

Innovation Work Plan Narrative: INN-14

Work Plan Name: Ramp Up 2 Work
County: San Diego

Purpose of Proposed Innovation Project (check all that apply)

- INCREASE ACCESS TO UNDERSERVED GROUPS
- INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- PROMOTE INTERAGENCY COLLABORATION
- INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), when people feel good about having a job, they often see themselves in a more positive way. Work gives people structure and purpose. Having income offers more choices about what to buy and where to live in the community. However, for those affected with Serious Mental Illnesses (SMI) the challenge becomes finding job opportunities that are both meaningful and offer competitive wages. Collaborations and partnerships with the business and employer community need to be developed and strengthened to educate and increase the potential for employment for individuals with SMI.

The San Diego County stakeholder and consumer community have expressed a need for clients with SMI to have competitive and supported employment opportunities of their choosing. Some mental health programs in the community provide job coaching, readiness, and placement assistance for mental health consumers. Research identifies Supported Employment as an evidenced based best practice, which has been implemented in San Diego for over 20 years. However Supported Employment does not influence other employment areas that stakeholders requested via our community process to enhance the array of employment alternatives. Leadership has not been developed to bridge mental health consumers with an array of employment alternatives. The County of San Diego Behavioral Health Services (BHS) propose to take the leadership role in developing the following innovative activities: Consumer Owned Small Businesses (COSB)

- Social Enterprise is a relative new approach to business which create a self-sustaining employment environment that includes a social purpose that benefits a disadvantage community
- Outreach to volunteers/retirees as an apprentice/mentorship partner for individuals with SMI
- Develop collaborations and partnerships with the business sector that currently are not involved in providing employment opportunities to individuals with SMI.

Ramp Up 2 Work will also incorporate the following objectives, which have been adapted from Supported Employment:

- Educational component for businesses to address what mental disorders are and decrease stereotypes and stigma thereby increasing employment opportunities for individuals with SMI.
- Businesses will have the opportunity to meet individuals with lived experiences and hear their success stories, address stereotypes and concerns employers may have.

Number of Participants to be Served

- Job Preparation – minimum 50 participants
 - Includes initial screening and job coaching
 - Identify job skills within a consumer selected job
- Apprenticeship – minimum 25 participants
 - Subsidized apprenticeship in business or employment site
- Social Enterprise – minimum 10 participants
 - Develop a consumer owned small business model where guidance, preparation, job skills and apprenticeship will advance to the operation of a small consumer owned business.
- Volunteer Component - Minimum of 20 participants for clients that want this option

Evaluation Outcomes – Evaluation will include analyzing data from our HOMS data base system on employment goals and other measures to assess improvement in level of functioning. Outcome measures will include the Illness Management & Recovery / Recovery Markers Questionnaire (IMR/RMQ) for multiple questions regarding employment and participation in structure activities. The Level of Care Utilization System (LOCUS) will be used to monitor changes in level of care, and Substance Abuse Treatment Scale – Revised (SATS-R) will be used to assess recovery management for individuals with Co-occurring disorders.

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSa and Title 9, CCR, section 3320.

Ramp Up 2 Work will provide an array of supported employment activities that will include consumer owned small business, and competitive employment and include job preparation and subsidized apprenticeships through the development of partnerships with businesses and employment programs. Employment preparation will include job development, job coaching and job support services with the goal of participants establishing employee own small businesses or paid competitive employment. Program aspects will also incorporate ideas of how a person can accommodate transition to employment while also maintaining a support system and participation in community activities to sustain long term employment.

The adaptation to supported employment that we will be testing includes:

- Consumer Owned Small Business, (COSB), through the acquisition of micro loans, grants or scholarships to start small business, and/or engaging volunteers/retirees as an

apprentice/mentorship partner for individuals with SMI participating in the COSB. It is hoped that by introducing these adaptations to supportive employment activities consumers will increase their level of functioning, improve their quality of life and move toward self-sufficiency and long term employment.

- Subsidized apprenticeships are limited for consumers in San Diego County and as a result, we want to develop and expand through collaborations and partnerships with employers and businesses, apprenticeships in industries that have not traditionally been involved in providing apprenticeships for individuals with serious mental illness.
- Developing strategies to engage the business and employment sector
- A community-informed best practice approach to develop and identify what successful practices were used to engage the employers.

Through this innovative program, we will develop and implement above components by providing:

- Job preparation using traditional methods included in the SAMHSA's Individual Placement and Support (IPS) model of supported employment toolkit which will be utilized to assist consumers in starting their own COSB.
- Subsidized apprenticeships in industries that traditionally do not develop employment opportunities that transition to permanent employment of the client's choosing.
- Social Enterprise development as an opportunity to establish additional employment opportunities for individuals in the mental health community thereby promoting social responsibility at the local level.

