunities, including lack of affordable housing, housing insecurity, racial disparity, and lack of opportunity at living wages.

For people with disabilities in the United States, the rate of unemployment is 20.7% versus 68.9% for people without disabilities.⁴ This discrepancy leaves people with disabilities with limited economic resources including a dependency on Social Security and disability benefits and can lead to other long-term issues including homelessness. San Diego County has the 4th largest population of homeless individuals in the nation.⁵ Raising housing costs and limited supply of low-income housing units has led to a rise in unsheltered individuals as well as housing insecurity. With a history of racial and class-based discriminatory sentiment, many housing programs in the past divided the region further and resulted in income inequality, resulting in significantly worse outcomes for low-income families and communities of color. Regardless of race or ethnicity, workers with a disability are less likely to be employed. (Kang, 2018).⁶ “Segregation levels today mirror those that existed in the 1960s. Income inequality is worsening. The number of people living in high-poverty neighborhoods has almost doubled since 2000, with African American and Hispanic families disproportionately impacted” (Ijadi-Maghsoodi, 2018).⁷ A more detailed discussion of issues of race and equity is included in Chapter 4.

“Having a job gives me purpose and I feel privileged to work and assist others.”

—NAMI San Diego 2018 Focus Group Participant

⁴ US Bureau of Labor Statistics Persons with a Disability: Labor Force Characteristics Summary

⁵ <https://www.rtfhsd.org/what-we-do/weallcount-pitc/>

⁶ Kang, Jamie L, et al. “Labor Force Characteristics of People with a Disability.” *U.S. Bureau Of Labor Statistics*, Oct. 2018, <https://www.bls.gov/spotlight/2018/labor-force-characteristics-of-people-with-a-disability/pdf/labor-force-characteristics-of-people-with-a-disability.pdf>.

⁷ Ijadi-Maghsoodi, Parisa. “Safeguard Our Back Country's Unintended Impact on Affordable Housing and Communities of Color.” *SD Dems*, 17 July 2018, sdcdp.ngpvanhost.com/sites/sdcdp/files/pdf/Affordable_Housing_and_Communities_of_Color.pdf.

CHAPTER 4: STAKEHOLDER INPUT

FOCUS GROUP AND KEY INFORMANT INTERVIEW HIGHLIGHTS

Between October and December 2019, San Diego Workforce Partnership and CSH began gathering feedback and input from multiple stakeholders, through focus groups and individual key informant interviews. Both groups and interviews produced valuable information about the current Supported Employment landscape and many of the comments incorporate the recommendations as part of this strategic plan.

FOCUS GROUP HIGHLIGHTS

PEER SUPPORT SPECIALISTS

The peer support focus group was coordinated with NAMI San Diego and RI International and held at RI International in November 2019 with a total of eight Peers and the Peer Employment Specialist from RI International. This group yielded a wealth of information regarding the perceived status of Peer Support Specialists within the behavioral health system.

From one perspective, there was the feeling that peer jobs have morphed from part to full time, due to additional county contract requirements. While this is a step in the right direction, there may be a general misconception about the foundational principles of a Peer Specialist role. Programs are working from different definitions of peer roles, responsibilities and job descriptions including a lack of standardization of functions across programs and organizations.

The need for self-advocacy and advocacy for others is a big part of the overall peer work frame. Consensus was reached among the group around the need to create career pathways for Peer Specialists, given the lower salary range that currently exists for peers. It was discussed that this might include pathways to becoming Employment Specialists, Case Managers, or Wellness Coordinators in behavioral health and/or non-behavioral health sectors.

One theme that emerged for peers working within ACT programs is their need to make “space” as a member of the team. The County requires that peers are employed on ACT teams and there is an opportunity for a better understanding of how to best utilize peer talents, while being sensitive to reducing tokenism and ensuring that peers’ skills are recognized and maximized on the job. Additional feedback centered on the importance of setting boundaries and navigating around those who may not hold a recovery focus.

EMPLOYED CONSUMERS

CSH conducted a focus group with currently employed clients and those who are actively looking for work. All attendees were clients at either the Pathways Catalyst program (for transition age youth) or Mental Health Systems Employment Solutions, the stand-alone IPS Supported Employment program. There were a total of 8 attendees in the group, five employed consumers, two



Employment Specialists and one Peer Specialist. Themes that emerged from this group were varied but included the need for:

- Enhanced support services, to include bus passes, gift cards for new interview clothing, and access to financial literacy/education services to assist clients with money management.
- Stronger referral bridges between behavioral health programs, particularly during periods of age transitions (i.e. TAY to Adult)
- Training and education on benefits management and employment. There continues to be a general lack of knowledge about the “benefits cliff” and how that impacts an individual’s ability to work and the amount they are able to earn.
- Expansion of subsidized wage work environments (with a specific example of the local DOJO café which has a relaxed hiring policy and hires those with little to no experience, but the motivation, drive and desire to work.)

