Working Well Together

Training and Technical Assistance Center

Consumer and Family Members Employment Readiness/ Hiring/ and Retention Programs Inventory and Analysis: Final Report

2011

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Working Well Together (WWT) is a collaborative project comprised of the California Network of Mental Health Clients (CNMHC), the NAMI California, United Advocates for Children and Families (UACF), and the California Institute of Mental Health (CiMH). Funded by the Mental Health Services Act and the Department of Mental Health, the WWT Training and Technical Assistance Center (TAC) supports the vision of the Mental Health Services Act (MHSA) to transform systems to be client and family-driven. As such, WWT supports the sustained development of client, family member and parent/caregiver employment within every level of the public mental health workforce.

For further resources to develop consumer and family member supported employment and retention activities and programs, please visit our website: www.workingwelltogether.org. Any questions about this report can be directed to John Aguirre, Program Specialist/WWT TAC Coordinator Central Region. NAMI California, 1010 Hurley Way, Suite #195, Sacramento, CA 95285. Office (916) 567-0163 Ext 107. Cell: (916) 834-0163. E-mail: john.aguirre@namicalifornia.org

CONTENT

ABSTRACT

The 2011 Working Well Together Inventory increases awareness and understanding of employment readiness, hiring and retention programs in California. This document gives a general overview of models, practices, challenges and findings. The 2011 Working Well Together (WWT) inventory is not exhaustive, but rather presents programs identified by public mental health stakeholders as the foundation for ongoing development and expansion of existing workforce efforts in the Golden State. By inventorying key existing programs, WWT identifies characteristics that contribute to the effectiveness, as well as the limitations, of those programs. This inventory and analysis does not cover all workforce development programs and efforts underway in California and is, therefore, understood to be a foundation for continued analysis. Nonetheless, the information gathered offers current trends and next steps within the field.

The models in this inventory represent both the global view of employment programs in the United States as prescribed by Substance Abuse and Mental Health Services Administration (SAMHSA) and their relation to California county models, designed, implemented, or otherwise. Some model descriptors include guiding principles and philosophy, and the granular level of program structure and community resources through the unique cultural lens of consumers and family members with "lived experience". The guiding principle of recovery and wellness as addressed in the California Mental Health Services Act is infused throughout these models along with the general goal of employment of individuals with consumer and family member experience. Models are impacted by differences in cultural and age demographics, socio-economics, the prevalence of mental illness in the county, political affiliations, availability of mental health treatment, county administrative funding, and so on. Yet within that diversity of approaches to employment of mental health consumers and their family members, there lies a consistent desire to embrace a recovery model with a primary goal of improving outcomes for service recipients, as well as reducing the high percentage of unemployed people who have a mental illness.

Lastly, this inventory is rooted in the absolute belief that consumers and their families are fit employees that succeed when employers provide adequate structure, have internal capacity, plan accordingly and embrace these individuals as assets to the organization. This document embraces the framework where employers take an active role engaging consumers and their families as employees through:

- Help: provide help to consumers and family members;
- Ethics: have a commitment to follow moral and ethical standards;
- Awareness: provide opportunities for self-awareness;
- Rehabilitation Skills: use rehabilitation skills to promote recovery and resiliency;
- Team Building: provide opportunity to work with others including co-workers, supervisors, staff from other programs, family members and, most importantly, clients.

INTRODUCTION

According to SAMHSA's document, "Supported Employment: - A Guide for Mental Health Planning and Advisory Councils," employment is an important source of dignity, purpose, and identity. For individuals with a mental health condition, employment offers the same value in addition to its contributions toward recovery. Unfortunately, only a small number of individuals with mental health conditions are able to find satisfying work. In the United States, the employment rate for individuals with severe disabilities is approximately 25%. The employment rate for individuals with mental health conditions is often even lower than that, as low as 15%. Assisting individuals with mental health conditions to return to work is particularly significant since they account for a large percentage of public support beneficiaries. For example, in 1999 about 34% of Supplemental Security Income (SSI) recipients were working-age adults over 18 years of age with mental illness. These employment statistics contrast with the clear desire of adults with mental health conditions to work. Research has found that nearly 70% of adults with mental health conditions aspire to obtain satisfying employment.

To understand this paradox, we must analyze the barriers to obtaining employment. Two of the obstacles adults with a mental health conditions face are stigma and discrimination. Many employers may be under the false impression because of societal stereotypes based on stigma and discrimination that someone with a mental health condition cannot be successful in a competitive job. The most significant barrier to employment is the community that perceives only consumers' limitations, without having an appreciation of their contributions. Similarly, employers' abilities to recognize the role of family members as both employees and support systems for employed consumers can create great momentum towards Supported Employment.

Under California's Mental Health Services Act (MHSA), clients and family members are instrumental in transforming our mental health system into a system that is integrative, inclusive and welcoming. Local and statewide MHSA strategies are designed to support the development of a resiliency, recovery, wellness-oriented, culturally/linguistically competent, consumer and family member-driven mental health workforce. Creating these conditions will result in improved services for consumers and family members.

The WWT Inventory documents the complexity of Supported Employment programs in California counties and analyzes two elements: Program Design and Specifications, and Program Operations. We examine the role of consumers and their families, services offered to consumers and employers, processes and organizational features. Better understanding of effective approaches and lessons learned, will lead to programs with better outcomes for consumers and families. The information in this report can be used to evaluate, adjust or even revamp current Supported Employment programming. This document provides general frameworks or models that each county may further explore through formal research or informal internal dialogue. The WWT Inventory is not an in-depth analysis of any particular model or a promotion of any specific approach. This document is a macro-view of Supported Employment programming in California.

METHODOLOGY

The WWT inventory is the result of an 18-month investigation developed through dialogue, surveys and document review. We recognize that readers may find excluded sources of information that are relevant to this inventory. These shortcomings reflect limitations around timeliness, resources, and stages of program development. Discussions with stakeholders, consumers and key informants were a cornerstone of this document. Key Informants were identified through discussions with stakeholders, informal focus group interviews with consumers/family members, and reports reviews from the California Department of Mental Health, RAND Corporation, the U.S. Department of Labor's Office of Disability Employment Policy (ODEP), and SAMHSA. Working Well Together collaborative partners, County Mental Health Directors, and County Mental Health Services Act staff also provided guidance in identifying key informants.

Primary Sources

Counties provided basic program documentation and information on their stages of program implementation; for example, at the time of contact, some counties were in the development phase of hiring, retention and, therefore, limited their input to their developmental stage. Other counties that were more advanced in their program implementation were obviously able to provide greater insight. It is important to note that no two organizations can emulate each other's developmental and learning curves, and so program implementation differences should be expected. Alameda, Alpine, Calaveras, Contra Costa, Glenn, Kings, Los Angeles, Merced, Orange, San Bernardino, San Joaquin, San Mateo, and Sierra County, in particular, provided considerable information, including geographical and political sampling of the various efforts throughout the State.

Free flowing community discussions were also sponsored to promote involvement of the general public. Wellness Center meetings in Alpine, Calaveras, Kings, Los Angeles, Merced, San Bernardino, and San Joaquin Counties, were facilitated by WWT. These open discussions focused on jobs and peer employment, were non-scripted, organic and touched on the needs of consumers and family members. Input often indicated that to be actively engaged in the process, consumers and their families had to set the agenda and tone of the conversations; only under these conditions, would these consumers and families feel free to provide honest information. This open process enabled WWT to uncover challenges and successes in employment that may not have been voiced if the participants had followed a pre-set agenda or rigid discussion questions.

WWT heard directly from the Mental Health Services Act staff in fourteen of the twenty counties in the Central Region, five counties in the Bay Area Region, two counties in the Superior Region, two counties in the Southern Region, and Los Angeles County. In total, approximately 48% percent of the counties in California provided input. Furthermore, WWT also conducted in-person site visits to San Mateo, San Francisco and San Bernardino Counties; and conducted in-person interviews at trainings and meeting in the Southern Region (Orange County), and with county staff from the Superior Region. WWT also conducted interviews with consumers, family members and county staff, as well as conducted site visits to various county and subcontractor programs throughout the Central Region. These activities painted a picture with a common thread: the current economic climate in the country and in California is a major obstacle in the implementation of workforce development plans.

Primary source data gathering for this inventory included the following tasks:

- Discussions and focus groups with stakeholders.
- Key informant interviews.
- Focus groups with representatives of a diverse group of clients, family members with lived experiences and advocates through Wellness Centers.
- Southern Region/LA County (San Fernando) focus group of twenty-five to thirty clients, seventy-five percent of whom were employed within the Mental Health system. The group focused on the question, "What is the best way for consumers to get needed support when working in the mental health system?"
- Calaveras County informal discussion.
- San Andreas Leadership Team discussion (included the Director, MHSA Coordinator, Adult Services Manager, Quality Improvement Manager, Drug and Alcohol Manager, and several program supervisors).
- Interviews with the Working Well Together collaborative partners.
- General Information gleaned from County Mental Health Directors and County Mental Health Services Act staff.

The findings from these focus groups, discussions and informal dialogues, along with information gathered in the Bay Area Region and the Superior Region, were consistent between the five regions with few geographic-specific differences. The findings do not deny challenges unique to specific regions and counties, but simply indicate that programmatic and organizational issues are common regardless of which county sponsors the Supported Employment activity.

Secondary Sources

Various documents from the County Departments of Mental Health were reviewed to compare terminology and to contrast programs throughout the state, including a sampling of Workforce, Education and Training (WET) plans. WWT also met with County staff from the Greater Bay Area Region at a NAMI Regional meeting. To access Mental Health services act funding, all California counties created or are in the process of creating WET plans. The reason these plans are important is that they provide core funding for the programs reviewed in this document. Counties have stated that their WET plans are:

1. Organic, with continuing evolution.
2. Dictated by changes within the needs of the community and the economy.
3. Different in every county due to interactions between consumers and mental health staff.
4. Diverse in demographics, financial data and uncertain resources.

In addition, WWT reviewed reports funded through California Department of Mental Health; the California Consumer Employment Summit: Welcoming Diversity and Recovery in the Workplace Report; and reports from the RAND Corporation. We also incorporate in this report data from the RAND Corporation's technical reports, the U.S. Department of Labor's Office of Disability Employment Policy (ODEP) and SAMHSA and the California Consumer Employment Summit: Welcoming Diversity and Recovery in the Workplace Report.

SUPPORTED EMPLOYMENT MODELS, PRACTITIONERS, STAKEHOLDERS AND TERMS.

The WWT Inventory focuses on six specific Supported Employment models. The WWT Inventory contains program and organizational data for activities under each one of these models as well as actual case studies:

1. **Integrated Supported Employment**- Employment Immersion with integrated treatment teams and supports in single physical location.
2. **International Center for Clubhouse**- Transitional placements at wellness centers and other controlled, safe environments.
3. **Individual Placement and Support (IPS) -** Rapid job placement with on-going support plus education and training.
4. **Assertive Community Treatment (ACT) -** Mobile team approach, community-based with focus on living skills and avoiding hospitalization.
5. **ACT/IPS -** Combination of IPS + ACT.
6. **Family ACT -** ACT Model + integrated family participation.

Before describing these models, it is important to understand practitioners and stakeholders that affect or are affected by these activities. Furthermore, establishing common language will help diminish any confusion about the information in this document.

A. PRACTITIONERS

California Department of Mental Health

The California Department of Mental Health (DMH) is entrusted with leadership of the California mental health system including ensuring the availability and accessibility of effective, efficient, culturally competent services. DMH provides advocacy, education, innovation, outreach, oversight, monitoring, quality improvement, and direct services.

Its responsibilities include:

- Leadership for local county mental health departments;
- Evaluation and monitoring of public mental health programs;
- Administration of federal funds for mental health programs and services;
- Care and treatment of people with mental illness at the five state mental hospitals (Atascadero, Metropolitan, Napa, Coalinga and Patton State Hospitals) and at the Acute Psychiatric Programs located at the California Medical Facilities in Vacaville and Salinas Valley; and
- Implementation of the Mental Health Services Act (Proposition 63), which provides state tax dollars for specific county mental health programs and services.

County Mental Health Directors

County Mental Health Directors plan, organize, direct, manage, and supervise public mental health programs. In this capacity, they direct and supervise staff providing public mental health services and represent public mental health department. These positions are under the supervision of local County Boards of Supervisors and work in collaboration with local Mental Health Advisory Boards.