This program intends to identify businesses and employment opportunities by casting a wide net in the business and employment sector not previously tapped. It is envisioned that employment apprenticeships will be identified with various business industries such as the service and tourist industry, health industry, parks and recreation and educational institutions such as community colleges throughout San Diego County.

Small business financing will also be explored with partners in the community. The program will identify and engage existing lending institutions in facilitating micro loans, grants, or scholarships for participants to assist with the establishment of small business. The program will seek lending institutions that may have in-house/philanthropic programs aligned with community and social service.

An educational component for businesses will also be included to address what mental illnesses are, the varying levels of functioning and skills and other stereotypes associated with persons who have a mental health condition. The businesses will also have opportunities to meet with consumers to address perceptions and reduce stigma and to hear success stories.

This work plan is consistent with the General Standards identified in the MHSR and Title 9, CCR, section 3320.

Community Collaboration: The concept for this work plan was developed with community participation and supports collaboration between a number of different stakeholders that include service providers from mental health, employment specialists, peers and peer support specialists and job developers. In January 2014, a stakeholder's group was established to guide the development of a Supported Employment Strategic Plan. This group evolved from the

development of the Strategic Plan to become the Supported Employment Collaborative as of September 2014.

Cultural Competence: As defined in CCR, Title 9, Section 3200.100, this program will develop employment opportunities that will support a range of diverse populations in order to reduce disparities in access to services and improve employment outcomes for adults, older adults, and transition age youth (TAY) with serious mental illness. Staff hired shall be linguistically and culturally competent for the population served.

Client Driven Mental Health System: This program includes the ongoing involvement of clients including but not limited to, implementation, evaluation, and future dissemination. Based on client feedback, certain strategies may be added or removed from the program and/or applied in other programs. This system will influence concepts to maintain and increase supports and community activities while transitioning to employment. Lived experience is a valued process for program development and system change.

Family Driven Mental Health System: This program will incorporate feedback from family members as requested by consumers. The intended population for this program includes Transitional Age Youth (TAY) through adulthood, and family involvement is determined by the program participant.

Wellness, Recovery and Resilience Focus: This program increases resilience and promotes wellness and recovery by engaging clients in a supportive work environment through an integrated approach that combines skill building activities, apprenticeship opportunities and social enterprise opportunities with high consideration for client preference.

Integrated Service Experience: This program encourages and provides for access to a full range of services provided by multiple agencies, businesses, programs and funding sources for clients including mental health providers, peer supports, other health providers, and community resources. It is this collaborative approach that will create the safety net for the transition to employment be successfully maintained.

Total Funding

Note: The 3rd year of proposed Innovation funding will occur in FY 2017-18, which is outside of the time frame for this Three Year Plan.

Annual Program Cost	\$1,168,170	3 Year Program Cost	\$3,504,510
Evaluation Cost (5% of Total)	\$61,483	3 Year Evaluation Cost	\$184,449
Total Annual Innovation Funding	\$1,229,653	3 Year Grand Total	\$3,688,959
Inclusive of estimated MHSA costs only (estimated administrative costs are not included).			

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

- We will learn what are the most effective ways to assist consumers with SMI to start and own their small businesses?
- Are subsidized apprenticeships for individuals with SMI an effective way to increase permanent employment for individuals with SMI.?
- Are Social Enterprises a viable way to increase employment opportunities for consumers of the mental health system?
- Are volunteers and retirees a significant mentor partner that can increase employment opportunities for consumers?
- What activities assist in developing collaborations and partnerships with un-tapped business industries? From this we will create a list of best practices.

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication.

NOTE: Program design to be developed from competitive process. The dates identified below are a projection of implementation, actual datelines to be determined by winning proposal.

Implementation/ Completion Dates:

09/2015	Program services begin, including Outcome Measures(IMR/RMQ at entry and every 6 months)
12/2015	Begin ongoing, six-month evaluations through the 3 rd year. Each evaluation will inform what adjustments are necessary based on implementation results. Milestones review will include Outcome Measures, connections with innovative employment opportunities, and number of program participants and their progress.
07/2016	First annual report and annually thereafter. The Consumer Owned Small Business (COSB) will be identified, and a plan for development will be in place.
01/2017	Consumer Owned Small Business (COSB) will have the self-sustaining plan identified.

At six-month intervals, the participating organizations will report results that capture participation rates, self-rating scores, observer ratings, and will include unique situations during the report period Outcome measures will include the IMR/RMQ for multiple questions regarding employment and participation in structure activities. The LOCUS will be used to monitor

changes in level of care, and SATS-R will be used to assess recovery management for individuals with co-occurring disorders.

Evaluations at six-month intervals and annual reviews throughout implementation will allow the program to gather extensive baseline and follow-up information on each participant. Information on the effectiveness and impact of various strategies, especially with regard to different age, ethnic, and cultural populations, will be collected to measure program efficacy. Continuous measurement at the client and larger program level will allow for learning to occur as early as year one. Since assessment is integrated into the program design, the feasibility of replication may be determine within the first year or two of the project.