EMPLOYMENT SPECIALISTS

The Workforce Partnership and CSH co-facilitated the October 8, 2019 Work Well meeting to include an in-depth group discussion with Employment Specialists to solicit their input into the strategic employment plan revisions. Below are highlights of how Employment Specialists see themselves in relation to their clients, some perceived barriers to expansion, their primary needs for training, and specific recommendations for the future.

In their own words, Employment Specialists identify themselves as creative bridge builders, role models, ambassadors for the Supported Employment model, motivators, professional mentors (beyond employment), supporters, mental health stigma busters, matchmakers, advocates, case managers, and interpreters. When asked to identify barriers to expanding employment services, the group highlighted the following:

- the organization’s executive team lack of familiarity with the IPS Model;
- a general lack of funding for and knowledge of the IPS Model;
- competing priorities and goals for clients in different settings;
- expectation of frequent contact with clients can be challenging;
- overcoming the “you’re sick, you can’t work” clinical attitude, which fosters frustration; and
- a lack of collaboration and open mindedness for clinicians outside the clubhouse.

For ongoing training needs, the Employment Specialists identified multiple topics, including:

- Trauma Informed Care trainings (including lifespan trauma)
- Benefits Counseling
- Self-care & balance
- Person-centered training
- Strength based case management and strengths assessment
- How to create a culture of wellness within their organization
- Additional supervisory and peer supervisory training for IPS
- Accommodation requests for employers and veterans-focused training
- A Resource Portal to get all the information we need in one place.

Employment Specialists made the following general recommendations for future success of the Work Well Initiative:

- Strengthening program messaging through having a champion, at both employer and clinical sites.
- Honoring employers who hire their clients.
- Increasing employment placements each year.
- Working toward sustainable employment.
- Lessening mental illness stigma in the workplace (i.e. promoting the normalcy of mental health issues) through employer education and expansion of the employer base.
- Increasing awareness of benefits and employment management.
- Increasing pay rates for employment services staff, in order to be competitive.
- Strengthening and sustaining program funding.
- Increasing public awareness of issues that clients face (through tools like *It's Up to Us* Campaign).
- Continuing to expand Supported Employment to multiple venues.

KEY INFORMANT INTERVIEW HIGHLIGHTS

Another important component of the information gathering process for this revised strategic employment plan involved speaking with several individuals with notable expertise in the areas of Supported Employment, workforce development and behavioral health. Individuals interviewed for this plan were:

- Beth Twamley, Ph.D., University of California San Diego;
- Melissa Young, Director, National Center of Employment and Homelessness, Heartland Alliance;
- Theresa Razzano, Director and Chris Llorente, IPS Trainer; Alameda County Behavioral Health Care Vocational Services;
- Deborah Becker and Gary Bond, Westat IPS Employment Center;
- Piedad Garcia, Ed.D, LCSW, Deputy Director and Betsy Knight, Behavioral Health Program Coordinator, County of San Diego, Behavioral Health Services, Adult and Older Adult System of Care;
- Daniel Enemark, Senior Research Analyst, San Diego Workforce Partnership; and
- Paul Delessio, Director of Coordinated Services and Rocio Hammershamb, Division Director of Facilities Operations, Father Joe's Villages

The following section highlights common themes that emerged from these conversations as they relate to IPS Supported Employment. While some comments may lead into specific recommendations contained within this plan, others are worthy of note for future consideration.



NEED FOR EXPANSION OF THE IPS MODEL

According to IPSWorks.org website, over 60% clients with severe mental illness want to work, but less than 20% are employed and only 2% of people who could benefit have access to effective employment services. This demonstrates the need for continued expansion of the IPS Model of Supported Employment locally and nationally.

Youth: There was an expressed focus on a specific expansion of the model specifically to engage youth in Supported Employment. The newly validated youth IPS fidelity scale incorporates supported education as a key component. Currently, the youth scale has been piloted in six sites thus far and in January Westat will be beginning a three-year study of the scale that will include ten pilot sites.