County Mental Health Services Act and Workforce Education and Training

The Workforce Education and Training (WET) component of the Mental Health Services Act (MHSA) is an essential part of the MHSA efforts at transformation of the California public mental health system. All fifty-eight, counties in California have dedicated staff that oversees their local MHSA efforts.

WET has five separate funding categories; Workforce Staffing Support, Training and Technical Assistance, Mental Health Career Pathway Programs, Residency and Internship Programs and Financial Incentive Programs. In larger, urban counties MHSA WET Coordinators are dedicated to workforce development tasks while in smaller, rural counties MHSA WET Coordinators may also have other MHSA responsibilities.

WWT Regional Technical Assistance Center (TAC) Coordinators

WWT Regional TAC Coordinators are paid staff representing WWT. WWT itself is a collaborative of four statewide consumer, family, parent/caregiver and mental health training and technical assistance organizations: California Network of Mental Health Clients, National Alliance on Mental Illness (NAMI) California, United Advocates for Children and Families, and the California Institute of Mental Health. Together, these organizations utilize their combined expertise, experience, grassroots networks and mental health system connections to affirm wellness and recovery from mental illness. The collaborative supports the vision of the Mental Health Services Act (MHSA) - - to transform systems to be client and family-driven -- by supporting sustained development of client, family member and parent/caregiver employment within every level of the public mental health workforce. TAC Coordinators work with counties within each of the regions (Southern CA/ Los Angeles; Central Valley, Greater Bay Area and Superior) to provide individualized technical assistance for counties.

Workforce Development "Experts"

Workforce Development "Experts" are professionals who provide guidance on the entire spectrum of employment development, including recruitment, hiring, training, and retention process. Examples of workforce development experts in the field of mental health are County Departments of Mental Health human resource professionals, vocational rehabilitation specialists, job developers, vocational training institutes, the vocational rehabilitation departments and educational opportunity programs in universities and community colleges.

U.S. Department of Labor's Office of Disability Employment Policy (ODEP)

ODEP is a federal agency that provides comprehensive information on disability-related programs, services, laws and benefits. Its website contains thousands of resources from the federal government, educational institutions, non-profit organizations and state and local governments.

The Substance Abuse and Mental Health Services Administration (SAMHSA)

SAMHSA is a federal agency charged with improving the quality and availability of prevention, treatment, and rehabilitative services to reduce illness, death, disability, and cost to society resulting from substance abuse and mental illnesses. SAMHSA is a branch of the Health and Human Services Department, and its director (administrator) reports directly to the Health and Human Services Secretary.

B. STAKEHOLDERS

Consumer:

A person who has experienced mental health issues that have interrupted his or her education, employment, housing, or quality of life, and who has direct experience of stigma, discrimination or social exclusion. At the state level, the terms Consumer and Client are used to describe persons receiving services. MHSA's Code of Regulations legally defines client as "an individual of any age who is receiving or has received mental health services". The Substance Abuse and Mental Health Services Administration defines consumer as people who receive or have received mental health services either voluntarily or involuntarily and includes those individuals who refer to themselves as survivors, ex-patients, ex-inmates, clients, users or other similar terms.

Family Member:

A parent or primary caregiver who is raising (or has risen) a child who has emotional and/or behavioral challenges and has experience in advocating for the child in multiple settings or systems. The definition of a family member includes a person who provides support to an individual who has experienced mental health challenges and who has direct experience with stigma and discrimination or social exclusion due to mental illness.

This document emerges from an absolute believe that consumers and their families have essential qualifications for employment. Yet, active engagement by employers is essential for the success of family members in the workplace. Employers can provide:

- Help: provide help to consumers and family members;
- Ethics: have a commitment to follow moral and ethical standards;
- Awareness: provide opportunities for self-awareness;
- Rehabilitation Skills: use rehabilitation skills to promote recovery and resiliency;
- Team Building: provide opportunity to work with others including co-workers; supervisors, staff from other programs, family members and most importantly, clients.

C. TERMS

Hiring Process: Steps implemented to secure a qualified and trained labor force that can accomplish employment goals. The hiring process may include:

- Seeking out qualified candidates with lived experiences in mental health for mental health jobs.
- Establishing a system for educating all workers about the value people with lived experience bring to an organization.
- Incorporating a lived experience focus into diversity training programs.

- Ensuring that internal professional development programs are available to people with mental health conditions, family members, and individuals without the encumbrance of mental health conditions.

Retention: Employer's capacity to maintain a labor force for extended period of time**.**
To remain competitive, employers seek personnel in alternative populations such as under-represented individuals. Hiring, however, is incomplete without aggressive retention strategies.

One of the main reasons workers may leave employers is lack of career-advancement. Employers can be strategic through professional development and growth opportunities that meet the needs of those with mental health conditions and their family members. Retention is an integral component of creating work place efficiencies. For this reason, retention strategies, even in high unemployment periods, still serve a relevant organizational purpose.

Retention processes ensure parity and may include:

- Providing employees with mental health conditions and family members of those with mental health conditions with candid and prompt feedback on their performance in the same manner feedback is provided for individuals without the encumbrance of mental health conditions.
- Making certain that training and other off-site activities are accessible to employees with mental health conditions and their family members.
- Taking advantage of tax credits and education resources for all employees without differentiation between new employees with mental health conditions, their families, and employees returning to work or any other employee.
- Establishing career development opportunities and career ladders.
- Providing employees support and information on transitioning back to work after a relapse.
- Providing employees support and information on Medical and Disability Related leave policies that are compliant with Federal and State statutes in a useful and understandable manner.

Job Classifications: Organizational categories that define staff duties and impact within a business, public or non-profit entity. Ideally, the job classifications are based solely on an analysis of the duties, responsibilities and accountability assigned to a position -- not on the mental health condition of the applicant. Job classifications are important because they frame duties, expectations and impact.

Lived Experience: There is no set definition of this term. The lack of consensus in the definition and application of terms, are obstacles for the development of employment practices and policies that give each potential employee with a mental health condition and their families fair consideration. Working Well Together defines a person with lived experience in the public mental health sector as clients, caretakers, and/or parents/family members of clients as persons with lived experience. In order to recruit, hire, and retain people with lived experience with consistency, a definition that is commonly accepted must be constructed.

Professional Development: Process of obtaining skills, qualifications and experience that allow employees move up career ladders. Training is a commonly used professional development strategy.

Training encompasses workforce investment programs and initiatives that provide millions of workers with mental health conditions with workforce preparation and career development services. Trainings are available to workers and employers through the national network of One-Stop Career Centers, at public mental health institutions, through private and public schools, and through community based organizations that specialize in employment. These help workers enter post-secondary education and career pathways and secure good jobs.

Holistic training of consumers and family members may include effective methods for:

- Reducing risk factors (stressors and avoidance coping).
- Enhancing protective factors (active coping and social supports) through behavior modification (e.g., methods to modify or eliminate sources of stress).
- Information-sharing (e.g., didactic presentations, group discussions), and skill-development (e.g., learning effective communication and problem-solving skills, expanding use of social networks).

Holistic training of consumer and family members may include very specific skill development:

- Public speaking. Employees with mental health conditions and their family members are often asked to share their personal "stories" and experiences with this system and to speak up on behalf of their fellow clients and family members.
- Mental Health Services. Employees with mental health conditions and their families often will be asked about MHSA, mental health systems, principles of wellness and recovery, the transformation process and the varied roles of leadership. Preparation on specific speaking points is therefore critical in professional development.

Cultural Diversity: The existence of multiple cultures and different value systems in a plural society. According to the California Healthcare Workforce Diversity Advisory Council "the underrepresentation of racial and ethnic groups in California's health workforce is an acute problem. Diversifying California's health workforce has profound implications for reducing racial and ethnic disparities in healthcare access and outcomes as well as addressing California's health workforce shortages."

As programs are developed in an ethnically diverse state like California, integrating frameworks for cultural diversity, such as the National Standards for Cultural and Linguistically Appropriate Services in Health Care, may be effective in decreasing disparities.

Mobility: Seamless, comprehensive, and integrated access across services that create both horizontal and vertical movement. Employers can develop employees with lived experiences and family members through new and ongoing skills directed to support individuals' mobility. Professional mobility is an important retention strategy.

Stigma/ Discrimination: Stigma is not a moral term. Stigma refers to the attitudes and prejudicial behaviors that everyone learns about minority groups, such as people with mental illness. Some people may use stigmatizing attitudes and behaviors to intentionally or unintentionally block life opportunities of people with mental illness. A major systemic barrier can be the lack of services. Public ignorance sometimes translates into stigma, prejudice, and discrimination. Common misleading assumptions about mental illness sometimes undermine equal opportunities.

Employment Benefits: Benefits vary from employer to employer. The purpose of employment benefits is to increase the economic security of employees. Some of these benefits are: housing (employer-provided or employer-paid), group insurance (health, dental, life etc.), disability income protection, retirement benefits, daycare, tuition reimbursement, sick leave, vacation (paid and non-paid), social security, profit sharing, funding of education, and other specialized benefits.

Benefits tie the employee to the employer in a mutually satisfying arrangement that increases job longevity. Benefits usually cost employers from fifteen to twenty-five percent beyond the base wage. Consumer/parent and family member employees' appreciation of these benefits may positively impact how they value their employment and employer. Contracts and part time employment that exclude benefits may present administrative savings, but at the expense of undervaluing employers.

Policies: Set of rules that define the manner in which an organization deals with personnel related matters. Employers are not legally required to set specific policies or to guide work environment for employees or family members with mental health conditions. However, employers may want to develop formal policies and procedures for risk management reasons. If supervisors, managers, and Human Resource professionals have formal policies and procedures to guide accommodations, such requests may be handled routinely, properly and may protect the employer from legal action.

Reasonable Accommodations: A reasonable accommodation is any change in the work environment or in the way a job is performed that enables a person with a mental health condition to be able to perform the essential functions of their job and, thereby, enjoy equal employment opportunities. It is important to clearly understand reasonable accommodations and other Federal regulations. The ADA requires an employer with fifteen or more employees to provide reasonable accommodation for individuals with disabilities, such as mental health conditions, unless doing so would cause the employer undue hardship. Reasonable accommodations are also required by Sections 501, 503 and 504 of Title V of the Rehabilitation Act of 1973, as amended. Guidance on reasonable accommodations is available from the Equal Employment Opportunity Commission (EEOC) and is also available from the Job Accommodation Network, a free service of the Office of Disability Employment Policy of U.S. Department of Labor.

Success Indicators: Success indicators are agreed-upon quantifiable measurements that reflect critical milestones and illustrate goal attainment. Success indicators will vary based on the duties, responsibilities and accountability assigned to a position. Typical quantitative success indicators include: the number of hired consumers and family members, length of employment, effect of services, the participation rate in activities, frequency, and dosage. Qualitative indicators include: organizational policy changes, job satisfaction of consumers and family members, increased participation of client consumers in departmental programs, and quality participation from family members.

PRAGMATIC SOLUTIONS

A. Pragmatic Solutions

SAMHSA supports the adaptation and continual evaluation of models to incorporate cultural, geographical, and political features of consumers and families. Most counties throughout California would like to implement supported-employment programs that fully incorporate elements from recognized models; yet, often they must adopt pragmatic solutions that meet the needs of their rural or urban populations. Some of the realities that require adjustments to recognized models include budgets, limited financial and human resources, geographical challenges, and other unique factors.

Program replication involves focus and understanding of processes as well as of outcomes. The processes are the means and the outcomes are the end. Sound process leads to desired outcomes within timeline and within budget. Entities should pay great attention to process and outcome components as they consider replication of any of these models.

Process components address:

1. Fidelity of implementation to plan.
2. Types of deviations from original design.
3. Reasons for deviations.
4. Effect of deviations on intervention and evaluation.
5. For pilot test evaluations- Services provided, providers, beneficiaries, context, and costs of administration and programs.

Outcome components address:

1. Effect on participants.
2. Program/contextual and individual factors associated with outcomes.
3. Sustainability of effect.

