

**NEW/REVISED PROGRAM DESCRIPTION**  
**Innovation**

County: **Contra Costa**

**X Completely New Program**

Program Number/Name: **Recovery Through Employment Readiness Program**

**Revised Previously Approved Program**

Date: **June 9, 2014**

Complete this form for each new INN Program. For existing INN programs with changes to the primary<sup>1</sup> purpose and/or learning goal, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

Select **one** of the following purposes that most closely corresponds to the Innovation's learning goal.

- Increase access to underserved groups
- Increase the quality of services, including better outcomes
- Promote interagency collaboration
- Increase access to services

<p>1. Describe why your selected primary purpose for Innovation is most relevant to your learning goal and why this primary purpose is a priority for your county.</p> <p>Contra Costa Mental Health's (CCMH) recently completed Community Program Planning Process identified services to enable employment readiness as a critical unmet priority need. Mental health treatment plans as directed by consumers and their family members consistently list meaningful preparation activities leading to employment as essential to their mental health recovery and resiliency. Research shows that stable employment promotes recovery for individuals with a serious mental illness by improving quality of life, constructing identity, fostering pride, providing coping strategies for psychiatric symptoms, enhancing self-worth, increasing self-sufficiency, and increasing income. However, the unemployment rate for adults with serious and persistent mental illness in the County is consistent with well documented research that indicates that 85 to 90 percent of adults with severe and persistent mental illness are unemployed. CCMH has a Vocational Services Section that provides job placement and retention services as part of a Mental Health Cooperative Program with the California Department of Rehabilitation. This agreement has adopted a consumer directed "choose-get-keep" model of supporting employment for persons with psychiatric disabilities. This model was pioneered by the Supported Work Initiative, Center for Psychiatric Rehabilitation at Boston University in the 1990s, and remains an effective evidence based practice. Robert E. Drake, Dartmouth University, identified additional key elements of 1) providing dedicated employment specialists, 2) collaborating closely with the community, and 3) integrating as a team member with mental health professionals as part of the consumer's treatment plan. The Contra Costa Mental Health Cooperative Program has been consistently ranked among the top three programs in California that has placed and retained consumers with serious mental illness in competitive employment. However, consumer and family member stakeholder input has pointed to significant numbers of consumers who have not been accepted for this service due to a combination of lack of appropriate work habits, lack of career direction, fear of losing disability benefits, language and computer communication challenges, psychiatric symptom manifestation, and multiple employment barriers, such as criminal justice, transportation, and citizenship issues. These issues become barriers that de facto screen out consumers from being accepted as clients of the Contra Costa Mental Health Cooperative Program. Thus, in spite of employment services as being listed on treatment plans, many CCMH consumers do not enjoy the therapeutic benefits of partnering with an employment specialist to address and overcome these pre-employment barriers.</p> <p>CCMH proposes with this project to develop a new and unique pattern of employment services by combining a consumer directed vocational preparation service to the existing place and train employment services currently provided by CCMH's Vocational Services Section.</p>
<p>2. Describe the INN Program, the issue and learning goal it addresses, and the expected learning outcomes. State specifically how the Innovation meets the definition of Innovation to create positive change; introduces a new mental health practice; integrates practices/approaches that are developed within communities through a process that is inclusive and representative of unserved and underserved individuals; makes a specific change to an existing mental health practice; <u>or</u> introduces to the mental health system a community defined approach that has been successful in a non-mental health context.</p> <p>MHSA will fund a new and different pattern of service that makes a specific change to an existing mental health practice by integrating a vocational rehabilitation counselor as part of the mental health multi-disciplinary team that implements a treatment plan for persons with serious mental illness. As identified on the treatment plan the vocational rehabilitation counselor will partner with the consumer to address any and all issues that affect employment readiness prior to any</p>

<sup>1</sup> The term "essential purpose" has been replaced with the term "primary purpose" for INN.

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potential referral to the existing job placement specialists and job coaches that are part of the mental health cooperative program. These issues could include, but not be limited by, any of the employment barriers listed above. In addition to the vocational rehabilitation counselor providing counseling, life coaching and advocacy in the community, the new program design would provide flexible funding that would enable timely removal of barriers due to a lack of consumer resources.