County of San Diego BHS has developed a larger employment initiative that has developed into an Employment Collaborative as of September 2014. The Employment Collaborative will provide input and feedback to the evaluations and annual reviews to provide recommendations. Other BHS Councils will be informed of ongoing progress, along with the Behavioral Health Services Board.

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

The County utilizes an extensive information-sharing and collaboration process to ensure that stakeholders receive information and are able to provide feedback on MHSA programs. For this project, we will provide regular updates to our stakeholder-led TAY Workgroup as well as our Adult and Older Adult System of Care Councils, post information on our community Network of Care website, and provide opportunities for stakeholders to offer input at the program, client, family, staff, and community levels. Final reports may also be distributed to existing mental health service providers for posting.

Specific data to be gathered and evaluated includes, but is not limited to, the following:

- Steps taken by consumers to start their own small business
- Impact subsidized apprenticeships have had on consumer participants, including transition into competitive employment.
- Determine if Social Enterprises have created a viable route for consumers of the mental health system to increase their employment opportunities.
- Number and types of outreach to volunteers/retirees as an apprentice/mentorship partner for individuals with SMI that are mentors/coaches to participants in the consumer owned business.
- Employer outreach contacts for supported employment or apprenticeships and types of options available for program participants. Increase the understanding of what works to develop collaborations and partnerships with un-tapped business industries.

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

Participants of this program will be identified from Clubhouses and outpatient clinics in the system of care. We will work with existing community businesses and employers to develop the employment capacity for individuals with serious mental illness.

NOTE: Actual budget to be determined by winning proposal from competitive process. The following are proposed guidelines:

NEW ANNUAL PROGRAM BUDGET – YEAR 1					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/ CBO's	Total
1.	Personnel			\$360,000	\$360,000
2.	Operating Expenditures			\$360,000	\$360,000
3.	Non-recurring Expenditures			\$36,890	\$36,890
4.	Contracts (Training Consultant Contracts)			\$29,653	\$29,653
5.	Work Plan Management				
6.	Other Expenditures			\$443,110	\$443,110
	Total Proposed Expenditures			\$1,229,653	\$1,229,653
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues			\$0	\$0
	C. TOTAL FUNDING REQUESTED			\$1,229,653	\$1,229,653

BUDGET NARRATIVE

Provide a detailed budget narrative explaining the proposed annual program expenditures for each line item.
1- Personnel: Staffing positions to be determined by winning proposal through competitive process. These expenses will cover staffing salaries and benefits for direct service (direct) and administrative staffing (indirect) positions.
2- Operating Expenditures: Expenses determined by winning proposal through competitive process. Expenses will cover items such as rent, utilities, supplies, and other aspects associated with program operations. Typical associated costs of program operations include staff development and trainings with subject matters associated with the program, alarm systems to ensure safety or program/client information, and promotions to engage consumers and employers in program services.
4- Contract (Training Consultant Contracts): \$29,653 for consultant to provide data analysis and dissemination for evaluation purposes

6- Other Expenditures: These expenses to be determined by winning proposal through competitive process. These expenses will cover client support services including but not limited to transportation support and work related items.

NEW ANNUAL PROGRAM BUDGET – YEAR 2

A. EXPENDITURES

	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/ CBO's	Total
1.	Personnel			\$360,000	\$360,000
2.	Operating Expenditures			\$360,000	\$360,000
3.	Non-recurring Expenditures				
4.	Contracts (Training Consultant Contracts)			\$29,653	\$29,653
5.	Work Plan Management				
6.	Other Expenditures			\$480,000	\$480,000
	Total Proposed Expenditures			\$1,229,653	\$1,229,653
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues			\$0	\$0
C. TOTAL FUNDING REQUESTED					
				\$1,229,653	\$1,229,653

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4- Contract (Training Consultant Contracts): \$29,653 for consultant to provide data analysis and dissemination for evaluation purposes
6- Other Expenditures: These expenses to be determined by winning proposal through competitive process. These expenses will cover client support services including but not limited to transportation support and work related items.

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NEW ANNUAL PROGRAM BUDGET – YEAR 3					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/ CBO's	Total
1.	Personnel			\$360,000	\$360,000
2.	Operating Expenditures			\$360,000	\$360,000
3.	Non-recurring Expenditures				
4.	Contracts (Training Consultant Contracts)			\$29,653	\$29,653
5.	Work Plan Management				
6.	Other Expenditures			\$480,000	\$480,000
	Total Proposed Expenditures			\$1,229,653	\$1,229,653
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues			\$0	\$0
	C. TOTAL FUNDING REQUESTED			\$1,229,653	\$1,229,653

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4- Contract (Training Consultant Contracts): \$29,653 for consultant to provide data analysis and dissemination for evaluation purposes
6- Other Expenditures: These expenses to be determined by winning proposal through competitive process.

These expenses will cover client support services including but not limited to transportation support and work related items.