At a macro level, a national framework can be valuable as guide for program replication. The Federal Center for Mental Health Services (CMHS) of the SAMHSA conducted a five-year, multi-site study of employment programs nationwide, involving 1,648 mental health consumers. The Employment Intervention Demonstration Program (EIDP) identified Supported Employment as a desired practice in all communities and also articulated integral values of Supported Employment programs:

- People with serious mental illness can be successfully engaged in competitive employment.
- Vocational rehabilitation services foster employment in integrated settings for at least minimum wage.
- Consumers are placed in paid jobs as quickly as possible and according to preferred pace.
- Ongoing supports are available as needed and desired.
- Consumers are assisted in finding jobs that match their career preferences.
- Vocational rehabilitation services explicitly address financial planning and provider education/support around disability benefits and entitlements.

- Vocational and mental health services can be integrated and coordinated.
- Vocational service providers work collaboratively with consumers to address issues of stigma and discrimination, and to help negotiate reasonable accommodations with employers.
- Vocational rehabilitation services are made available to all mental health consumers.
- Vocational services involve family and friends in supporting consumers' efforts to work.

The WWT inventory highlights pragmatic solutions that each county has adopted based on needs, resources, and training/support capacity. Many counties do not have any longitudinal qualitative or quantitative data to document effectiveness. Emerging practices sometimes evolve from relationships between the county department of mental health and consumers or family members; these histories can create pragmatic solutions that become county practice. For example, a small county changed a mental health service location to one where services beside mental health services were being offered to protect consumers' confidentiality. Especially in small counties, ameliorating the stigma associated with accessing mental health services may be a major issue.

Emerging practices or pragmatic solutions may:

- Teach effective methods for reducing risk factors (stressors and avoidance coping)

- Teach effective methods for enhancing protective factors (active coping and social support)

- Teach important skills such as:
  Behavior modification (e.g., methods to modify or eliminate sources of stress)
  Information sharing (e.g., didactic presentations, group discussions)
  Skill development (e.g., learning effective communication and problem-solving skills, expanding use of social network)

Once sound practices are established or identified the next developmental phase is building organizational capacity through Supported Employment technical assistance. Technical assistance for Supported Employment should follow sound practices which are sensitive to and reflective of the diverse ways that consumers and their families define emerging practices or pragmatic solutions, and how the community-based service providers define them. The range of diversity within communities across California, while posing challenges within planning and implementation of MHSA programs as a whole, also offer a wealth of opportunity to meeting the needs of underserved and unserved people. Engaging and assisting stakeholders in the design of programs and activities that are culturally appropriate and community-driven is recognized as imperative already. Significant consideration should be given to how consumers and family members may also collaborate with counties to promote employment of individuals with lived experience and ensure valuing of lived experience within employment is a system expectation.

Counties have changed their organizational cultures to better facilitate Supported Employment. Additional strategies that promote the preparation of staff to welcome consumers and family members go beyond the creation of positions, hiring and training. These retention strategies may include but are not limited to:

- Administrative support.
- Offering training and dialogue with direct service staff.

- Employing consumers at all levels, from management to peer support.
- Formulating career ladders with human resources input.
- Providing incorporated recovery and self-advocacy training to build a strong consumer and family member involvement base.
- Providing education and/or training scholarships for consumers and family members.
- Combining ongoing training and supports.
- Setting a standard for basic knowledge and skills.
- Using a combination of pathways such as in-house empowerment/ employment training, certification programs, community college based certifications, Certification of Psychiatric Rehabilitation Practitioners (CPRP) preparation through California Association of Social Rehabilitation Agencies (CASRA) / United States Psychiatric Rehabilitation Association (USPRA), and scholarships for BA/BS and MA/MS through MHSA Workforce Education and Training plans.
- Creating positions that start with limited duties, on the job training and eventually build to full capacity.
- Providing clear job descriptions and responsibilities.
- Directing human resource departments to flex civil service requirements.
- Mounting recruitment efforts that promote "people with lived experience as consumers and family members of mental health services are encouraged to apply".
- Having a minimum number of jobs allocated for consumers and family members.
- Hiring consumers and family members in teams to promote peer support.
- Promoting the employees' self-care.
- Creating a mentor or buddy system.
- Promoting WRAP or other peer support meetings during work hours.
- Having a knowledgeable SSI/ SSDI benefits counselor who is accessible to consumers and family members.
- Allowing for reasonable accommodations and flexibility.
- If feasible, hiring or designating a consumer and family member empowerment relations staff member.

CHALLENGES IN EMPLOYMENT READINESS, HIRING, AND RETENTION OF CONSUMERS AND FAMILY MEMBERS

The current state of employment programs in California is fluid, transformative, and evolving. The range of definitions for "lived experience", "consumers", and "family members" demonstrates that the most basic fundamentals of program development have not reached a normative pattern or conceptual agreement. As further evidence of Supported Employment's nascent evolutionary stage, best practices are limited to internal decisions made primarily on the basis of county pilots and are, more accurately, emerging practices or pragmatic solutions. This section provides perspective and appreciation for programmatic and organizational obstacles inherit in Supported Employment. This section reveals lessons learned in the field and shows successful strategies for overcoming or managing barriers in Supported Employment. The purpose of this section is to create dialogue on possible solutions.

Critical Organizational Linkages

Feedback from meetings and data collection has revealed that the involvement of Human Resource (HR) Departments generally depends on whether the department is countywide, Health and Human Services specific, or Mental Health specific. When mental health departments and HR are not organizationally linked, policies promoting and executing Supported Employment may be insignificant. Separation poses a crucial challenge, as counties regularly need job classification adjustments, qualifications modification, and the creation of lived-experience specific positions such as peer counselor and family advocates. With HR affecting every aspect of developing employment programs, training and professional development for individuals with lived experience, it is evident that engaging HR Departments is vital to the success of Supported Employment.

In several counties (Merced, San Joaquin, Sonoma, Los Angeles, Alpine, Calaveras, San Bernardino, San Francisco, Sacramento, San Mateo and Stanislaus), HR Departments are actively engaged in workforce development efforts to employ individuals with lived experience. The progressive and ongoing work in these counties sets new standards that can be adopted in counties where Mental Health and HR may be less connected. Current efforts in this area produce streamlined protocols that can benefit lived experience employment and retention.

Critical Protocols include:

- Development of job classifications and descriptions, which promote lived experience employment.
- Modification of current risk management practices to show greater sensitivity to potential lived experience needs.
- Review and modification of distributed material for inclusionary language to encourage an integrated workforce and avoidance of "us-them" mentality and practice.
- Adoption of hiring policies and procedures, which promote disclosure of lived experience as a value based asset and not a "handout".

Lived Experience Dilemma: Individual or Organizations Benefit

Currently there is a two-point perspective on lived experience employment. First, in a systematic view of supported employment, lived experience is an organizational asset driven by organizational mandates to increase the number of individuals who can meet employment requirements and navigate the work place. Second, in a service oriented view of supported employment, employment itself is an asset to individuals and will contribute to their recovery. Therefore, practices are developed to diminish work barriers for consumers and families.

Focus groups revealed a tendency for counties to subscribe to one of these two perspectives with only a few counties espousing both simultaneously. The data also revealed challenges associated with how counties provide supports stemming from this polarization. Counties that have a systemic view of lived experience consider supports as a limited and temporary need. Counties that have a service-oriented view of lived experience employment often blend employment with services.

Consistent with a Systemic View, employers implement measures including:

- Increasing qualified clinician candidates.
- Growing staff through targeted marketing.
- Designing procedures that are sensitive to disclosure of lived experience.
- Promoting environments where lived experience is an asset.
- Performing internal evaluations to create supports to validate employees.
- Promoting dialogue on how to engage lived experience workers.
- Fostering reflection to ensure that the organization supports integration and avoids “us-them” mentality and practice.

Consistent with Service-Oriented philosophy, employers implement measures including:

- Evaluating and improving job placement thereby to retain personnel and improve job performance.
- Job preparation and training for individuals with limited work experience.
- Training supervisors to manage individuals with lived experience through specific knowledge development in areas such as ADA, work ethic, and team building.
- Negotiating and mediating conflict between “lived experience” and “clinical” cultures.
- Quickly accommodating needs and preparing for the impact of such accommodations.
- Seeking innovative staff appreciation practices.
- Implementing changes carefully to avoid negative impacts on the workplace.

Given these clear measures, it is reasonable to argue that comprehensive program design that takes all these program components into consideration should be expected to provide a more holistic set of outcomes. With measures clearly outlined, program design can more easily include all these key steps.

Seeking a Few Good Workers

In the realm of Human Resources, the data revealed that finding staff with lived experiences was difficult. Obstacles include:

1. Career path roadblocks that offer limited upward movement within the organization,
2. Little or no leadership training opportunities for consumers and family members,
3. Consumers' criminal backgrounds,
4. Family members' competitive edge over consumers due to the latter's often sparse work and education history due to illness,
5. Lack of funds to hire applicants full time,
6. Lack of positions with benefits.

A reasonable strategy for addressing these obstacles is to design hiring and retention strategies that follow the values outlined in page 11 and page 16 of this report. The report's definition of retention purposely outlines specific retention strategies that address the obstacles highlighted in our research.

Support System Dichotomy

Research showed that support systems for lived experience employees face two distinctive challenges: First, the current economic environment in the State creates a fiscal obstacle to employing individuals with lived experience. Second, although support systems for individuals with lived experience currently employed in public mental health system are seen as valuable for employment referral, there is disagreement on whether "specialized" support programs should be implemented. The greater concern is over the creation of a possible endorsement of segregation mentality and the slowing of the "cultural" integration process. Even the lived experience community is divided on this issue. Many individuals feel that support systems are an insult to their recovery accomplishments and their ability to gain employment. Others believe that, even in recovery, lived experience workers benefit from supports.

Future efforts of WWT on this topic will involve researching and disseminating information on both mental health systemic and non-systemic support models. Fortunately, the lived experience community is fueling efforts to establish support systems, including drawing upon the expertise of WWT collaborative partners -- NAMI California, CNMHC, UACF and CiMH.

INVENTORY OF EMPLOYMENT READINESS, HIRING, AND RETENTION PROGRAMS

To build a comprehensive picture of the program diversity in California, WWT conducted research at two levels: first we directly surveyed most counties to gather programmatic and organizational information. Second, we interviewed a selected number of mental health practitioners to obtain qualitative data. The following section describes the methodology we applied at these two levels. As we analyze models, we take into consideration the correlation between supported education programs and high levels of employment of consumers and their families. Counties that have evidence-based, well funded supported education often apply similar structures to supported employment. Consequently, high supported employment occurs in places with strong supported educational programs.

Surveys

In early 2011, the WWT research team mailed surveys to all 58 counties and 12 responded. Although, this first effort produced a low response rate, the process produced valuable feedback on how the information could be gathered more effectively. For this reason, a new and improved draft was sent out via Survey Monkey. This second draft focused responses on Supported Employment models:

- **Integrated Supported Employment-** Employment Immersion with integrated treatment teams and supports in single physical location.
- **International Center for Clubhouse-** Transitional placements at wellness centers and other controlled, safe environments.
- **Individual Placement and Support (IPS) -** Rapid job placement with on going support plus education and training.
- **Assertive Community Treatment (ACT)** - Mobile team approach, community-based with focus on living skills and avoiding hospitalization.
- **ACT/IPS** - Combination of IPS + ACT.
- **Family ACT -** ACT Model + integrated family participation**.**
- **Employment Assistance through Reciprocity in Natural Supports (EARN) -** Reciprocity in Natural Supports (EARN), Large, diverse network providing support to consumers who select services competitively.

The second survey was formatted differently, although 80% of the questions were identical to those in the first draft. Generally, the second survey avoided open-ended questions and provided a tighter set of responses in a multiple-choice format. This online survey was sent out in May.

Thirty-one surveys were returned representing nine counties and a 16% return rate. In addition, seven surveys were incomplete and the only data point used for this analysis was number of clients served. We were pleased that the counties that submitted information provided a broad picture of California as they include Northern California, Southern California, Central Valley and the Sierra. The WWT team analyzed the collected data and summarized key points for discussion in the individualized interviews. We understand that a 20% or above return rate would have provided greater certainty; yet, the breadth of the results reflect California and provides acceptable certainty.

Interviews

Interviews and dialogues with key informants, stakeholders and experts were fundamental to this report. We understood that quantitative data would only give us half a picture and that the other half would come from qualitative assessments.