CCMH utilizes the current evidence based model established by Boston University and refined by Robert E. Drake, whereby consumers are assisted with job placement and retention as part of their mental health treatment plan. The philosophy behind this model is that the best success with employment services are accomplished on the job in the community. This Innovation Program will add pre-vocational preparation services designed to address common barriers that prevent many consumers from participating in these employment services. These preparation services will be client determined and implemented at the client's pace with the assistance of a highly trained vocational rehabilitation counselor, working in concert with the mental health treatment team. This proposed innovative program design differs from an employment specialist participating as a team member in the Assertive Community Treatment (ACT) model commonly utilized in full service partnerships by seamlessly combining a multi-disciplinary mental health treatment team, to include a vocational counselor focusing on employment readiness, with the place and train model pioneered by the Center for Psychiatric Rehabilitation at Boston University.

The learning goal is to significantly increase the number of consumers actively working on their vocational rehabilitation as part of their mental health treatment plan. Learning objectives will be to determine whether this new model of services will result in more consumers successfully completing their treatment plan as well as getting and keeping a job.

2a. Include a description of how the project supports and is consistent with the applicable General Standards as set forth in CCR, Title 9, Section 3320.

CCMH integrates the MHSA values (General Standards) into all aspects of mental health care, to include both current vocational services as well as the proposed innovation program. 1) Client Driven. Consumers identify with the mental health treatment team the barriers to their engaging in employment services, and will be provided a vocational counselor to assist in their addressing these barriers. 2) Family Driven. Family and significant other supports are a recognized resource to be engaged in assisting barrier removal. To the degree appropriate family members will participate with the consumer as part of their treatment plan. 3) Cultural Competence. All goals listed in Article 2, Section 3200.100 Cultural Competence have been incorporated into the protocol and procedures of this proposed program in order to ensure equal access to services of equal quality is provided, without disparities to persons with non-dominant racial/ethnic, cultural, and linguistic differences. This will be accomplished by yearly mandatory training and certification on cultural competency for all staff involved in this project, as well as a number of voluntary trainings and forums specific to expanding service provider sensitivity, knowledge base and expertise in adapting effective employment readiness approaches to the numerous non-dominant cultures in the County, such as inner city African American and Latino populations, urban Native Americans, non-English speaking immigrant populations, and individuals who identify as lesbian, gay, bi-sexual, transgender, or who question their sexual identity. 4) Community Collaboration. Effective engagement and collaboration with community partners has and will be an essential, specified job duty of all vocational services staff, to include the staff participating in this innovation program. 5) Integrated Service Experience. The new vocational counseling staff duties will actively participate as part of a multi-disciplinary mental health treatment team in order to enable clients to receive coordinated care from professionals who are expert in respective areas affecting their recovery.

2b. If applicable, describe the population to be served, number of clients to be served annually, and demographic information including age, gender, race, ethnicity, and language spoken.

Target population will be adults who are determined to be seriously mentally ill, meet medical necessity, and are being served by Contra Costa Mental Health's Adult System of Care. It is planned that 150 clients will be served annually in this new pattern of service. These clients will be in addition to the 160 clients currently being served by the existing Contra Costa Mental Health Cooperative Program. The demographic characteristics of this population to be served will match the demographic characteristics of those individuals being served by the Adult Mental Health System of Care in Contra Costa County.

3. Describe the total timeframe of the program. In your description include key actions and milestones related to assessing your Innovation and communicating results and lessons learned. Provide a brief explanation of why this timeline will allow sufficient time for the desired learning to occur and to demonstrate the feasibility of replicating the Innovation. Please note that the timeline for your Innovation Program can be longer than the period for which you are currently requesting Innovation Component funds.

Total time frame for this project will be four years. Upon MHSOAC approval of use of MHSA Innovation Component funding the County will take up to six months to restructure its existing Mental Health Cooperative Program to accommodate the new employment readiness element, identify and train vocational and mental health staff for their new

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roles, develop a baseline of outcomes under the current system of employment services, and amend the cooperative program agreement with the California Department of Rehabilitation. This amendment is necessary to enable a seamless transition of those clients who are ready to move from pre-vocational status to employment service status. Project implementation will take up to three years to determine impact on mental treatment plans and success rate of clients getting and keeping competitive employment, as well as other agreed upon meaningful activities and outcomes. Concurrent with project implementation will be the development of a research design to measure impact of the new intervention. Research for lessons learned regarding best practices and communicating a replicable model (if proven successful) will complete the four year period.

4. Describe how you plan to measure the results, impacts, and lessons learned from your Innovation, with a focus on what is new or changed. Include in your description the expected outcomes of the Innovation program, how you will measure these outcomes, and how you will determine which elements of the Innovation Program contributed to successful outcomes. Include in your description how the perspectives of stakeholders will be included in assessing and communicating results.