Substance Use Disorder (SUD): Another specific population that was identified for potential expansion of the IPS Model of Supported Employment to were those receiving substance use disorder (SUD) treatment through County-funded SUD treatment facilities.

Both Dr. Becker and Dr. Bond felt there was no disadvantage of using the full fidelity scale for multiple populations, given the crossover on issues of mental illness, justice involvement and homelessness. Use of the full scale, even though particular programs may score low on integration items, should be a top priority. The example was given of continuing to emphasize the top priority of integration of employment and behavioral health services at clubhouses, recognizing that while this is more challenging to implement, the outcomes would produce higher rates of employment for members who are supported while seeking work.

There were comments regarding San Diego's movement toward becoming a member of the IPS International Learning Community. It was noted that in order to become an active member of the learning community, counties/states can establish working relationships with the Department of Rehabilitation which can grow over time. One practical approach to stronger systems alignment would be to conduct a "crosswalk" of the California Department of Rehabilitation services and the IPS Model of Supported Employment to see where there are similarities and differences, with the goal of identifying areas for enhanced collaboration.

Finally, interviewees encouraged San Diego to consider creating and hosting an Annual IPS Supported Employment Summit to highlight San Diego's exceptional early employment achievement to further build capacity among BHS partners and highlight local service providers.

RENEWED FOCUS ON DATA AND RACE EQUITY

It is critical that efforts focused on employment include a Race Equity framework which recognizes the broad reaching impacts of individual, institutional, and structural racism as well as implicit and explicit bias which contribute to systemic obstacles to equitable employment and workforce training. Unemployment rates are generally higher for people of color and it is important that partners engaged in workforce development and pathways to employment develop a shared understanding of race equity.

Specifically in San Diego County, there is a high level of racial inequality in income and employment. In 2018, mean income for white workers 18-24 years old was \$25,448, while mean income for black residents was only \$12,129, and the wealth gap is even larger than the

income gap.⁸ San Diego's racial disparity in youth disconnection (the proportion of 16-24-year-olds both out of school and unemployed) is the highest in the nation.⁹ In addition, San Diego's high cost of living—44% higher than the national average¹⁰—makes the economic disadvantages faced by people of color especially daunting.

The impacts of racism are seen in larger policy conversations regarding wages, quality/standard of living and equity and there is a greater need for focusing in on racial equity across the workforce and employment landscape. It is critical to prioritize strategies that address racial inequities while recognizing widening gaps in income equality and promotional opportunities within the retail sector. Many participants in the BHS System of Care may find themselves in the retail sector or other entry level positions and experience these significant disparities in economic opportunities for people of color. Using data driven planning which focuses on wage and placement rates for people of color will help to identify and address implicit and explicit bias. An important goal of this Employment Plan is to focus on improving data collection and lived experience related to race and employment outcomes to gain a better understanding of the racial disparities experienced in employment and the behavioral health services system, and to develop tools which effectively address these disparities. For example, according to the 2018 document *Ready for Equity in Workforce Development, Racial Equity Readiness Assessment Tool*, by Race Forward and Center for Social Inclusion outlines that:

“Racial inequity is a critical barrier and outcome in the field of workforce development, as practitioners strive to provide quality and effective service for workers. In contrast to popular thought, racial bias is not simply an issue of individual animus, but instead a pattern that manifests in the policies, practices and then everyday operations of institutions. These patterns of racial inequity often occur without the intention or awareness of the staff and leadership. The impacts and negative outcomes on customers of color can be severe, leading to lower service access, training quality and job placement. Ultimately, this means workforce development organizations that fail to address racial inequity within their institution fall short of their mission and vision.”

As this plan is implemented, employment focused racial equity tools will be explored to analyze best practices in addressing implicit bias and institutional racism, with a proactive goal valuing and operationalizing racial equity.

ENHANCED BENEFITS COUNSELING AND SUPPORTIVE SERVICES

There is continued need for greater education on benefits and employment for both clients and service providers. This is due to a general lack of understanding about management of public benefits for those who are employed or seeking employment. Increased skill levels among service providers will be crucial in assisting clients who want to maintain critical benefits while employed.

Other types of workforce supports needed for those who experience structural challenges to getting and keeping a job were identified. These include focusing on childcare, transportation,

⁸ Oliver, M., & Shapiro, T. (2013). *Black wealth/white wealth: A new perspective on racial inequality*. Routledge.

⁹ Burd-Sharps, S., & Lewis, K. (2018). *More Than a Million Reasons for Hope: Youth Disconnection in America Today*. Brooklyn, NY: Social Science Research Council.