In an effort to encourage conversations that were both deep and wide, we implemented the following:

- Discussions and focus groups with stakeholders.
- Key informant interviews.
- Focus groups with representatives of a diverse group of clients, family members with lived experiences and advocates through Wellness Centers.
- Southern Region/LA County TAC in San Fernando formal focus group of twenty-five to thirty clients, seventy-five percent of whom were employed within the Mental Health system. The group focused on the question, "What is the best way for consumers to get needed support when working in the mental health system?"
- Central Valley TAC/Calaveras County informal discussion.
- San Andreas Leadership Team discussion (which included the Director, MHSA Coordinator, Adult Services Manager, Quality Improvement Manager, Drug and Alcohol Manager, and several program supervisors).
- Review of reports funded through California Department of Mental Health.
- Interviews with the Working Well Together collaborative partners.
- Information gleaned from County Mental Health Directors and County Mental Health Services Act staff.
- Review of technical reports from the RAND Corporation, the U.S. Department of Labor's Office of Disability Employment Policy (ODEP), and the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), the California Consumer Employment Summit: Welcoming Diversity and Recovery in the Workplace Report.

The results of these focus groups and informal dialogues, along with information gathered by the Bay Area Region TAC and the Superior Region TAC, were consistent between the five regions with few geographic-specific differences. These findings do not deny challenges unique to specific regions and counties, but simply indicate that programmatic and organizational issues are common regardless of which county sponsors the Supported Employment activity.

INTEGRATED SUPPORTED EMPLOYMENT (SE)

SE is an employment, hiring and retention strategy based on employment immersion with integrated treatment teams and supports in single physical location. Services are provided through an integrated treatment team, including psychiatrists, case managers, rehabilitation counselors, employment specialists, job developers, and benefits specialists, all of whom work within a single organization and at the same physical location. Based on the sample population surveyed, this is the most popular model in California. Close to 52% of the programs that participated in our survey indicated that their programs and activities involve teams of practitioners and various supports in a defined location.

The table below will enumerate common elements often found in SE programs. Then, SE programs in San Joaquin and Los Angeles counties will be examined in greater depth as examples of two distinct programs.

PROGRAMMATIC ELEMENTS	
Referrals sources for participants coming into program	29% County 19% Self referred 16% Health agency 10% Courts 10% CBO, Faith 6% Law enforcement 6% Other 3% Schools
Average number of unduplicated users per year	135
Main target population	Consumers
Main target area for services	39% County 33% Neighborhood 22% City 6% Zip code
Intake protocol	32% Face to face intake 24% Assess for work history, talents and inclination.
Main eligibility criterion	52% indicate that the main eligibility for program participation is the applicant's status as a consumer.
Population using services most frequently	76% Consumer Only 6% Consumers and Families 18% Employer Services
Range of services offered by program to consumers	Intake Case management Job readiness Soft and hard skills training Language specific assistance Job retention Post program supports Time management

	Benefit counseling Higher education referrals Peer support Coaching
Languages offered	Spanish, Hmong, Vietnamese
Range of services offered by program to employers	24% Provide site based coaching 16% Employer training, needs assessments, counseling, job training
Range of wellness management services offered by employers	21% Support groups 19% Individual counseling 17% Coaching 10% Flexible job assignments 15% Flexible job schedules 8% Special accommodations and time off
Range of employment development strategies used by employers	Most effective: marketing value of consumers and families Second most effective: use of internships and volunteer positions to start an employment pipeline. Third most effective: on the job training
Top retention activities used by employers- Management	Setting clear boundaries for staff Stigma and discrimination training Cultural competency training
Top retention activities used by employers- Staff	Counseling Setting clear boundaries for workers Consumer satisfaction mechanisms

ORGANIZATIONAL ELEMENTS	
Staff size	45% of the programs with FT employees reported having 1-3 FTE's. 50% of the programs with PT employees reported having 1-3 PTE's. 50% of the programs with stipend positions reported having 1-3 stipend positions. 67% of the program with unpaid positions reported having 7 to 12 volunteer positions.
Outreach partners for promoting services to consumers and their families	32% Internal marketing 21% County offices 21% Wellness centers
Outreach partners for promoting services to community	The following partners were listed in equal percentages (20%) by respondents: Civic Organizations, Faith Based and Governmental Organizations.
Main challenges encountered by program	For program shortcomings, respondents indicated the following factors: Personal Choice 31%

	Illness	21%
	Lack of program resources	21%

Examples

THE VILLAGE

The Village in Long Beach trains other providers in Employment Immersion strategies to expand their Supported Employment capacity. Two-day trainings focus on practices and principles of urban recovery focused mental health models using employment to help consumers identify roles not defined by their illness. It trains services providers to use case management and psychiatric services to support consumers' employment goals. This approach creates an overall program/ system-wide culture that supports consumers' employment goals while helping staff work together to achieve employment goals.

PEER TO PEER

San Joaquin County utilizes consumers as Peer Recovery Specialists at their Wellness centers while utilizing family members in other positions as well. Peer Recovery Specialists provide peer case management and outreach in a culturally sensitive setting while receiving support in their recovery and wellness. The 20 Peer Specialists are supervised by a consumer/county employee.

INTERNATIONAL CENTER FOR CLUBHOUSE (ICC)

Programs designed under this model, partner staff and consumers in services such as meals, companionship, skills training, and paid work. Transitional employment placements in wellness centers are an important part of the vocational support strategy of ICC. These supports promote the amelioration of self-isolation by allowing the consumer to select services and supported employment assistance based on individual need- not on those of the employers. ICC programs are found in San Joaquin, Kings, Merced and Contra Costa Counties.

Mental Health Wellness Centers offer supports for individual recovery and wellness in a community-based setting. Under the MHSA, ICC has gained greater usage; many attribute the popularity of this model to a general sense that public mental health services and most communities have not adequately supported social inclusion. Most programming at the Wellness Centers is dictated by community needs, resources available, community support, and whether the Center is managed by county staff or consumers with lived experience.

Many counties in California use Wellness Centers as training grounds for consumers to enter the public mental health field. Core eligibility guidelines to participate in services vary in the counties but all include status as a consumer of mental health services or family members of consumer of mental health services. Some centers are geared toward specific populations based on geography, age or ethnicity.

Contra Costa's Tender Loving Care program (TLC) assists mental health consumers become more self-sufficient and develop solid independent life skills through trainings. These trainings use adult learning methods and techniques such as role play, interactive instruction and field visits to grocery stores, libraries, Laundromats and other places of business relevant to self-sufficiency needs. The TLC program also includes regular Wellness Recovery Action Planning (W.R.A.P.) workshops and one-on-one peer support as needed.

TLC provides opportunities for learning and skill development in the following areas: shopping, cleaning, hygiene, nutrition, social interactions, budgeting, activities planning. These activities assist the consumer in gaining a level of stability that promote their successful supported employment building on strengths and minimizing deficits to the point where the consumer can feel valued in employment and in their personal achievements.

PROGRAMMATIC ELEMENTS	
Referrals sources for participants coming into program	38% County 25% Self referred 13% Health agency; CBO, Faith; Law enforcement
Average number of unduplicated users per year	410 Range: 200-600
Main target population	Consumers
Main target area for services	50% County 50% Neighborhood
Intake protocol	50% Face to face intake 33% Assessment for work history 17% Evaluation of recovery and wellness status

Main eligibility criterion	100% of the responses indicate that the main eligibility for program participation is age
Population using services most frequently	17% Consumer Only 33% Consumers and Families 17% Employer Services 33% Referrals
Range of services offered by program to consumers	Intake Case management Job readiness Soft and hard skills training Job retention Time management Benefit counseling Higher education referrals Peer support Coaching Support groups Interventions Vocation Services Supportive Educational Assistance Family Support Services Housing Life Skills
Languages offered	Spanish
Range of services offered by program to employers	50% Job training for consumers 50% Employer training
Range of wellness management services offered by employers	25% Support groups 25% Individual counseling 8% Coaching 8% Flexible job assignments 17% Flexible job schedules 8% Special accommodations and time off
Range of employment development strategies used by employers	Most effective: use of internships and volunteer positions to start an employment pipeline. Second most effective: on the job training and promotion of hiring of consumers
Top retention activities used by employers- Management	Setting clear boundaries for staff Stigma and discrimination training Cultural competency training
Top retention activities used by employers- Staff	Support groups Counseling Needs Assessments Cultural Competency training Stigma and discrimination Consumer satisfaction

ORGANIZATIONAL ELEMENTS	
Staff size	50% Programs reported 4-12 FT paid positions 100% Programs reported 4-6 PT positions 100% Programs reported 1-3 stipend positions 100% Programs reported 1-3 volunteer positions
Outreach partners for promoting services to consumers and their families	25% Internal marketing 13% County offices 25% Wellness centers 25% MHSA contractors 13% Consumer advocacy agencies
Outreach partners for promoting services to community	The following partners were listed in equal percentages (25%) by respondents: Unions and Governmental Organizations. 50% colleges
Main challenges encountered by program	For program shortcomings, respondents indicated the following factors: Personal Choice 20% Illness 20% Program design 20%

List of California Wellness and Recovery Centers

The following counties have Mental Health Wellness and Recovery Centers (some counties did not have the information available or do not have a wellness center). This is a partial list originating in June 2010:

County	Wellness Center	City
Alameda	Family Education Resource Center	Oakland
	Wellness Recovery Resiliency Hub	Oakland
	Berkeley Drop-In Center	Berkeley
	Alameda County Network of Mental Health Clients	Berkeley
	Oakland Independence Support Center	Oakland
Alpine	Welcome Center	Markleeville
Amador	Sierra Wellness Center	Martel
Butte	Iverson Drop-In Center	Chico
Calaveras	Calaveras County Behavioral Health Services Wellness Center	San Andreas
Colusa	Safe Haven Drop-In Center	Colusa
Contra Costa	Central County Wellness and Recovery Center	Concord
	West County Wellness and Recovery Center	Richmond
	East County Wellness and Recovery Center	Antioch
Del Norte	Del Norte Mental Health Center (The Service Center)	Crescent City
El Dorado	El Dorado County Wellness Center	Placerville
Fresno	Blue Sky Wellness Center	Fresno
Glenn	Harmony House Drop-In Center	Orland

	The Center (Transitional Age Youth)	Orland
Humboldt	Hope Center	Eureka
	Mind Menders	Eureka
Imperial	Unknown	
Inyo	Inyo County Wellness Center	Bishop
Kern	Consumer and family Learning Center	Bakersfield
Kings	Oak Wellness Center	Hanford
Lake	The Bridge Drop-In Center	Clearlake
Lassen	Lassen-Aurora Network	Susanville
Los Angeles	MHA-LA's Village	Long Beach
	Bacup	Los Angeles
	Victory Wellness	Van Nuys
	S.H.A.R.E.	Mar Vista
	S.H.A.R.E.	Downtown Los Angeles
	Harbor UCLA Wellness Center	Torrance
	Discovery Center	Palmdale
Madera	Hope House	Madera
Marin	Enterprise Resource Center	San Rafael
Mariposa	Roadhouse	Mariposa
Mendocino	Manzanita Services/ Healing Hearts	Ukiah/Willits
Merced	Merced County Welcome Center	Merced
	The Cube (Transition Age Youth)	Merced
Modoc	Sun Rays of Hope, Inc.	Alturas
Mono	Sierra Wellness Center	Mammoth Lakes
	Antelope Valley Wellness Center	Walker
Monterey	Unknown	
Napa	Unknown	
Nevada	Spirit Empowerment Center	Grass Valley
	The Alliance for Well-Being	Grass Valley
Orange	Unknown	
Placer	DeWitt Welcome Center	Auburn
Plumas	Mental Health Drop-In Center	Quincy
Riverside	Jefferson Transitional Programs (Transition Age Youth)	Riverside
Sacramento	Wellness and Recovery Center	Sacramento
San Benito	Esperanza Center	Hollister
San Bernardino	Victor Valley Center	Victorville
	Someplace To Be	Barstow
	Amazing place	Upland
	Team House	San Bernardino
	Santa Fe Social Club	Yucca Valley
San Diego	Project Enable	San Diego
	The Meeting Place	San Diego
	Consumer Center for Health and Advocacy	San Diego
	Corner Clubhouse	San Diego
	Telecare Gateway to Recovery	San Diego
	Bayview Clubhouse	Chula Vista
	Casa Del Sol Clubhouse	San Diego
	Eastwind Clubhouse	San Diego
	Escondido Clubhouse	Escondido
	Friendship Clubhouse	San Diego