The plan will utilize measures currently in place in order to develop a set of outcomes that can be measured pre- and post-intervention. The intervention will be articulating a set of vocational counselor strategies to assist clients in their efforts to reduce or eliminate employment barriers, and to provide system time and resources to support implementing these strategies. Strategies could include support for such intermediate meaningful activities as volunteering, school participation, travel training, improving social skills, and/or clearing legal issues. Outcomes will also be tracked that compares mental health treatment plan success indicators before and after the innovation project intervention, such as reduction in psychiatric crises, symptom reduction, and quality of life improvement. Finally, outcomes will be tracked of the existing mental health cooperative program before and after the innovation project is added. These outcomes include number of persons served, number obtaining competitive employment, and number retaining competitive employment for at least six months. The hypothesis is that the addition of pre-vocational support as part of a mental health treatment plan will result in higher mental health treatment plan success, as well as number of persons with a serious mental illness getting and keeping a job. The community program planning process has consistently surfaced the priority need of engaging significantly more clients in employment preparation activities. Future community program planning processes will gauge the efficacy of these new services from the perspectives of stakeholders.

5. If applicable, provide a list of resources to be leveraged.

Currently County mental health realignment funds are matched with federal vocational rehabilitation dollars to fund the Contra Costa Mental Health Cooperative Program. It is proposed that MHSA Innovation Component funds be used to enable vocational readiness services to be added to the spectrum of services offered as described above.

Resources to evaluate this project will be provided by the Contra Costa County Health Services Planner/Evaluator position assigned to the Innovation projects contained in the proposed MHSA Three Year Program and Expenditure Plan. This in-kind research and evaluation resource is estimated at 1/8 position, or \$15,830 annually.

6. Please provide a budget narrative for total projected costs for the entire duration of the Innovation Program, and also provide projected expenditures by each fiscal year during the program time frame, including both the current and future funding years. (For Example, Program 01- XXXX, the entire project is \$1,000,000. The first year projected amount will be \$250,000, the second year projected amount is \$250,000, the third year is \$250,000 and the fourth year is \$250,000.) Please also describe briefly the logic for this budget: how your proposed expenditures will allow you to test your model and meet your learning and communication goals.

Total projected yearly cost is \$277,445. For Fiscal Year 2014-15, total projected cost is \$138,723 (first six months for start-up). For Fiscal Years 2015-16 through 17-18 (implementation), total three year cost is \$832,335. Provided implementation is successful, for Fiscal Years 2018-19 total projected cost is \$138,723 for research completion and communicating replication. Total projected cost is \$1,109,780 for four years.

This four year period enables a longer and more appropriate vocational rehabilitation intervention to both impact on a client's mental health recovery, and allows Contra Costa Mental Health the ability to longitudinally determine system impact and share best practices.

Upon projected successful completion of this Innovation Project, MHSA Community Services and Supports (CSS) funding will be utilized to continue this service on an ongoing basis.

7. Provide an estimated annual program budget, utilizing the following line items.

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<b>NEW ANNUAL PROGRAM BUDGET</b>					
<b>A. EXPENDITURES</b>					
	<b>Type of Expenditure</b>	<b>County Mental Health Department</b>	<b>Other Governmental Agencies</b>	<b>Community Mental Health Contract Providers/CBO's</b>	<b>Total</b>
1.	Personnel	177,445			177,445
2.	Operating Expenditures	100,000			100,000
3.	Non-recurring Expenditures				
4.	Contracts (Training Consultant Contracts)				
5.	Work Plan Management				
6.	Other Expenditures				
	<b>Total Proposed Expenditures</b>	<b>277,445</b>			<b>277,445</b>
<b>B. REVENUES</b>					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	<b>Total Revenues</b>				
<b>C. TOTAL FUNDING REQUESTED</b>		<b>\$277,445</b>			<b>\$277,445</b>

**D. Budget Narrative**

<p>1. Provide a detailed budget narrative explaining the proposed annual program expenditures for each line item.</p> <ol style="list-style-type: none"> <li>1. <u>Personnel</u>. 3 Pre-employment Specialists @ \$118,297 X .5 each = 1.5 full time equivalent positions totaling \$177,445.</li> <li>2. <u>Operating Expense</u>. \$100,000 flexible funds to assist clients with educational, training, transportation and miscellaneous expenses directly supporting pre-vocational activities.</li> <li>3. <u>In-kind Planner/Evaluator</u>. Approximately 1/8<sup>th</sup> Planner/Evaluator staff time to perform evaluation and research on an ongoing basis for the four year period. \$126,644 X .125 = \$15,830 yearly X 4 years = \$63,320 research and evaluation added to complete the project.</li> </ol>
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