¹⁰ Council for Community & Economic Research, Cost of Living Index, <http://coli.org>.

and justice system involvement (i.e. expungement). There is opportunity to identify additional supports that meet individuals' needs beyond these three identified areas.

Life skills training beyond employment was noted as an important component for individuals. Specific areas identified included coaching on topics such as how to behave or engage in the workplace, communication skills, and financial literacy, (i.e. how to manage a paycheck, budgeting or establishing a bank account). Attention to these and other skills should accompany the overall Supported Employment services provided to job seekers.

SECTORS, EMPLOYERS, AND EMPLOYER ENGAGEMENT

Daniel Enemark, Senior Research Analyst at the Workforce Partnership, talked about the significance of priority sectors for the workforce development system. They view occupations

“It comes down to the overlap in the Venn diagram. What do you like, what are you good at, and what can you make money doing?”

–Daniel Enemark, Workforce Partnership

as the most efficient tools to turn their workforce funding into viable pathways for individuals to move from low-income to the middle class. Priority sectors are identified as plentiful, with enough available jobs, that are growing at a rate of 6% or greater, and where many people can be placed into them. Daniel noted that people searching for jobs typically look to occupations, not sectors, and that a focus on occupations is the best place to start when thinking about how to support people looking for work. The San Diego Priority Sector posters are attached to this document as Appendix 3.

Paul Delessio and Rocio Hammershaimb of Father Joe's Villages, a San Diego homeless services provider, talked about the sector based strategies they successfully use with their clients. The focus is on jobs that provide a salary above minimum wage, in areas where there are available jobs. This includes maintenance, painting, property management, senior caregiving, hydroponic gardening, culinary arts, and warehouse work. They discussed how the availability of jobs in the community is an important point. Toward that end, they initially train clients for certification in a particular field with open positions (i.e., culinary or security guard), with the ultimate goal of helping them onto a career pathway or ladder the individual can climb.

Melissa Young of Heartland Alliance talked about guiding employers toward adopting trauma informed guidelines, policies, and procedures as a means to assist vulnerable job seekers from being re-traumatized when they return to the workplace. This would go a long way toward reducing stigma around mental illness, while supporting an individual's ability to obtain or retain a job.

PROGRAMMATIC CONSIDERATIONS

Theresa Razzano and Chris Llorente of Alameda County have described the structure of an ideal IPS program with a focus on the need to have IPS employment supervisors that oversee a group of Employment Specialists within each program. This enables supervisors have more authority within a program, as opposed to designating someone as a lead Employment Specialist within the overall organization.

Given San Diego's robust rollout of the IPS program across the Behavioral Health Services system, one specific recommendation made was to consider conducting IPS fidelity reviews by organization, rather than by the individual program. This would ensure that all IPS programs would receive a fidelity review within a much shorter timeframe, rather than over the longer period that it will currently take to complete all initial reviews. This could help programs get on the fast track from fair to good fidelity in a shorter period of time, thus enhancing their job placement outcomes.

INCREASED IPS FUNDING

There was discussion about the need to identify and secure additional grant funding for IPS implementation, along with the specific opportunity to add Medi-Cal billing for services provided under the Supported Employment Model. This would create significant opportunity to bring in additional funding if the Supported Employment programs in San Diego were able to maximize Medi-Cal reimbursement for covered services for people with serious mental illness. Other counties and states have conducted Medicaid "Crosswalks" to help identify services and billing approaches which qualify for Medicaid billing, resulting in increased revenue to the local mental health system. Alameda County has trained county-funded providers on how to successfully bill Medi-Cal for clinically appropriate employment services.

It was also noted that if the County was able to expand resources to programs and/or help identify other funding sources for IPS, programs would have greater internal capacity to implement changes to move their fidelity outcomes from fair to good, thus increasing positive employment outcomes for their clients.

"I feel good, but I'll feel better once I'm employed."

—East Corner Clubhouse 2018 Focus Group Participant



CHAPTER 5: SUMMARY OF RECOMMENDED GOALS, OBJECTIVES, STRATEGIES, AND ACTIONS THROUGH 2024

This San Diego Behavioral Health Five Year Strategic Employment Plan outlines the following five year goals in seeking to increase employment opportunities for people with behavioral health issues. The five goals, objectives, and strategies are outlined here.