	Mariposa Clubhouse	Oceanside
	Oasis Clubhouse (Transitional Age Youth)	San Diego
	Visions	Chula Vista
San Francisco	Spiritmender's Community Center	San Francisco
	Office of Self Help	San Francisco
San Joaquin	San Joaquin Wellness Center	Stockton
San Luis Obispo	Rainbow House Transitions	San Luis Obispo
San Mateo	Community Center for Health – Wellness	Palo Alto
	Peninsula Network of Mental Health Clients	San Mateo
Santa Barbara	Ventura Wellness Center	Santa Barbara
Santa Clara	Zephyr Self-Help	San Jose
	Wellness Center	San Jose
Santa Cruz	Mental Health Client Action Network	Santa Cruz
Shasta	Second Home	Redding
	Circle of Friends	Burney
Sierra	Wellness Center	Loyalton
Siskiyou	None Available	
Solano	Unknown	
Sonoma	Interlink Self-Help Center	Santa Rosa
Stanislaus	Stanislaus County Welcome Center	Modesto
Tehama	None Available	
Trinity	Milestones Consumer Run Wellness Center	Weaverville
Tulare	Under Development	Visalia
Tuolumne	David Lambert Community Center	Sonora
Ventura	Transitional Age Youth Tunnel Center	Oxnard
	Breakthrough	Ventura
Yolo	Wellness Alternatives for Adults Center	Woodland
	Pathways to Independence Transition Age Youth Center	Woodland
	Older Adult Outreach and Assessment Program	Woodland
	Greater Capay Valley Children's Pilot Program	Esparto
Sutter - Yuba	Wellness and Recovery Center	Yuba City

INDIVIDUAL PLACEMENT AND SUPPORTS- IPS

This model is based on rapid job placement with ongoing supports that integrate employment and mental health services. Driven by securing jobs for consumers, this model matches consumers with employment opportunities that are consistent with their personal preferences, skills and abilities. For this reason, this model emphasizes thorough assessments to formulate the clearest picture possible of the ideal job for the job seeker. This model is used in Alameda, San Bernardino, and San Mateo counties.

The IPS framework emphasizes personal empowerment reflected in these values:

- Eligibility is based on consumer choice.
- Program is open to all consumers. Nobody is excluded who wants to participate.
- Supported employment is integrated with treatment: Employment specialists coordinate plans with the treatment team, which includes the case manager, therapist, psychiatrist, etc.
- Competitive employment is the goal and often targets community jobs open to any applicants, pay at least the minimum wage and include part-time and full-time jobs.
- Job search starts soon after a consumer expresses interest in working. There are no requirements for completing extensive pre-employment assessment and training, or intermediate work experience (such as prevocational work units, transitional employment, or sheltered workshops).
- Long term supports are continuous. Individualized supports to maintain employment continue as long as consumers want the assistance.
- Consumer preferences are important. Choices and decisions about work and support are individualized based on the person's preferences, strengths, and experiences.
- Benefits counseling is part of the employment decision-making process. Personalized benefits planning and guidance help consumers make informed decisions about job starts and changes.

PROGRAMMATIC ELEMENTS		
Referrals sources for participants coming into program	18% 18% 16% 6% 18% 6% 6% 12%	County Self referred Health agency Courts CBO, Faith Law enforcement Other Schools
Average number of unduplicated users per year	67; Range: 30-100	
Main target population	Consumers	
Main target area for services	29% 29% 29%	County Neighborhood City
Intake protocol	23% 23% 23% 23% 23%	Face to face intake Assessment of wellness status Consumer skills Work history Consumer talents and interests

Main eligibility criterion	33% Status as a consumer and geography.
Population using services most frequently	38% Consumers and Families
Range of services offered by program to consumers	Intake Case management Job readiness Soft and hard skills training Language specific assistance Job retention Post program supports Time management Benefit counseling Higher education referrals Peer support Coaching Support groups Mental health interventions Vocational services Supportive educational assistance Family support services Housing Life skills
Languages offered	Spanish, German, Japanese, Mandarin, Chinese
Range of services offered by program to employers	50% Needs assessments 50% Counseling, job training
Range of wellness management services offered by employers	25% Support groups 25% Individual counseling 8% Coaching 8% Accommodations 17% Flexible job schedule 8% Flexible job assignment 8% Time off
Range of employment development strategies used by employers	Most effective: use of internships and volunteer positions to start an employment pipeline. Second most effective: promoting hiring of consumers and family members as contributing added value and experience Third most effective: Use of stipends and job training.
Top retention activities used by employers- Management	Consumer satisfaction surveys Establishing clear boundaries Training on supports and strategies to maintain wellness
Top retention activities used by employers- Staff	Consumer satisfaction mechanisms Training on supports and strategies to maintain wellness Understanding work styles Stigma and discrimination training Identify tools for staff with lived experience transitioning from a non-working to a working environment

ORGANIZATIONAL ELEMENTS	
Staff size	97% of the programs with FT employees reported having 1-6 FTE's. 100% of the programs with PT employees reported having 1-3 PTE's. 100% of the programs with stipend positions reported having 1-3 or more positions. 100% of the program with unpaid positions reported having 1-6 volunteer positions.
Outreach partners for promoting services to consumers and their families	20% Wellness Centers 20% County 20% MHSA contractors 20% Mental health services providers 20% Family advocacy organizations
Outreach partners for promoting services to community	The following partners were listed in equal percentages (30%) by respondents: Colleges and Governmental Organizations. 20% Faith based organizations.
Main challenges encountered by program	For program shortcomings, respondents indicated the following factors: Personal Choice 40% Illness 20% Lack of program resources 20% Lack of support 20%

Examples

San Mateo County public mental health partners with the Caminar Job-Plus Program, to create an IPS model through a combination of educational and employment support services. The program helps 400 participants per year with long-term success in educational and job placement.

Alameda County's Best Now! has been in existence since 1997. The Best Now/CLASP (Consumer Learning about Services to Peers) is a nine-month training teaching 25 consumers per year: 1) personal care, 2) the mental health system, and 3) employment in the mental health field.

The participants go through a six-month intensive classroom seminar that covers WRR, peer recovery models, the role of the consumer provider, and employment boundaries. The training also offers job readiness, resume writing and interviewing techniques, culminating with a three-month to six-month paid internship at a local community based contracted mental health provider or county operated provider.

Seventy-five percent of graduates are able to secure and retain employment. However, not all graduates find work in the mental health field due to lack of job availability. Graduates who opt not to work after the training and internship (25% of graduates) have stated that the program has changed their lives and given them a voice.

Support is continuous once participants graduate from the program. Such support includes job announcement dissemination, resumes updates and other supports the participants may require to succeed in employment and life.

San Bernardino County has created positions that follow a career ladder such as: Family and Peer Advocate (FPA) I, II, and III. All have the minimum requirement of a High School Diploma or GED Equivalent, or certification in Consumer Readiness and California Identification Card or Driver's License. The II position requires the additional 2,080 hours of volunteer or paid experience in mental health, social or human services. The III position requires the additional 4,160 hours of volunteer or paid experience in mental health, social or human services and a certificate of completion in Mental Health Worker training prior to the end of their probationary period. All positions in San Bernardino County offer a benefits package. The original 100 FPA's were placed at various wellness centers throughout the county and with subcontractors.

ASSERTIVE COMMUNITY TREATMENT- ACT

Also called Programs of Assertive Community Treatment (PACT), this model includes a mobile team composed of a psychiatrist, nurse, clinicians, social workers, and vocational specialists who provide direct services in the community. The goal of ACT is to prevent hospitalization and to develop skills for living in the community, so that individuals' mental illness is not the driving force in their lives. Orange, Humboldt, Nevada, Glenn, Calaveras and Fresno counties use this model for services.

In Orange County, Consumer-run, not- for- profit organizations compete for county service contracts. These contracts are for a variety of services: Mental Health Services in quality, oversight and evaluation, peer support, and warm lines or Mental Health Trainings in WRAP, sensitivity training to staff, empowerment trainings, recovery model trainings, story telling, outreach and stigma elimination, high school mentoring, and promoting consumer-owned business other than mental health.

PROGRAMMATIC ELEMENTS	
Referrals sources for participants coming into program	33% County 22% Self referred 22% Health agency 11% Courts 11% CBO, Faith
Average number of unduplicated users per year	225 Range:45-250
Main target population	Consumers
Main target area for services	75% County 25% City
Intake protocol	23% Face to face intake 23% Assess for wellness, work history & talents
Main eligibility criterion	43% indicate that the main eligibility for program participation is status as a consumer in comparison to 29% that indicated age as the main eligibility.
Population using services most frequently	17% Consumer Only 33% Consumers and Families 17% Employer Services
Range of services offered by program to consumers	Intake Case management Job readiness Soft skills training Language specific assistance Job retention Benefit counseling Higher education referrals Peer support Coaching Support groups

	Mental health interventions Vocational services Supportive educational assistance Family support services Housing Life skills
Languages offered	Spanish, Armenian, French, Patua, Tagalog, sign language
Range of services offered by program to employers	33% Provide site based coaching 33% Employer training 33% On the job training
Range of wellness management services offered by employers	19% Support groups 13% Individual counseling 19% Coaching 13% Special accommodations 13% Flexible job schedules 13% Flexible job assignments 13% Time off
Range of employment development strategies used by employers	Most effective: promoting hiring of consumers and family members as contributing added value and experience Second most effective: use of internships and volunteer positions to start an employment pipeline. Third most effective: on the job training.
Top retention activities used by employers- Management	Adoption of organizational policies. Cultural competency training
Top retention activities used by employers- Staff	Consumer satisfaction mechanisms Training on supports and strategies to maintain wellness Cultural competency training Adoption of organizational policies Counseling Support groups

ORGANIZATIONAL ELEMENTS	
Staff size	50% of the programs with FT employees reported having 1-3 FTE's. 40% of the programs with PT employees reported having 1-3 PTE's. 40% of the program with unpaid positions reported having 1-3 volunteer positions.
Outreach partners for promoting services to consumers and their families	County and Family Advocacy 27% MHSA and internal staff 18%
Outreach partners for promoting services to community	Colleges 50% Unions 25% Government 25%

Main challenges encountered by program	For program shortcomings, respondents indicated the following factors: Personal Choice 33% Illness 17% Lack of program resources 33%

ASSERTIVE COMMUNITY TREATMENT- INDIVIDUAL PLACEMENT AND SUPPORT (ACT-IPS)

This model represents a fusion of ACT and IPS where vocational specialists on the ACT team use the IPS model of supported employment.

In Glenn County the public mental health system has integrated consumers and family members using this model. They have a progressive or "stepped" system that employs consumers and family members. Initially consumers enter their supported employment program via Harmony House as clients (a wellness center for adults). Once they have developed skills as outlined by the county, they transition from a client to a peer mentor for other consumers accessing services at harmony House. They gradually advance to Coach 1, Coach 2, and then Case Manager. Their advancement is based on merit and skill development.

In Calaveras County there is a twelve unit Peer Support and Psychosocial Rehabilitation Certificate Program designed for entry level lived experience positions in the public mental health field and those already having worked in the public mental health field that would like a vehicle to return to that arena. The certificate leads to a position as a Community Services Liaison, which is the first step in a career ladder that may open the opportunity for the consumer or family member to obtain a bachelor's degree, which in turn makes them eligible for a Case Manager position and support from the County Loan Assistance Program. They can then obtain their MSW or MFT degree in their career ascension making them eligible for tuition reimbursement from State and County programs.

The survey we implemented to collect elements of Supported Employment models did not provide enough data. The sample collected was too insignificant to make programmatic observations.

FAMILY ACT

This model combines features of the ACT model with family participation in mental health education, rehabilitation and multiple family support groups. Glenn, Placer, Nevada, Riverside and Calaveras counties use this model.

Glenn County has Family Advocate positions for parents with children in the system. Glenn County also offers positions for Transitional Age Youth Peer Mentors who are utilized as guides for those who are accessing and attempting to maneuver the public mental health system. Youth connect on a personal level with lived experience support staff that can facilitate their journey through local systems.

UACF Placer County Transition-Aged Youth Program: Through personal experience and professional training, UACF collaborates with Placer County Health and Human Services to provide the following: 1- Peer support and education to youth and young adults accessing mental health, juvenile probation, child welfare, and/or education services, 2-Leadership, advocacy, support groups and activities for youth and young adults in Placer County, 3- Support through advocacy and education to youth and young adults through active participation in leadership and decision making meetings and/or processes affecting them and their peer, 4- Youth culture, awareness and best practice trainings to various audiences to encourage community and system transformation aimed towards improving outcomes for youth and young adults

PROGRAMMATIC ELEMENTS	
Referrals sources for participants coming into program	27% County 27% Self referred 18% CBO Faith based organizations 9% Health agency 9% Court 9% Schools
Average number of unduplicated users per year	48; Range: 30-60
Main target population	Consumers
Main target area for services	100% County
Intake protocol	27% Face to face intake 18% Assess consumer skills and work history. 18% Assess consumer talents and interests. 18% Phone Intake
Main eligibility criterion	38% reported the client's status as consumer to determine eligibility. 38% use status of Family Member to determine eligibility
Population using services most frequently	Consumers and family members
Range of services offered by program to consumers	Intake Case management Job readiness Soft skills training

	Language specific assistance Job retention Benefit counseling Higher education referrals Peer support Coaching Support groups Mental health interventions Vocational services Supportive educational assistance Family support services Housing Life skills
Languages offered	Spanish
Range of services offered by program to employers	Employer trainings Place of employment based coaching On the job training for consumers
Range of wellness management services offered by employers	15% Support groups 15% Individual counseling 23% Coaching 10% Flexible job assignments 8% Flexible job schedules 23% Special accommodations 8% Time off
Range of employment development strategies used by employers	Most effective: Use of volunteer path into future paid position Promoting hiring of consumers and family members as contributing added value and experience Second most effective: Use of stipends for consumers On the job training
Top retention activities used by employers- Management	Consumer satisfaction survey Establishing boundaries in the workplace Training on supports and strategies to maintain wellness Cultural competency training
Top five retention activities used by employers- Staff	Support groups Cultural competency training Training on supports and strategies to maintain wellness Establishing boundaries in the workplace Consumer satisfaction survey

ORGANIZATIONAL ELEMENTS	
Staff size	33% of the programs with FT employees reported having 1-3 FTE's. 100% of the programs with PT employees reported having 1-3 PTE's. 100% of the programs with stipend positions reported having 7-12 stipend positions. 100% of the program with unpaid positions reported having over 13 volunteer positions.
Outreach partners for promoting services to consumers and their families	25% Marketing efforts 25% County offices
Outreach partners for promoting services to community	43% Government entities 29% Colleges
Main challenges encountered by program	For program shortcomings, respondents indicated the following factors: Personal Choice 25% Illness 25% Lack of program resources 25% Lack of personal support 25%

OTHER RELEVANT PROGRAMS

To ensure that this inventory covers all resources available to Californians, the following list provides a summary of the Department of Rehabilitation contracted partners:

GREATER EAST BAY DISTRICT

Alameda Co.: Asian Community Mental Health Services http://acmhs.org/

Contra Costa Co.- Solano: Caminar http://www.caminar.org/

NORTHERN SIERRA DISTRICT

Butte County MH: Caminar, Club Stairway
http://www.caminar.org/about-us/locations/location-details-butte-county.html
http://www.clubstairways.org/

El Dorado – Placerville: Crossroads http://www.crossroadsdiversified.com/index2.html

El Dorado - S. Lake Tahoe: Trail at the Lake
Sacramento: Crossroads http://www.crossroadsdiversified.com/index2.html

SAN FRANCISCO DISTRICT

Marin Co.: Buckelew http://www.buckelew.org/1about/history.php

San Francisco: Community Vocational Enterprises (CVE), Richmond Area Multiservices (RAMS), UCSF/Citywide
http://cve.org/
http://www.ramsinc.org/
http://www.cw-cf.org/

San Mateo: Caminar
http://www.caminar.org/about-us/locations/location-details-san-mateo-county.html

SAN JOAQUIN VALLEY DISTRICT

San Joaquin: UOP Community Reentry http://www.communityre-entryprogram.com/

SAN JOSE DISTRICT

East Side UHSD MH: Transaccess http://www.transaccess.org/services/mentoring.php

Monterey: Interim http://www.interiminc.org/employment-services/

Santa Clara: Momentum, Catholic Charities/Focus for Work
http://www.momentumformentalhealth.org/
http://www.catholiccharitiesscc.org/training-services
http://www.catholiccharitiesscc.org/focus-work

Santa Cruz: Volunteer Center Com. Connections http://www.ccsantacruz.org/

REDWOOD EMPIRE DISTRICT

Lake County: Goodwill Industries http://www.gire.org/menhlth.htm

Shasta County. Opportunity Center
http://www.co.shasta.ca.us/index/hhsa_index/Employ_services/oc_index.aspx

Sonoma County: Goodwill Industries http://www.gire.org/menhlth.htm

SANTA BARBARA DISTRICT

San Luis Obispo, Santa Barbara: Pathpoint http://www.pathpoint.org/

Los Angeles

Los Angeles: Asian Pacific, Didi Hirsch, Dubnoff, New School, LA Child Guidance Clinic, MHA the Village Long Beach, MHA Antelope Valley, Pacific Clinics, San Fernando Valley Inc., Step Up on Second

http://www.apctc.org/services_adult.html
http://www.didihirsch.org/
http://losangeles.networkofcare.org/mh/resource/agencydetail.cfm?pid=DubnoffCenterSchoolBased_68_2_0
http://www.lacgc.org/
http://www.mhala.org/mha-village.htm
http://www.mhala.org/antelope-valley-services.htm
http://www.pacificclinics.org/
http://www.movinglivesforward.org/
http://www.stepuponsecond.org/

INLAND EMPIRE DISTRICT

Riverside-County: ANKA, Victory Community Services, Oasis Harmony Center.
http://www.starsgroup.org/oasis.php

Imperial County: Work Training Center http://www.icwtc.org/

San Bernardino: One Stop http://www.sbcounty.gov/wib/MentalHealth.htm

SAN DIEGO DISTRICT

San Diego: Mental Health Systems http://www.mhsinc.org/mental-health

STATE HOSPITALS

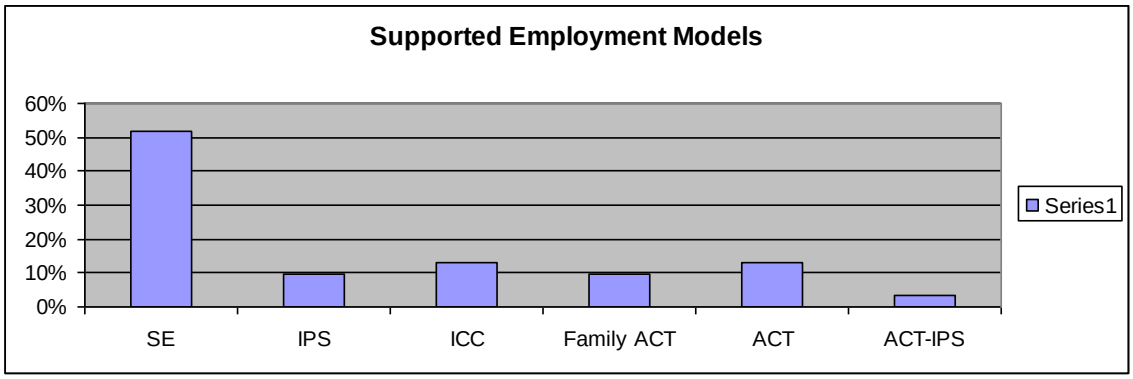
Atascadero, Metropolitan, Napa, Patton, Coalinga
http://www.dmh.ca.gov/services_and_programs/state_hospitals/

OVERALL PROGRAM INFORMATION

- Average number of unduplicated clients per-year, per-program: 133
- Range of number of unduplicated clients per-year, per-program: 8-600

Supported Employment Models

52% of responses linked to an established model report using Integrated Supported Employment (SE). Only one respondent indicate using ACT-IPS and nobody indicated using Employment Assistance through Reciprocity in Natural Supports (EARN). International Center for Clubhouse (ICC) and Assertive Community Treatment (ACT) were the second most mentioned functional models. Individual Placement and Support (IPS) and Family ACT showed equal usage among respondents.



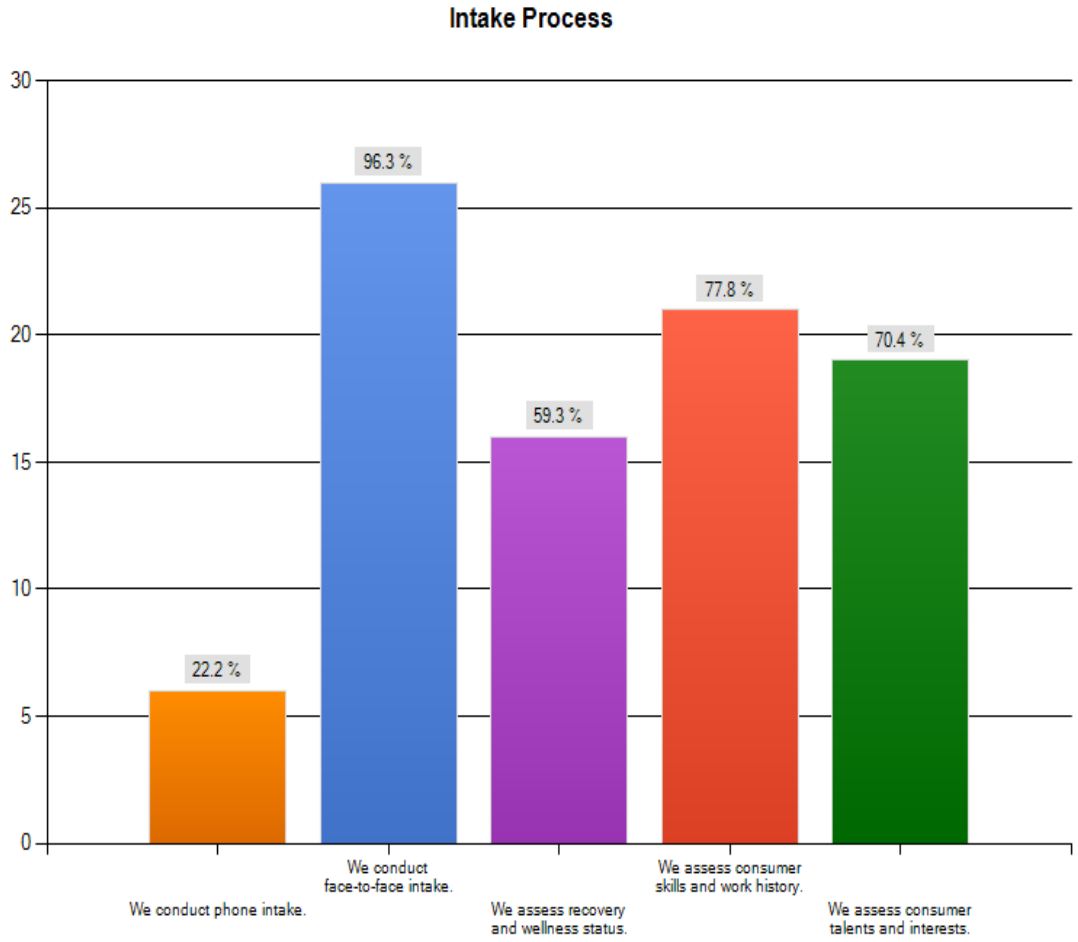
Program Information

- Most common referral source: County Department - 73%
- Least common referral source: Law Enforcement and Schools/Colleges – 13%

This chart shows the rage of referrals entities.

County Department	72.4%
Community based organization/Faith based agency	34.5%
Health providers/agency	44.8%
Law enforcement	13.8%
Court	20.7%
Self	58.6%
Schools/Colleges	13.8%

- Most-common target population: Consumers – 74%. 26% of programs target BOTH consumers and families.
- Least-common target population: Families 0%
- Most-common target geographic location: County 65.4%
- Least-common target geographic location: Census Tract 0%



Intake Process and Activities

Most-common intake process: Face-to-face interviews. Subsequently skills and work history assessment, soft skills assessments, recovery and wellness assessments and phone interviews are also offered, as indicated in graph.

By far, the most-common intake process is in-person interviews. Close to all respondents indicate using that method for initial contact with consumers and families. Assessments of status, skills and talents are a subset of the initial intake.