GOAL 1: EXPAND ACCESS TO IPS SUPPORTED EMPLOYMENT

Objectives:

- a) **Increase access to IPS Supported Employment services for a broader range of people with behavioral health needs in San Diego County, including youth and people with substance use disorders.**

Strategies:

- i) *Enhance IPS Supported Employment services for Youth with behavioral health needs*

- Implement recommendations from County BHS TAY Workgroup Employment Subcommittee to Expand IPS Model to include more youth-focused organizations
 - Transition all youth providers to the new IPS youth scale
 - Consider creating a mobile team to provide youth IPS services
 - Evaluate Supported Education and consider capacity building with youth providers around Supported Education

- ii) *Enhance IPS Supported Employment services for people with substance use disorders*

- Expand IPS Supported Employment Model to Substance Use Disorder county-funded residential, outpatient, and opioid treatment programs

- b) **Maximize IPS Supported Employment collaborative efforts to build on the county-wide network of IPS experts.**

Strategies:

- Support regular monthly IPS Employment Specialist meetings
- Quarterly Work Well meetings
- Quarterly Employer Socials
- Quarterly IPS Advisory Meeting (program managers)
- Create and host an annual San Diego IPS Supported Employment Summit
- Membership in Westat IPS International Learning Community

- c) **Enhance San Diego BHS providers' capacity to implement IPS Supported Employment through ongoing training**

Strategies:

- Continue to provide and enhance training opportunities for BHS-funded Employment Specialists and Program Managers. Trainings will be a combination of in-person and on-line trainings and webinars:
 - Quarterly training on IPS SE topics
 - IPS Supported Employment (Introductory and Advanced)
 - Benefits Counseling
 - Job Development Training
 - Other identified topics

GOAL 2: ENGAGE EMPLOYERS AS KEY PARTNERS IN THE WORK WELL INITIATIVE

Objectives:

a) Engage High Priority sectors in the Work Well initiative, with the goal of identifying Work Well employer champions

Strategies

- Conduct frequent mini Employer Socials based on the San Diego high priority sectors
- Conduct quarterly Employer Socials

b) Promote Countywide IPS and Employer Engagement through social marketing efforts

Strategies

- Create a Work Well Website, as a repository of all efforts related to Work Well
- Create a Work Well Social Marketing campaign aligned with the County's *It's Up to Us* effort

GOAL 3: ENHANCE DATA COLLECTION AND ANALYSIS

Objective:

Use expanded data collection and analysis to drive data informed decision making in IPS Supported Employment efforts.

Strategies:

- Align San Diego County data with IPS Learning Community metrics
- Mandate standardized reporting, training and accountability, with county overseeing data management internally
- Analyze and regularly report on fidelity results, employment outcomes, and county-wide race equity data
- Track employers hiring across BHS-funded sites to understand hiring trends for those with lived experience, including wages and number of hours worked

GOAL 4: CHAMPION PEER EMPLOYMENT AND ADVOCACY TO INCREASE PEER INVOLVEMENT

Objective:

Assist peers and peer providers in peer advocacy, including information on peer certification, policy, wages, and integration of peers

Strategies:

- Provide county-wide training and capacity building on
 - Integration of peers into behavioral health (and non-behavioral health) work settings
 - Career pathways for peers (including NAMI San Diego) on becoming Employment Specialists, Case Managers, or Wellness Coordinators
- Create a white paper on San Diego peer efforts

GOAL 5: FUNDING OPPORTUNITIES

Objective:

Identify and promote funding opportunities for enhanced implementation of IPS Supported Employment.

Strategies:

- Create and implement on-going training on MediCal billing for Supported Employment
- Identify and promote additional grant funding resources for BHS providers to work toward securing

MEASUREMENT OF PROGRESS

This Five-Year Strategic Employment clearly identifies key goals, objectives, and strategies that build on a robust platform of employment achievements that resulted from the initial Strategic Employment Plan. The goals, objectives, and strategies outlined above are the drivers of success in creating additional employment opportunities for people with behavioral health issues in San Diego County. Looking ahead at the five-year timeframe of Plan implementation, the Work Well Committee will review results and outcomes on a quarterly basis and will provide feedback into the Plan's implementation over the coming years. Finally, the Workforce Partnership, CSH, and BHS will develop annual Work Plans that stem from this Employment Plan and garner the support of Work Well Committee members in order to maximize the Plan's implementation.



APPENDICES

- 1 Employer and Job Seeker Toolkits
- 2 Literature and Program Review Summary Document
- 3 San Diego Workforce Partnership Priority Sector Posters

DRAFT