Eligibility Requirements

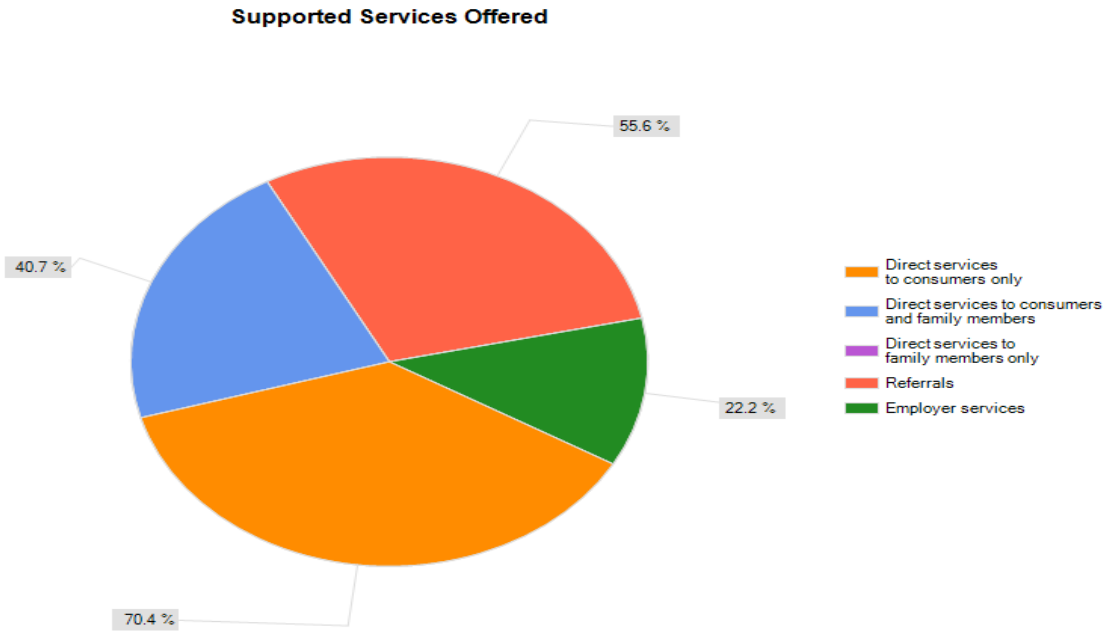
Responses show that the following indicators are used to determine eligibility:

Mental Health Consumer	96.3%
Family Member	25.9%
Geography	40.7%
Age	51.9%
Income	3.7%

Target Populations - Who receives services?

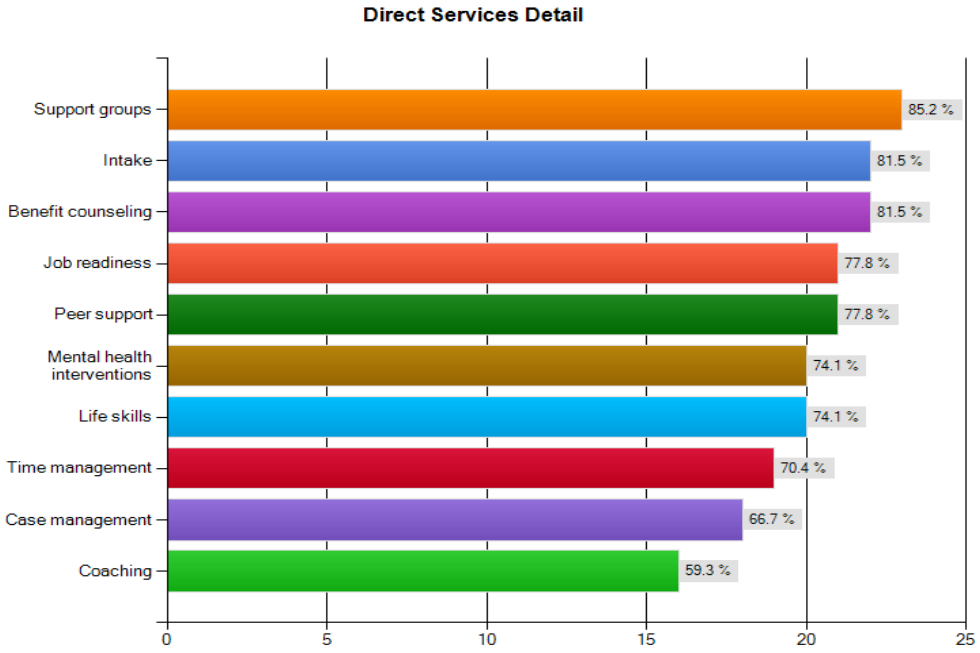
As far as the highest priority for services, survey results indicate that services to consumers is by far the main priority, with family-specific services falling on the opposite end of the spectrum. The graph below illustrates the findings from the survey.

Over 70% of respondents indicate that their programs target Consumers Only. In contrast, less than 41% report serving both consumers and families.



Direct Services Detail

When solicited to describe direct services, respondents indicate a wide range of activities. The graph outlines these from activities most-commonly offered to those that are least-offered.



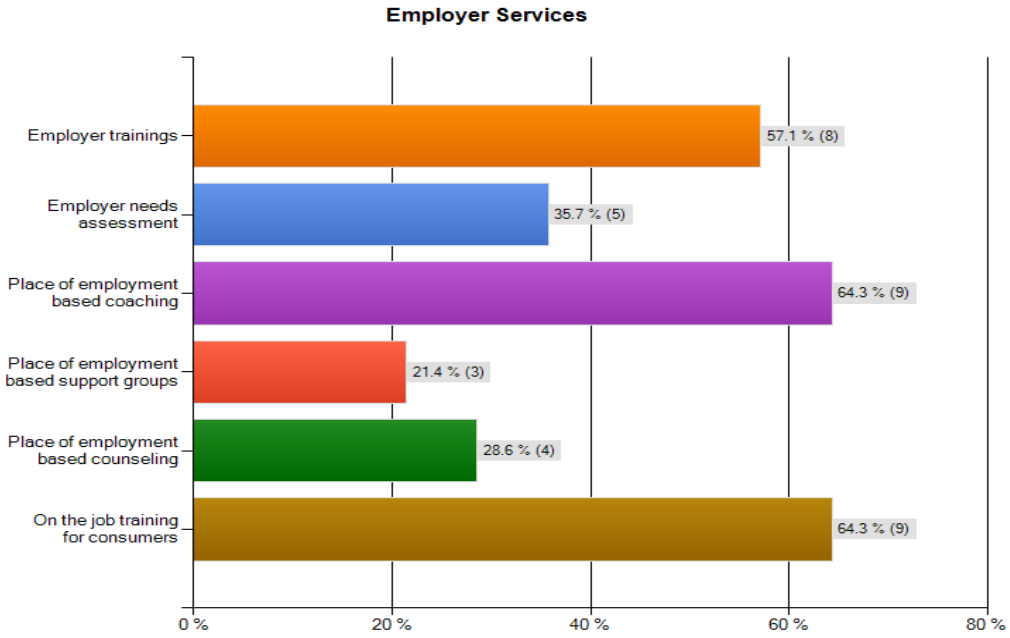
It is important to note that although Coaching is offered by the least number of respondents, it is still offered by more than half of the programs. The high frequency of delivery indicates that Counties have diverse services menus.

Foreign Languages

Non-English Services. When asked to indicate if services to consumer and families are provided in foreign languages, responses reflected that Spanish is widely the most-common foreign language. However, services are offered in other languages, including: Lao, Tagalog, Hebrew, German, Ilocano, Vietnamese, Farsi, Japanese, American Sign Language, French, Patua, Mandarin and Hmong.

Employer Services

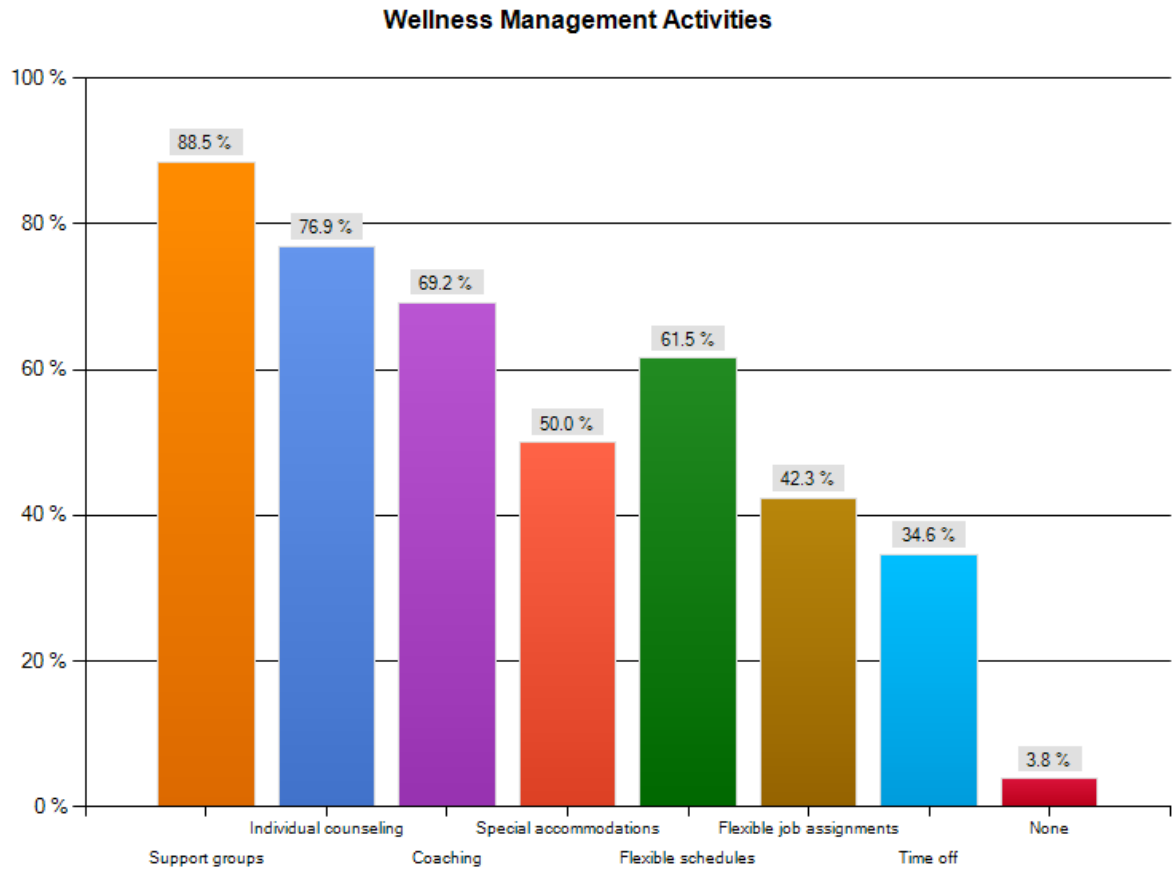
In an effort to understand specific activities sponsored and implemented at places of employment, the survey collected information specific to employment services. The most-commonly offered Employer Services are employer needs assessments and job training for consumers -- both at 64.3%. Employer trainings are also very common, with 57% of respondents indicating their implementation.



Wellness Management

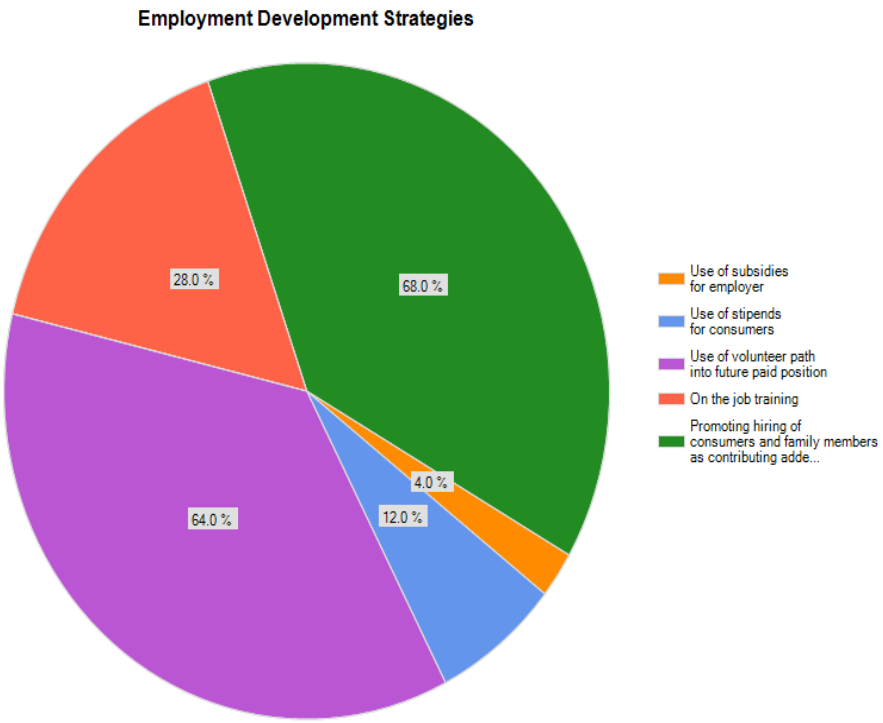
The survey also asked about the types of wellness management activities being offered by respondents. The results indicate that support groups, individual counseling and coaching are commonly offered -- in that order.

The results are reassuring in that less than 4% of responses indicated no activity in this area. Close to 90% of employers have support groups in place and they are likely linked to individual counseling.



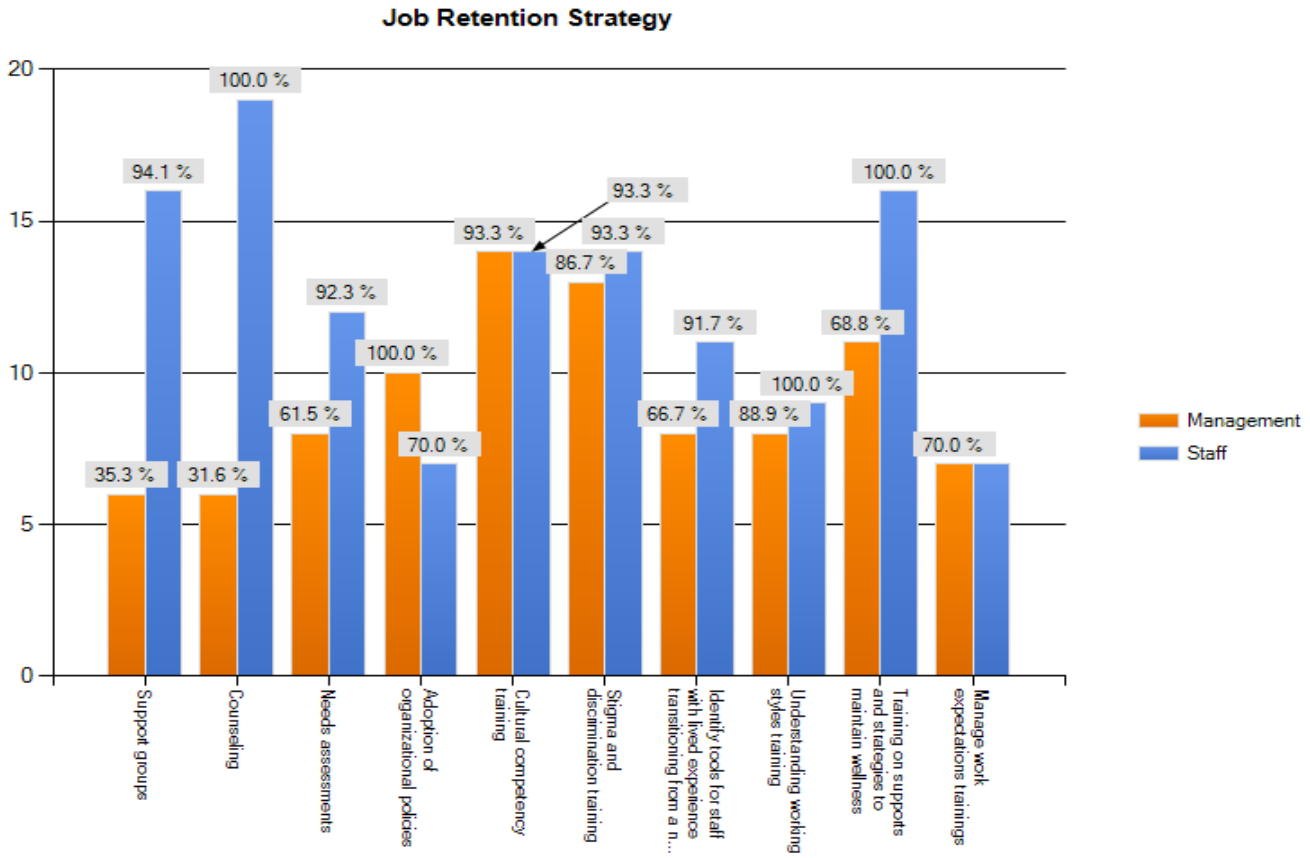
Employment Development Strategies

When asked about the most-effective strategies for securing employment for consumers and families, counties cited two main categories: promoting added value of consumers and using volunteer path to paid employment-- 68% and 64% respectively. The graph below shows all the responses.



Retention Strategies

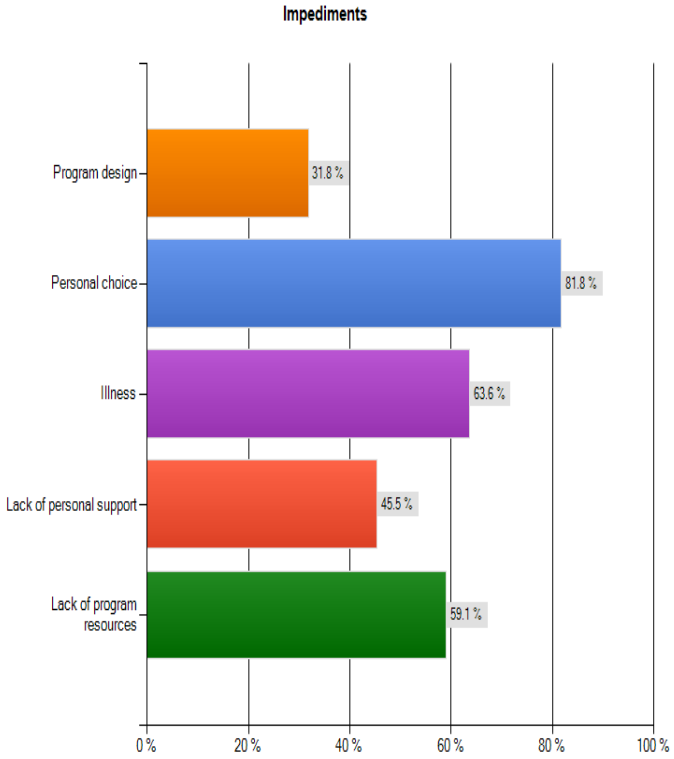
As far as retention strategies, responses indicate significant diversity for both management and staff levels. The graph below captures a wide range of strategies implemented by management and staff. Most activities show parity between both organizational groups. The most significant difference between management and staff program is in Counseling and Support Groups where staff implements these activities at much higher rates than for management.



Outcome Shortcomings

To help us better understand design or implementation obstacles, the survey asked for reasons leading to outcome shortcomings. Personal choice, illness, and lack of resources are the top three reasons.

It is reassuring to see that less than 30% of counties report that program design is a factor. This is a positive reflection of counties' practices and use of proven models. Further research would have to examine if program design or the implementation of this design is the real reason behind this data point.



Program Operations

In an effort to create a clearer picture of how Supported Employment programs operate, we asked about staff size, program self-assessment and marketing. The main findings include:

- Part-time employment and volunteer classifications are predominant for very small agencies. (1-3 FTE).
- Full time and part-time employment are predominant in small agencies (4-6 FTE).
- Internships and volunteers are predominant in medium agencies (7-12 FTE).
- Full-time employment is predominant in large agencies (over 13 FTE).
- 82% of respondents indicate that they collect data on delivery of services for evaluation.
- Marketing to consumers/families is mostly done within the agency. (88%)
- Marketing for the larger community is done through governmental agencies, schools and civic groups- in that order.

FINAL RECOMMENDATIONS

Long Term Employment: The Final Frontier

There are five points that can guide further development of the Supported Employment field and its practitioners. The development of employment opportunities for consumers and family members can incorporate these points:

(1) Programs can take into account the whole person with a myriad of educational, health, social, psychological, and vocational needs.
(2) Programs benefit from understanding the vital role of the employer in developing systems and supports that create opportunity and success.
(3) Programs that incorporate pragmatic solutions from within and without the agency and/or county may have better results.
(4) Programs may try whenever possible, to measure and verify their value and success for consumers and family members.
(5) Programs benefit from incorporating consumers and family members as "a means to an end" for recovery and wellness of individuals and the system as a whole.

This final analysis includes programs that apply sound practices and have succeeded in creating or supporting employment. These programs include MHA- LA in Los Angeles, Transitions in San Luis Obispo, Campus in Marin County, Harmony House in Glenn County and Peer Recovery Specialists in San Joaquin County. These programs are recommended because historically they have produced solid employment outcomes while also lending themselves to replication. These programs are place-based and any replication must take into consideration unique regional dynamics. A successful program in Los Angeles may not be adequate for a small Central Valley community.

The Whole Person

The path to employment does not begin with job applications nor with job training, but within communities where stigma has been reduced and discrimination is rejected. These milestones can only be accomplished through community education where consumers are seen as productive members of society. Employment of consumers and family members can become a community goal that transforms the general public's understanding of disability issues and generates the will to extend employment opportunities to all people who have a desire to work. Once this foundation is created, the community and its public and private employers will invest in strategies for addressing educational, health, social, psychological and vocational needs of consumers and their families.

The Employer

A second step towards employment is connecting work and recovery processes through reasonable expectations that consumers and family members with lived experiences can successfully meet. Employers are encouraged to provide opportunities for consumers and family members with lived experiences to attain early work and relevant experience, including volunteer work that leads to success during the recovery process. To create such opportunities, human resources divisions can closely work with mental health departments to create positions and supports.

Furthermore, employers can benefit from lessons learned, experiment with emerging strategies and apply pragmatic solutions for merging traditional Medical Models with Recovery Models.

California's current fiscal crisis negatively impacts resources and political priorities that could place Supported Employment higher on many counties' priority lists. It is not premature, however, to think how Medical and Recovery models may be integrated in preparation for an economic rebound.

Incorporating Pragmatic Solutions

We have examined the difficulties applying emerging practices due to feasibility challenges, unique realities and support system dichotomy. Most counties would like to implement Supported Employment programs that fully incorporate models but often have to settle for pragmatic solutions. Nevertheless we have described values that should frame any replicable model of supported employment. As we have discussed, even within the lived experience community there are divided views of Support Systems. Many individuals see supports as a contradiction of independence and yet others find them consistent with strategies used to help any member of the labor force.

Measuring Value

This document described the "either or" mentality where programs subscribe to either the systemic or the service oriented view. Because of this reality, the field needs efforts measuring impact and value of both views. Future support available through advocacy groups and /or WWT can assist counties to evaluate these views. Whether Supported Employment is perceived as an organizational or individual benefit, it is beneficial to have a uniform methodology for measuring value.

Incorporating Consumers

Finally, it is evident that blending lived experience with clinical cultures is a challenge. Conflict may arise from a lived experience approach that is devoid of any understanding of public mental health agencies or the role that consumers can play in program design and implementation. Conversely, employers can rely on consumers and their families for understanding of the mental health systems and how to better support employees with lived experience.

Going forward, WWT and its collaborative partners - NAMI California, CNMHC, UACF and CiMH- will play a vital role in disseminating this information to counties and providing technical assistance for the establishment of successful programs based on models described in this document. These models represent both the global view of employment programs in the United States as prescribed by Substance Abuse and Mental Health Services Administration (SAMHSA) and their relation to California counties. The guiding principle of recovery and wellness as addressed in the California Mental Health Services Act is infused throughout these models along with the general goal of employment of individuals with lived experience as consumers and family members. Models are impacted by differences in cultural and age demographics, socio-economics, the prevalence of mental illness in the county, political affiliations, availability of mental health treatment, county administrative funding, and so on. Yet within that diversity of approaches to employment of mental health consumers and their family members, there lies a consistent desire to embrace a recovery model with a primary goal of improving outcomes for service recipients, reduce the high percentage of unemployed people who have a mental health challenge and provide an opportunity for individuals with lived experience to experience an aspect of recovery that may be realized through employment..